

Motivation: Leading A Group

2 contact hours

DESCRIPTION

The purpose of this course is to provide the learner with knowledge about motivation and the skills needed to motivate those they supervise and/or collaborate with on a team or work group. The content of the course includes information about the nature of motivation, the theories of Abraham Maslow and Frederick Herzberg in reference to motivation, and how to integrate these classic theories of motivation into one's leadership role.

This course is useful to lower, middle and upper level administrators, managers, team leaders, committee chairpersons and others who lead groups on a regular or intermittent manner.

OBJECTIVES

At the conclusion of the course, the learner will be able to:

1. Identify factors that motivate and those that lead to job dissatisfaction.
2. Detail the theories of Abraham Maslow and Frederick Herzberg in terms of motivation.
3. Apply the principles of motivation into one's leadership role.

INTRODUCTION

What motivates humans to work and perform optimally? Over the course of many years, several motivational theories have emerged to explain how human beings are motivated to perform. The basis of these theories include the following foundations:

- *instinct*. Instinct plays a major aspect in the theories of Rogers and Maslow.
- *biology*. Biological needs, such as hunger, thirst, and sexual motivation are the basis of other motivational theories.
- *unconscious forces*. Unconscious forces underlie the psychoanalytic basis of theories, such as those put forth by Freud.

- *humanistic*. The self-actualization theoretical concepts put forth by Rogers and Maslow are examples of humanistic motivation theories. (Arkes and Garske, 1977, p.20-87)

MOTIVATION

In a 1976 survey by a major nursing journal, it was found that 25% of baccalaureate nurses (B.S.N's) were dissatisfied with their jobs; 17% of associate degree registered nurses (A.D.) and 18% of diploma registered nurses voiced the same sentiments of dissatisfaction. Twenty-eight percent of the B.S.N.'s and 18% of the A.D. and Diploma nurses feel that their skills were underutilized (R.N., 1977 p.13). Since 1949, studies of nurses have show extremely high turnover rates and that about one-third of the exit interview complaints stemmed from on-the-job causes (Lundi, 1967, p.47). It appears that the manager in healthcare must be skilled in motivational theory and they must be able to apply the principles of motivation in order to rectify the turnover problem and to increase levels of satisfaction and productivity. Opportunities for self-actualization must be offered to professional healthcare staff or dissatisfaction and turnover will occur. The results of this survey indicate that the skills and abilities of those that are supervised must be maximized; creativity and self-determination should be nurtured.

Dissatisfaction and the lack of challenges have also lead to other implications, other than turnover. It has been suggested that unionization among professionals is related to the fact that people are given routine non-challenging jobs and that they are not being treated with the respect they feel that they deserve (Charnot, 1976, p. 121) and that "professional malaise" is the sole source of unhappiness and discontent, not monetary issues, ones that are usually viewed as the sole source of unhappiness and discontent (Charnot, 1976, p.127).

When registered nurses were questioned about the factors that affect their job satisfaction, they rated achievement as the most important factor. In terms of importance, they then identified interpersonal relationships and then the work itself as those factors that affect job satisfaction. Salary and money appeared seventh on their list (Longest, 1974, p.51).

In another study, it was found that nurses left their jobs, according to a University of Texas research project, because of a need for feedback and recognition for a job well done by administration, as

well as opportunities for self renewal (Wandelt et al, 1981, p.75). When hospital supervisors responded to factors, which increased job satisfaction, "creative and role appropriate work; acts of recognition and a chance to advance" were recurrent themes (White and Maquire, 1973, p.28). A collaborative effort between healthcare administrative managers and staff is imperative to affect conditions conducive to satisfaction, optimal performance, quality creative patient care and motivation.

MASLOW'S HIERARCHY OF NEEDS

Maslow's hierarchy of needs, almost 50 years old, is one of the most relied upon of all the theories that describe human needs. It is the framework for much of the decision-making and priority setting in the healthcare environment, but it is also highly useful in understanding motivation and for identifying ways that people can be motivated to higher levels of achievement. Maslow's theory remains one of the most often cited and popular of all theories of human motivation. (Huitt, 2004).

Abraham Maslow, born in New York in 1908, was a humanistic psychologist and developer of a theory of motivation with a hierarchal arrangement of motivation prepotencies in a holistic dynamic motivational theory. He combined and synthesized the theories of James Dewey, Wertheimer, Goldstein, Gestalt psychology, Freud, Fromm, Horney, Jung, Adler and Reich to arrive at his theory of human motivation. Maslow described motivation as "constant, never ending, fluctuating, and complex and that it is an almost universal characteristic of practically every organism state of affairs". (Maslow, 1970, p.35)

According to Abraham Maslow (1954), the most basic of all human needs are those that are physical in nature. Next, in terms of importance, are safety and security needs, followed by love and belonging, which is followed by esteem and self esteem. The highest level needs are those related to of self-actualization.

Some of the specific needs in each of the five layers in Maslow's hierarchy of needs, are as below:

1. *Physical needs.* These priority physical needs include airway, breathing, cardiovascular function, hunger, thirst and other bodily functions.
2. *Safety and security.* Safety and security needs include freedom from pain, harm and danger.

3. *Love and belonging.* These needs include the need to be loved by others and to be accepted by others.
4. *Esteem and self esteem.* Humans have a need to be respected by others and held in high, or at least, moderate esteem. Humans have to feel competent and given recognition by others. These needs also include the need of a human being to have self-esteem, competency and able to gain the recognition of others..
5. *Self actualization.* This highest level need is achieved when the person is self fulfilled. Self-actualized people have fulfilled their potential; they have an appreciation of life and a drive to continuously grow personally. (Huitt, 2004)

Maslow further theorized that these human needs can be categorized into two basic groups:

1. *deficiency needs* which include physical, safety and security, love and belonging, and esteem needs and
2. *growth needs*, which are reflect in the self-actualization level of needs. (Huitt, 2004)

Human beings, according to Maslow, cannot progress to higher level needs until the lower level needs are adequately satisfied. For example, the need for safety must be adequately satisfied before an individual can strive for love and belonging, and the need for love and belonging must be adequately met before a person can strive for self-esteem and the esteem of others.

MASLOW AND MOTIVATION

The Maslow hierarchy of needs as a motivational theory appears to be supported throughout the evolution of industrial relations in the western world. Historically, economic issues were of paramount importance as industry arose in western civilization. Salaries and money for a job done meant survival. Later, after the financial issues were resolved and people were able to make enough money to survive, safety needs arose as a matter of importance to the workforce. During this phase, benefits and worker security were important. Labor unions sprang up to address job security and employment benefits, such as health insurance, sick day pay and worker's compensation should someone be hurt or injured on the job. These benefits addressed the safety and security needs of the workers.

Next, according to Abraham Maslow, is the need for love and belonging. The Hawthorne Effect supports the fact that workers have the need for love and belonging, and esteem by others, in the workplace. Simply stated, the Hawthorne Effect was an unexpected finding that was identified when research studies were being done in the Hawthorne plant during the 1920s. The intent of these research studies was to initially investigate if the degree of illumination during work would increase the productivity of workers. Although these studies did not find a relationship between lighting and productivity, the data indicated that productivity and output were increased simply because the workers were being studied. When the researchers spent time studying them, they were not perceived by the workers as a threatening force, but instead, the workers felt that the researchers valued them and that they were needed. Feeling valued and needed is a form of love. Workers were happy, satisfied and increasingly productive, regardless of experimental manipulations. Production increase because the workers were given attention and they felt that someone was really interested in them and their work.

Temporally and hierarchically, later in our nation's industrial development, appeared the need of workers for self esteem. Trends in the business world, to meet these newly emerging needs, included supervisory sensitivity training, personality characteristic profiling and reward systems/techniques. We have continued to strive for increased productivity since the beginning of the industrial revolution.

At the present time, the industrial revolution has perhaps moved into the arena of self-actualization. If this is the case, then these needs require a new breed of leaders, ones that are well versed in and skilled in applying the theories of the behavioral scientists and theorists to bring the workforce to its highest level. Herzberg and Maslow have contributed a great deal in terms of theory that can help us meet these challenges.

Maslow has suggested certain propositions about motivation. He maintains that individuals are integrated, organized wholes and that almost all physical and psychological functions, including memory, perceptions, emotions and cognition, are affected by motivation. The goal of the behavior is not necessarily apparent nor even directly related to the need. Specific goal objects are not reliable indicators of the need. As with reaction information, the behavior may be in complete opposition to the need. "Needs are neither necessarily conscious nor unconscious" (Maslow, 1970, p.19-20). They are probably most often unconscious, but the nature of the need,

according to Maslow, is immaterial in the understanding of human motivation (Maslow, 1970, p.21-22).

Fundamental desires are universal, but the means to the end vary with culture and among individuals. Needs are biologically innate; behaviors are learned after successful satisfaction of the basic needs (Maslow, 1970, p.54). Maslow refers to basic needs as instinctual. They are biologically innate but with weak instinct strength and, therefore, can be modified or inhibited by the environment (Maslow, 1970, p.22). Maslow also proposes that multiplicity of motives may precipitate behavior (Maslow, 1970, p.80-81). The act of eating may be motivated by such needs as hunger (a physiological need), comfort (a safety need), or purely an aesthetic need. Any human behavior may be the result of "several or all basic needs simultaneously" (Maslow, 1970, p.23).

Maslow also believes that not all behavior is motivated. Expressive behavior, maturation and self-actualization are expressions and reflections of one's personality, rather than coping with and/or being motivated by unfulfilled needs (Maslow, 1970, p.30, 55). Behavior can be completely determined by environment or modified by it (Maslow, 1970, p.55).

Man rarely reaches a state in which he is free of unfulfilled needs. As one need is adequately fulfilled in the hierarchy, new needs arise. In fact, the phenomena of wanting and needing at one level of the hierarchy, implies that more basic needs have been gratified (Maslow, 1970, p.55). Goals, which are largely unconscious, and drives are not mutually exclusive. Human behavior rarely exists without environmental influence. It is driven by several forces or determinates. Motivation is one and environmental force is another (Maslow, 1970, p.24-26).

"Motivation rarely actualizes itself in behavior except in relation to the situation and to other people". (Maslow, 1970, p.29). Culture is another determinant of human behavior. "As we go up the phyletic scale and as the instincts drop away, there is more and more dependence on the culture as an adaptive tool", but he also cautions theorists against "too great preoccupation with exterior, with the culture, the environment, or the situation." (Maslow, 1970, p.28). During successful and non-stressful life periods, humans are capable of simultaneously achieving many goals as a unified, integrated whole (Maslow, 1970, p.28).

Additionally, the human's desire to learn and to know is a "spontaneous product of maturation rather than of learning" (Maslow, 1970, p.48). Deterioration of intellect and boredom result from the absence of intellectual stimulation. (Maslow, 1970, p.48-50).

Past experience with success and failure also has an effect on motivation. "People who have been made secure and strong in the earliest years, tend to remain secure and strong thereafter in the face of whatever threatens" (Maslow, 1970, p.51). Such success and gratification are an important part of Maslow's motivation theory. "The perfectly healthy normal man has no sex needs or hunger needs, or needs for safety, or for love, or for prestige, or self esteem, except in stray moments of quickly passing threat.....I should then say simply that a healthy man is primarily motivated by his needs to develop and actualize his fullest potentialities and capacities". (Maslow, 1970, p.53)

Maslow's hierarchy of needs follows his principle of prepotency. Lowest and most basic needs have the greatest strength and potency. They remain foremost, as motivators, until they are adequately gratified. Then the next level of need in the hierarchy becomes the dominant source of motivation. Chronically gratified needs cease as motivators, (Maslow, 1970, p.57), and they tend over time, to become undervalued by the individual. (Arkes & Garske, 1977, p.100).

New needs gradually emerge as the higher prepotency, or more basic, needs become satisfied. Needs, however, do not be completely satisfied with 100% fulfillment before the next level need arises. "A more realistic description of the hierarchy would be in terms of decreasing percentages of satisfaction as we go up the hierarchy of prepotency. For instance, if I may assign arbitrary figures for the sake of illustration, it is as if the average citizen is satisfied perhaps 85% in his physiological needs, 70 percent in his safety needs, 50% in his love needs, 40% in his self esteem needs and 10% in his self actualization needs". (Maslow, 1970, p.52).

Although the following hierarchy has been described as typical, it has also been described as not immutable. Starting with the lowest and the most powerful needs in the hierarchy are the physiological needs. They differ somewhat from other needs in that they are relatively independent of each other and other needs, as motivators, and are to be isolated somatically. These needs, and the resulting motivated behavior, often become channels for the gratification of other needs.

For example, eating may satisfy both hunger (a physiological need) and comfort (a safety need) (Maslow, 1971, p. 52-54). When confronted and dominated by such basic human need's, a person's orientation and "philosophy of the future changes". Nothing else matters to him except the satisfaction of that particular need. To a hungry person, all matters, except food, are unimportant and the unfulfilled need will be the only motivator until the need is gratified (Maslow, 1970, p.36).

Next in the hierarchy are safety needs. Although to a lesser extent than the physiological needs, safety needs are also capable of dominating the person as well as his philosophy of the present and the future. People seek a safe organized, orderly, and predictable world. They seek safety and stability with the known and familiar. People become threatened with chaos (Maslow, 1970, p.38-41). Mild safety needs are demonstrated in everyday life with such things as insurance policies, saving's accounts, job security and job tenure, but most healthy people proceed through life with satisfied safety needs and the freedom from feelings of endangerment (Maslow, 1970, p.40).

Love and belonging appear next in Maslow's hierarchy. People seek contact, love, intimacy and belonging. Unfilled needs at this level render deprived people who are lonely with feelings of rejection and friendlessness.

After love and belonging, appears esteem. Esteem has been described as having two subsets- self esteem and esteem by others. Feelings of competency, adequacy, independence, freedom, the ability to be autonomous and achievement describe self-esteem needs. Esteem by others is experienced by humans in the form of status, rewards, fame, glory and feelings of confidence and usefulness (Maslow, 1970, p.40-44).

Last on the hierarchy appears self-actualization. This is the highest source of human motivation, but it emerges only when lower, more basic needs have been adequately gratified. "What a man can be, he must be" (Maslow, 1970, p.45). These needs are the most valued, most fulfilling and the most meaningful for humans (Maslow, 1970, p.46). This form of needs varies more from individual to individual than any of the other levels along the hierarchy and, again, these needs emerge only when all the other needs in the hierarchy have been adequately satisfied. (Arkes & Garske, 1977, p.100). The self-actualized person is very much like Roger's, "fully functioning

person”, and consists of two types – the “non transcendents” and the “transcendents” (Maslow, 1970, p.46).

MASLOW: D MOTIVATION AND B MOTIVATION

Maslow has described two basic kinds of motivation- deficiency motivation (D Motivation) and growth motivation (B Motivation). Deficiency motivation results from an unfulfilled need. It implies stress and tension, which creates a state of imbalance in the person. Deficiencies disrupt homeostasis. Because homeostasis is disrupted, human beings serve as a motivator because humans will strive to reduce stress and restore balance.

Deficiency motivation operates on the four lower levels of Maslow’s hierarchy (physiological, safety, love and belonging and esteem). Growth motivation operates only with self actualization. B motivation moves a human to grow, not to overcome a deficiency. There is no urgency to restore balance or attain a goal, but instead a gradual and steady progression toward a goal. It implies a state of being, not a state of deprivation. Growth motivation operates by inducing a tension, not by tension reduction since stimulation is sought, not avoided, in self actualization (Arkes & Gorske, 1977, p.105). Maslow has also speculated about Utopian Eupsychia, in which psychologically healthy humans live “meta-motivated” with B – Motivation (growth motivation) only (Maslow, 1970, p.277-278).

FREDERICK HERZBERG’S THEORY OF MOTIVATION

Maslow’s concept of self actualization is again reflected in Frederick Herzberg’s research findings, further supporting the notion that the time has come to debunk long held myths about salaries and money as the major sources of job satisfaction. Frederick Herzberg identified that the major factors that lead to satisfying work experiences are “recognition, challenging, and responsible work, more opportunity for individual advancement and growth, and personal achievement” (Floyd & Smith, 1983, p.22).

Herzberg’s theory and its tenets can be utilized to increase performance levels, efficiency, productivity and satisfaction through job enrichment. Herzberg also postulated that performance and motivational successes in the historical past, have been motivated by power and a desire for a better life. Now, personal achievement prompts success (Herzberg, 1976.31-35). “By this I mean, a pure

achievement motive not, an advertising slogan". (Herzberg, 1976, p.35)

Herzberg's theory of job satisfaction and worker motivation includes factors that promote dissatisfaction and those that promote job satisfaction. The absence of *hygiene factors* promote dissatisfaction and the presence of *motivation factors* lead to job satisfaction and motivation. These two groups of factors, hygiene and motivation, are mutually exclusive. The mere absence of negative hygiene factors do not necessarily promote job satisfaction; and still further, an abundance of positive hygiene factors doesn't necessarily promote job satisfaction. Stated differently, the absence of a poor salary scale does not necessarily promote job satisfaction, instead it will lead to job dissatisfaction. Also, an excellent salary does not necessarily promote promotion satisfaction; it simply prevents dissatisfaction.

The opposite of job satisfaction is not job dissatisfaction, but only an absence of satisfaction. The opposite of job dissatisfaction is not job satisfaction, but merely an absence of job dissatisfaction (Herzberg, 1976, p.58). Motivators are the major forces that promote job satisfaction; the absence of hygiene factors are the major forces that lead to job dissatisfaction and unhappiness.

An innate biological need among all animals, including human beings, is the avoidance of pain in their environment. The avoidance of pain is the basis of the hygiene factors. On the other hand, psychological growth and the need for achievement are uniquely human characteristics, not shared with the rest of the animal world. These characteristics are the basis of Herzberg's motivation factors. Factors that promote the growth and achievement are found in the structure and tasks of the job itself. The stimuli inducing pain avoidance are found in the job environment, not in the job itself.

Growth motivators, intrinsic to the job itself, include recognition for achievement, the work itself, responsibility, growth and advancement. Hygiene factors, extrinsic to the job itself, include salaries, working conditions, benefits, security, status, supervision, interpersonal relations and policies (Herzberg, 1976, p.58).

Four types of people are normally found in the work setting.

1. The most fortunate of all has *high hygiene and high motivational* fulfillment. Their work is interesting, challenging

and meaningful. They are happy, satisfied and growing psychologically.

2. The "dual motivation" type has two forms. One is when the worker has high motivation and poor hygiene need satisfaction and the other
3. has poor motivation and high hygiene and need's fulfillment.
4. The least fortunate worker of all suffers from *poor hygiene* and *poor motivation* need's fulfillment. Abnormal profiles include the hygiene seeker who receives little satisfaction from accomplishments and displays little interest in personal growth, worthwhile ness, or the quality of his work. The workaholic and the monastic hygiene seeker deny hygiene needs and work in dangerous conditions (Herzberg, 1976, p.64-68).

Hygiene need fulfillment prevents job dissatisfaction, even though temporary. Introducing hygiene measures into the workplace in order to motivate increased performance is not only ineffective, but it may have long term detrimental effects by degrading the work ethic with the substitution of materialistic values for those things of greater and more lasting value (Herzberg, 1976, p.90). The dynamics of motivation have a long term effect and they are additive in nature (Herzberg, 1976, p.101). These needs have a non-escalating zero point (Herzberg, 1976, p.101).

CONDITIONS THAT MOTIVATE BEHAVIOR

Three conditions motivate behavior. These things are:

1. what an individual can do;
2. what his permitted to do and
3. what is reinforced.

Motivation at work is an attitude that arises when people are given a combination of the ability and the opportunity to do a good job. Motivation compels people to seek appropriate areas where ability can be enhanced by opportunity in the expectation that a further development of that ability will result (Herzberg, 1976, p.99). Training programs are needed to maximize the "can do"; opportunities can maximize the "permitted to do"; and, satisfaction through recognition of the worker's growth provides the "reinforcement" necessary for motivated behavior. Management must satisfy the hygiene needs (how well the workers are treated) as well as the motivator needs (how well the workers are used).

"Achievement and recognition for achievement are "preparatory" motivators. They provide the stimulation for the more complex tasks of psychological growth and are short lived in nature when compared to the long term effects of "generators", like work itself, responsibility, advancement and growth (Herzberg, 1976, p.100)..." "...he finds positive satisfaction in the exercise of human talents. When permitted to do so, he will provide the organization with the kind of extra performance that is essential for long-term success" (Herzberg, 1976, p.101).

In one nursing research study where salary was not rated as important by nurses and the chi-square test showed no relationship between salary and the length of time a nurse stayed on a job, some nurses were willing to give up some of their salary for other incentives (McCloskey, 1973, p.245-247). Wage demands are often symptomatic of the deeper "motivator" needs. What the nurses desired, in this study, were a stimulating and intellectual environment, more responsibility, and opportunities for advancement, more recognition from peers, and supervisors to increase self esteem (McCloskey, 1973, p.247). Professionals prefer autonomy, freedom to make decisions and control over their work. Professional honors and esteem appear more important than organizational rewards (Lund, 1967, p.49).

Some argue that job enrichment works well with "blue collar" workers in AT & T, Maytag and Motorola, but it will never work with the healthcare professionals at General Hospital? Another argument that could be raised against utilizing and adopting the elements of Herzberg's and Maslow's theories in the healthcare setting is the tendency for some healthcare leaders to stress the uniqueness of the hospital, the unique nature of client care and the uniqueness of nursing, things that make it so different from other businesses where these theories have been successful. Still other critics may claim that the constraints of the healthcare environment's organization structure, policies, and procedures prevent flexibility in job design and job enrichment.

Fitzgerald (1971, p.44), claims that Herzberg's motivational theory doesn't work because of the complexity of human nature. The alternatives that he proposed included praise for an improvement of effort, company sponsored recreation, training, participation, talking to subordinates, confronting change and stripping in relation to the "baroque mystiques" of administrative offices (Fitzgerald, 1971, p.44). Another one of Herzberg's critics feels that he underestimates

the importance of salary and interpersonal relationships. He feels that supervisors, as sources of recognition, must develop mutual trust and respect in interpersonal relationships with their staff, or the recognition is futile (Evans, 1970, p.34-35).

The implications of Frederick Herzberg's theory of motivation are vast as well as feasible. Organizational barriers that stifle motivation, change and progress, may be real or imagined. A careful analysis of all barriers may render the finding that many barriers to a more motivating environment are nonexistent and, as such, should no longer be perceived as an obstacle. Real barriers should then be removed. (Ganong & Ganong, 1974). Increased cost, time investments, and resistances to change are some obstacles that impede the introduction of job enrichment (Sirota & Wolfson, 1972, p.12-15).

Creativity and a degree of risk taking by management can facilitate the change process in order to achieve job enrichment. The belief that rigid controls and job fragmentation are necessary to promote efficiency should be discarded.

Systematic fact finding by the administrative team can determine the feasibility of job enrichment programs in their own institutions. Symptomatic, attitudinal and structural data must be collected. Turnover rates, complaints and absenteeism are symptomatic but they don't specify the underlying problem or suggest a solution. Also, symptoms emerging from one area of the healthcare facility may or may not reflect problems in another area or department. Departmental records, termination interviews, questionnaires about employee perceptions often give insight into symptomatic data (Yorkes, 1974, p.18-25).

Workers' attitudinal data may provide insight into the nature of unfulfilled needs, that is, it may help us to discover whether it is hygiene or motivator needs that require organizational intervention. Such data will offer administration some predictive ability in reference to how the staff will react to the impact of job enrichment upon their jobs. Well conducted open-ended interviews and questionnaires provide other valuable sources of attitudinal data.

Structural data is also needed. Structural data provides us with information about the technical feasibility of a job enrichment effort (Yorkes, 1974, p. 21-22). Duplication of functions, levels or authority, fragmentation of care and/or service and the rationales

used behind client assignments provide valuable potential sources of structural data (Yorke, 1974, p.22). Skillful and effective data collection will answer questions and provide insight into the staff and organization. It will also enable the healthcare administrator to rationalize and justify reorganization of job structure and to effect job enrichment opportunities.

APPLYING MOTIVATIONAL THEORY INTO PRACTICE

After the data collection phase, a collaborative job enrichment team or work group should be appointed. This group should consist of staff, upper and middle level management representatives. The goals of this group should be to plan and implement a job enrichment program that addresses the items identified during the data collection phase. At times, a more objective and proficient outside consultant can be used to facilitate the work of the team, or to work on the job enrichment program with a team of other consultants and/or other members of the healthcare facility. (Floyd & Smith, 1983, p. 23-24).

Involving staff at the earliest stage of change will benefit the outcomes as well as promote professional autonomy, participation and responsibility. During the planning stage specific objectives should be drawn up which lend themselves to measurement. Pre-implementation measurements of objectives, staff demographic data, and how well they feel they are doing at their job should be determined and documented in order to ascertain a baseline for later comparison.

After the planning stage is completed, job enrichment plans and strategies should be introduced into the entire workplace or introduced into one group to serve as the experimental group, while using the other groups or departments as the control group(s). The duration of time to measure the program's effectiveness will probably vary as much from institution to institution as the participants vary. It may be helpful, however, to plan on having a major evaluation after six months of implementation, even though job designs and their effects must be evaluated on a continuing basis to insure sustained success. (Floyd & Smith, 1983, p. 23-24).

The staff members should receive feedback from administration after the evaluation of the job enrichment program is completed. All levels of the organization should be informed about the baseline data, the interventions that were introduced to increase motivation and job

performance and how these interventions improved the variables that were measured.

In the business world, increased productivity and job satisfaction can be measured by increasing levels of production; in the healthcare setting the result may be observed and measured in terms of:

- decreased absenteeism
- increased job participation
- decreased turnover and increased retention rates
- increased competency levels
- expanded job roles
- increased creativity, ingenuity and problem solving skills, as perhaps evidenced by more participation in the employee suggestion program
- increasing levels of job satisfaction
- less errors, less infections, fewer falls
- fewer incident or occurrence reports
- decreased client complaints and increased levels of customer satisfaction
- less symptomatic complaints by staff
- increased collaboration, cooperation and team spirit, and
- the improvement of the outcomes of client care.

Below are some of the innovative interventions that administration may elect to implement in order to enhance what the staff members *can do*, what they are *permitted to do* and what is positively *reinforced*. Administrators and leaders may want to consider the provision of:

- high quality in-service programs that fulfill identified educational needs and provide the staff with the knowledge and skills necessary to do their job at the highest level of quality possible (*can do*),
- educational endeavors that promote creativity, the analysis of current roles and the re-engineering of jobs and roles with the goal of enhancing the outcomes of care and the facilitation of an expanding more satisfying role in this care or service, (*permitted to do*),
- opportunities for increasing autonomy, responsibility, challenges and decision making (*permitted to do*),
- the elimination of job fragmentation as much as possible, in order to increase ownership of the process and job satisfaction,

- introducing new and more difficult tasks and allowing people to become experts by assigning specialized tasks have also been suggested (Evans, 1970, p.34). Vertical job loading, through increased opportunities for professional growth, is important, and,
- effective recognition and reward systems that reinforce superior performance, rather than performance at expected levels (*positive reinforcement*).

The opportunity for advancement is sadly often neglected or overlooked in healthcare settings, despite the fact that it is a powerful motivator (White & Maguire, 1973, p.29-30). One author recommends a "dual promotion ladder" which has the general duty staff person, in this case a nurse, at the bottom rung of the nursing ladder. Nurses then advance up the ladder based on their education and experience. The dual ladders consist of two choices. A person can choose professional advancement or administrative advancement. (Lund, 1967, p.48). Perhaps grades of the staff nurses should also be used to keep nurses at the bedside, but with increasing experience and education, they should be given increased clinical responsibility and appropriate remuneration. Accountability, natural complete units of work, job freedom, additional authority, personal achievement, recognition, growth and learning are components of vertical job loading for job enrichment (Herzberg, 1976, p.131-134).

CONCLUSION

There are many possible creative innovations that could be done to achieve these goals in healthcare settings. (Shepard, 1974, p.886-889), Collaborative efforts of administration, supervision, staff development and staff are necessary to assure success. If administration and supervision initiate change and provide feedback, and in-service educators facilitate ability and potential, the staff will experience personal growth and fulfill their need for esteem and self-actualization, much to the benefit of the employer and the client.

REFERENCE LIST

Arkes, Hal R. and John P. Garske. (1977) Psychological Theories of Motivation., Monterey, CA: Brooks/Cole Publishing Co.

Charnot, Dennis.(1976). "Professional Employees Turn To Unions", Harvard Business Review, pgs 119-127.

Evans Fitzgerald, Thomas H. (1976). "Why Motivation Theory Doesn't Work". Harvard Business Review, Volume 49.

Fitzgerald, Thomas H. (1971). "Why Motivation Theory Doesn't Work". Harvard Business Review, Volume 49, No. 4, pgs 37-44.

Floyd, Gloria Jo and Billy Don Smith (1983). "Job Enrichment", Nursing Management, Volume 14, No.5, pgs 23-25.

Ganong, Joan and Warren Ganong (1974). "Organizational Barriers – Real Or Imagined?". Journal of Nursing Administration, Volume 4, No. 1, pgs 7-8.

Herzberg, Frederick (1976). The Managerial Choice, Homewood, IL, Dow-Jones – Irwin.

Huitt, W. (2004). Maslow's hierarchy of needs. *Educational Psychology Interactive*. Valdosta, GA: Valdosta State University. Retrieved [February 10, 2005] from, <http://chiron.valdosta.edu/whuitt/col/regsys/maslow.html>

Longest, B.B., Jr. (1974). "Job Satisfaction For Registered Nurses In The Hospital Setting". Journal of Nursing Administration, Volume 4, No.3, pgs 46-52.

Lund, Robert S.(1967) "Effective Incentives To Motivate Professional, Technical Personnel". Hospital Topics, Volume 45, No. 6, pgs 47-49.

Maslow, Abraham (1970). Motivation and Personality, 3rd Edition, New York: Harper and Row.

McCloskey, Joanne (1973). "Influence of Rewards and Incentives on Staff Turnover Rates". Nursing Research, Volume 23, No. 3, pgs 239-247.

R.N. (1977). "Job Dissatisfaction Higher Among New B.S.N.", R.N., Volume 40, No. 9, pg 13.

Shepard, Jon M. (1974). "Job Enrichment", "Some Problems with Contingency Models". Personnel Journal, Volume 53, No. 12, pgs 886-889.

Sirota, David and Alan D. Wolfson. (1972). "Job Enrichment: What Are The Obstacles?". Personnel, Volume 49, No. 3, pgs 8-17.

Wandelt, Mabel A., Patricia M. Pierce and Robert R. Widdewson, "Why Nurses Leave Nursing and What Can Be Done About It", American Journal of Nursing, January, 1981, pgs 72-77.

White, Catherine H. and Maureen C. Maquire (1973). "Job Satisfaction and Dissatisfaction Among Hospital Nursing Supervisors". Nursing Research, Volume 22, No. 1, pgs 25-30.

Yorkes, Lyle (1974). "Determining Job Enrichment Feasibility". Personnel, Volume 51, No. 6, pgs 18-25