

‘Motivating improvements’: Learnings from Health care facilities study— India & Bangladesh

Team IIPHG

Outline of the session

- Triangulation of Observations from various studies including Qualitative (Photo elicitation) studies with various stake holders during Multi-centric WASH study in India & Bangladesh and Observations from assessment of WASH in HPT health care facilities in Gujarat
- Descriptive review of existing literature on what motivates public health care provider to perform better and sustainability of improved WASH in HCF
- Way forward.....

WHY WASH in Health Care facility is required

- Equitable, inclusive and sustainable access to WASH is an essential component of delivering quality health care.
- Appropriate WASH might reduce / prevent health-care associated infections (HCAIs), tackling anti-microbial resistance & Ultimately improving the health outcomes of patients.
- However majority of the focus is on logistics , Supplies , HAI , Evidences, Policies , Programs etc but one of the key determinants for adequate WASH and WASH related outcomes is **Behavior & Motivation** of Health care providers is some how missed out.

Methodology : TRIANGULATED OBSERVATIONS from

WASH study supported by
SHARE / Soap Box in
India & Bangladesh

Observations based on
Advocacy efforts by IIPHG
post Tool Box study

**Sustainable WASH in
health care facilities**

WASH study based on
adapted version of tool
box in 118 High
Priority Taluka

Descriptive review for
generating evidence on
role of Motivation for
sustaining WASH in health
care facility



Conceptual Framework

DETERMINANTS of WASH PRACTICE

- **Contextual Factors**
(e.g. infrastructure - water supply, sanitation system, policies, management, available materials, HR policies & practices)
- **Individual Factors**
(e.g. knowledge, attitudes & beliefs, status, perceived support, locus of control)

Behavior
Motivation

**Execution of
appropriate
WASH
(Behavior)**

**Better HCE (Health
Care Environment)
Microbiologically /
Visibly safe**

**Degree of safety
(objectively-
assessed safety /
risk) of HCE**

OUTCOMES

- Satisfaction of Patients
- Providers for providing better Health care
- Acceptability of the facility
- Health outcomes
- Ab resistance

Observations WASH / Tool Box study

- Poor motivation in HCP more amongst the Cleaners , Mopers , Nurses who are pivotal for optimal WASH But focus is largely on logistic , systems and managerial issues
- “ Lot of overload of work - Here we conduct more than 132 deliveries and other places there are only 6- 7 deliveries but remuneration is same , What type of motivation ? Incentive or non monetary motivation should be there then people will be motivated to do more work. They will take interest...” *HCP in Gujarat*
- “Previously the staff used to get incentives, if we conduct more than 50 deliveries but now we do not get it ; so we also are not keen . Incentives is needed for the motivation of the class 4.....*HCP from Dhaka*

Reflections of stakeholders.....

- Cleaners are solely responsible for the important tasks of cleaning the floors of the delivery room, the general admissions area, toilet facilities and operation theatres, beds & mattresses, the toilet, hand washing facilities, and the linen but **training is given to Doctors , Nurses etc** **Cleaner from PHC**
- "**Permanent** employee are issue , They know that they are secure and they will not be transferred. If higher authority is strict then they do good work“ : **Manager at PHC Gujarat**
- **I am not permanent** hence I am not very keen , I might look for alternatives: **Cleaner**
- “Autoclave machine is not in working condition. We do not have fumigation machine. There is issue of gloves. system is de motivating: **Surgeon at tertiary care unit**
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From HPT study

- Majority of the facilities do not have formal mechanism of monitoring for WASH, more so Status of WASH not reported not even asked for till recently
- *We have other program targets and closely monitored by Govt , probably WASH is not in anyone's priority & also facility people are never sensitized, or are not aware with regards to the same..... PHC MO*
- *Our ACR (Appraisal is based on targets of Family planning , Immunization , MCH) so we need to adhere to that, but infection control are not directly related to ACR
(Reflections from DHO)*

Reflections from Policy Planers & Program Managers

- Implementation or fixing the responsibility / answerability / accountability at Infection control (WASH practices ?) are weak. *State Official*
- WASH is synonymous to Post Surgical Infection or preventing post Surgery infection that's it , so that's what we focus on : *Surgeon at Tertiary care center*
- WASH might be important for Ophthalmology but not routine care, Post cataract infections might immediately draw media attention but not surgical sepsis or Post surgical infections: Hospital administrator
- Lack of Supportive supervision : Supervision is a FAULT finding exercise than FACT finding, it's a knee jerk reaction : Nursing Head

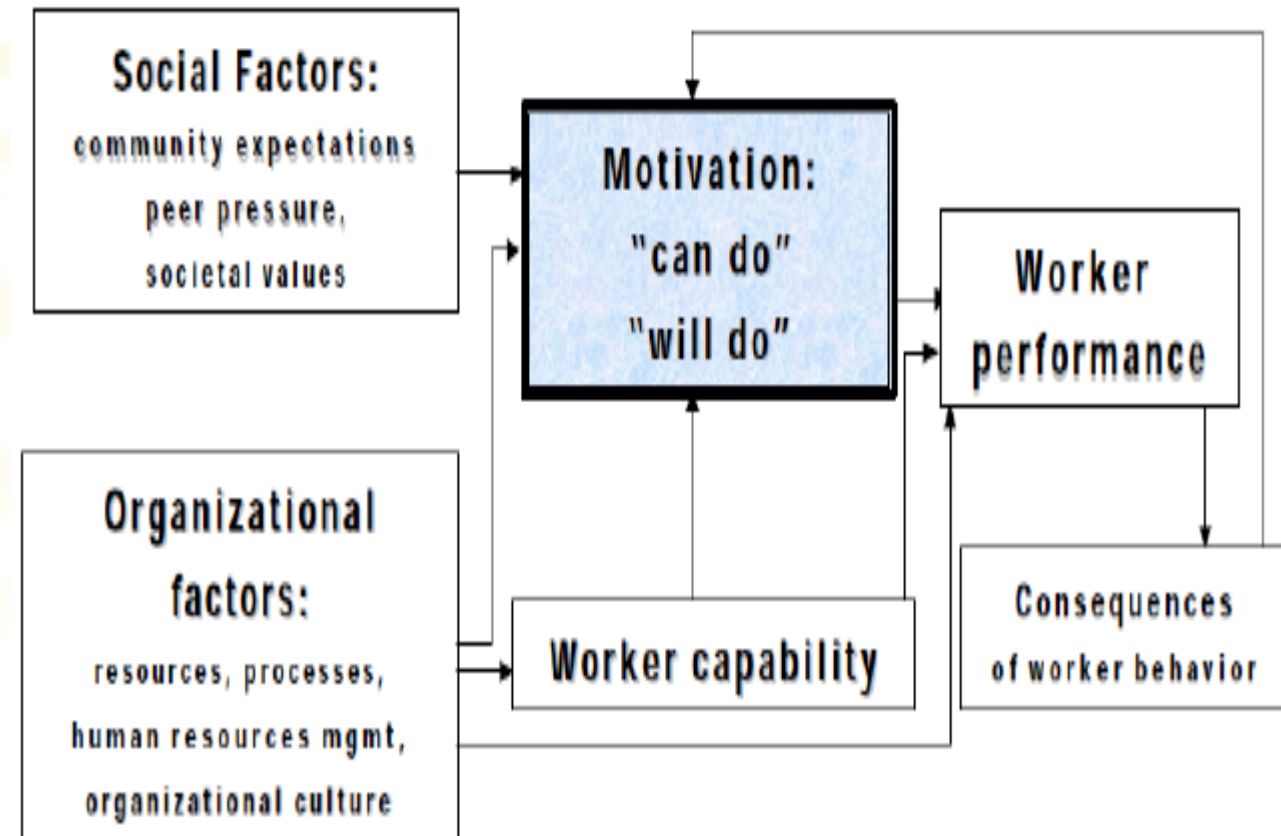
Observations from Descriptive review

- No study with a direct focus on Motivation of key players / stakeholders and WASH in HCF (? 3 SR on Hand hygiene , 2 SR on Infection & M outcomes, 1 trial)
- But studies available on Job retention , factors leading to retention , satisfaction , motivation for being in Government Job.
- Majority of the research on Motivation based on Three theories of motivation
 - Maslow's Hierarchy of Needs,
 - Herzberg's Two-Factor (motivator-hygiene) Theory, and
 - Vroom's Expectancy Theory of Motivation.

Review by FRANCO* et al 3 Motivational factors

- Individual's goals, motives, & values related to satisfaction of basic survival needs and self-satisfaction;
- Self-esteem and workers' own evaluation of their own competencies;
- Cognitive expectations between workers' actions & their outcomes

Broader factors → Individual factors → Results



Franco et al. Worker motivation in Jordan & Georgia: Synthesis of results (Cross reference)

Observations that might motivate them in for adequate WASH

- “4 D model” Discovery, Dream, Design, and Destiny of Appreciative inquiry (AI) had positive impact on cleanliness, infection control practices, management processes, teamwork and motivation. *(Bharti Sharma et al Using ‘appreciative inquiry’ in India to improve infection control practices in maternity care: a qualitative study. Global Health Action: 2015)*
- Job security and adequate salary , motivates to perform better (*Shalini bhatia et al What motivates Govt doctor to perform much better: Jo. Of Health Management 16-(1) 149-159*)
- Most important factor related to motivation Job security (E) , closely followed by interesting work and respect and recognition (I) . *(Bhaskar Purohit et al: Beyond Job security and money: driving factors for motivation for govt doctor in India: Human Resources for Health 2014, 12:12)*

Other factors that can motivate to work optimally ????????

- Sufficient evidence generated by Singh et al. that there is an effect of **incentivizing**, on motivation and focus of community health workers, five case studies from low- and middle-income countries. (*Human Resources for Health* (2015) 13:58)
- Multi state study including both public and private sectors concludes HCP feels satisfied and motivated when there are *
 - Improvements in **training opportunities** for skill development
 - **Availability** of equipment for effective use of existing professional skills
 - Motivation by supervisory personnel to **promptly recognize good work**, and
 - Environment that **encourages autonomy** will improves health worker satisfaction and motivation.
 - **Leadership** is vital

* *David H Peters et al Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states: Human Resources for Health 2010, 8:27*

Ownership

Appreciation

Skill building /
Training / Hand Holding

Political will /
Leadership

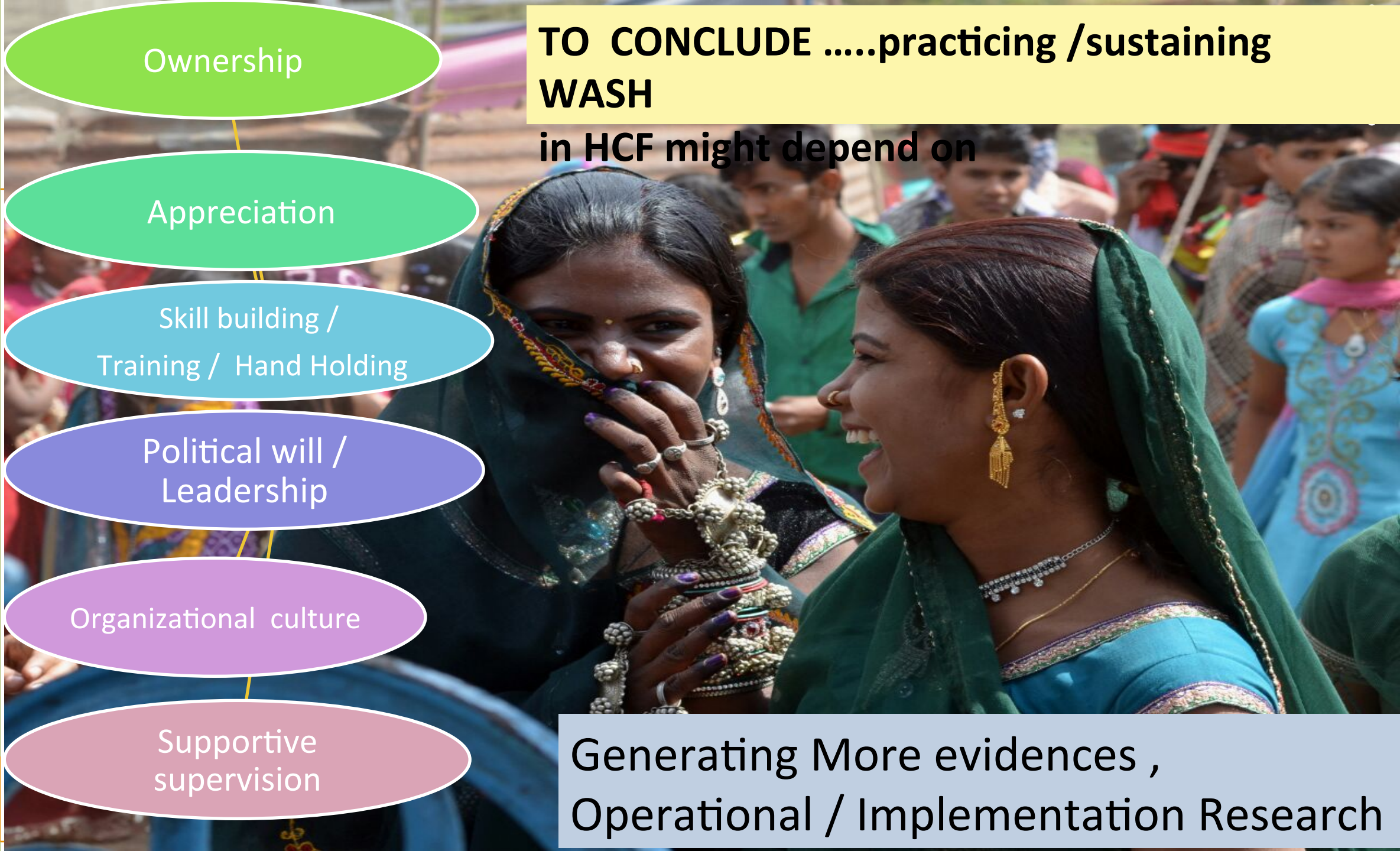
Organizational culture

Supportive
supervision

**TO CONCLUDEpracticing /sustaining
WASH**

in HCF might depend on

**Generating More evidences ,
Operational / Implementation Research**



Initiatives by Government of India



AWARD TO PUBLIC HEALTH FACILITIES KAYAKALP

May, 2015

Objectives

1. To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.



Scope

Based on scoring, using a specific standard protocol administered by an external Assessor Team, the awards would be distributed as follows:

- ◆ Best two District Hospitals in each state (Best District hospital in small states).
- ◆ Best two Community Health Centres/Sub District Hospitals (limited to one in small states).
- ◆ One Primary Health Centre in every district

Each facility will receive a cash award with a citation.

Some positive outcomes of Advocacy efforts



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Commissionerate of Health,
Medical Services, Medical Education & Research, Gujarat
Block. No.-5, Dr. Jivraj Mehta Bhavan
Gandhinagar – 382010

A. Monitoring

1. One assigned person must be identified in each patient care area at each facility for monitoring Water supply, Sanitation, & Hygiene (WASH) services & practices. Each facility to prepare a written matrix of the same.
2. It is to be ensured without fail that all toilets (especially in labor room & postnatal ward) are unlocked, accessible, not used as storage room, with intact door & stopper, functional, clean, with water available, with functional light points, with bucket/tumbler and without broken toilet seats. This is non-negotiable for ensuring quality health services.
3. All **hand washing station** at key patient care areas like Labor room, PNC ward, SNCU, NICU, NBCC must have **displayed standard protocols & reminder poster** on hand washing including who, when, how one should wash hands.
7. Hand washing practices by staff at critical times during maternal & newborn care must be ensured and is non-negotiable.

Thanks



स्वच्छ गुजरात, गरवी गुजरात