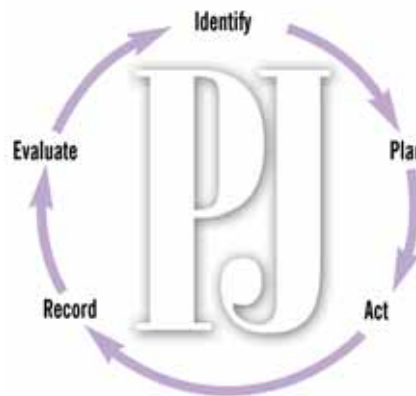
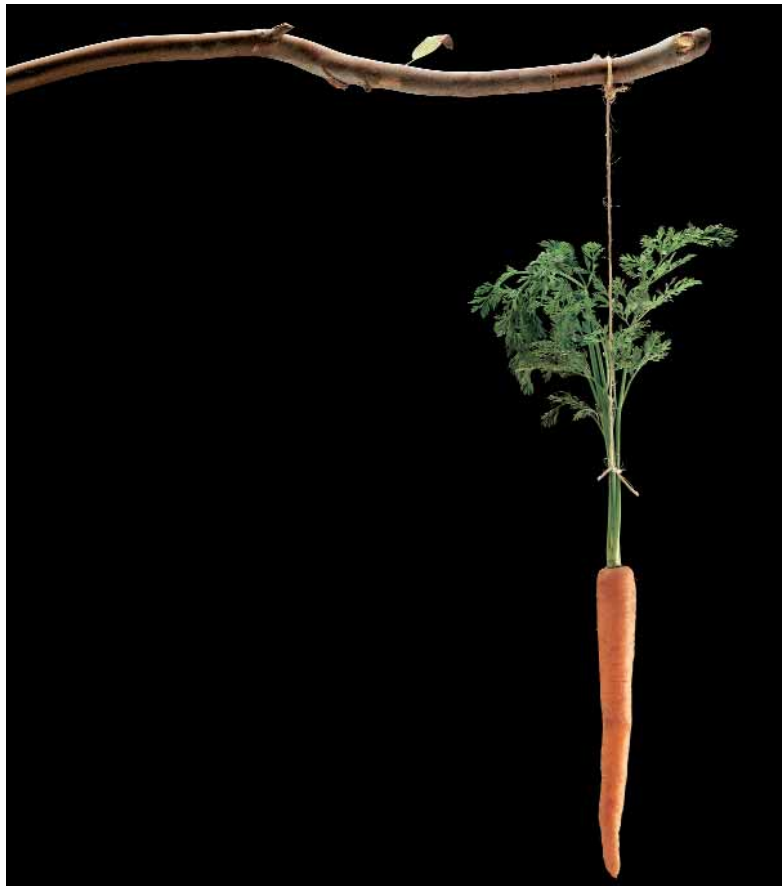


# Understanding what motivates staff

As pharmacy evolves, many might be wondering if motivation and the profession are still compatible. Keeping staff happy includes keeping them motivated and this results in several benefits, says Chijioke Agomo



## Identify knowledge gaps

1. What are the dangers of demotivated staff?
2. What are the main theories of motivation?
3. Can you list three viable ideas for keeping your staff motivated?

Before reading on, think about how this article may help you to do your job better. The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at: [www.uptodate.org.uk](http://www.uptodate.org.uk)). This article relates to "interacting and working with staff" and "being a manager" (see appendix 4 of "Plan and record").

It is becoming common to hear of low levels of motivation among pharmacy staff in the UK. The situation is exacerbated, to some extent, by frequent changes in the legislation regulating practice and the mounting pressure on pharmacists and support staff to dispense more items as well as to provide more services.

This situation should not be ignored — the danger of having demotivated employees is that absenteeism increases, as does staff turnover, which, in turn, leads to recruitment costs and, in some cases, unknowledgeable staff and high training costs. Ultimately, demotivated staff can result in poor performance and substandard services.

## Meaning and theories of motivation

Author Laurie Mullins defines motivation as "some driving force within individuals by which they attempt to achieve goals in order to fulfil some need or expectation".<sup>1</sup> Motivation is concerned with why people choose a particular course of action over others, and why they continue with it, often for a long time, despite difficulties.

In the workplace, to motivate means to take action to encourage colleagues, or ourselves, to do our jobs better. For example, it

could mean urging an employee who is feeling discouraged not to give up but it could also mean inspiring someone who is self-motivated and already doing well to enhance his or her performance.

Figures 1 and 2 (p546) explain the fundamental model of motivation, respectively,<sup>2</sup> which are based on needs. Some of the needs or expectations of employees can be classified as physiological or social and others as intrinsic (ie, psychological rewards, such as self fulfillment) or extrinsic (ie, tangible rewards, such as fringe benefits, salary, security or promotion). To motivate staff, however, several types of need must usually be targeted.

Over the years, psychologists have developed several theories to explain the concept of motivation. The three most popular ones are Abraham Maslow's hierarchy of needs, Frederick Herzberg's two factor theory and goal-setting theory.

## Hierarchy of human needs theory

Maslow's hierarchy of needs was proposed in 1943. This is usually presented as a pyramid consisting of five levels, with more primitive needs at the bottom (see Figure 3, p547). Maslow asserted that as humans meet their

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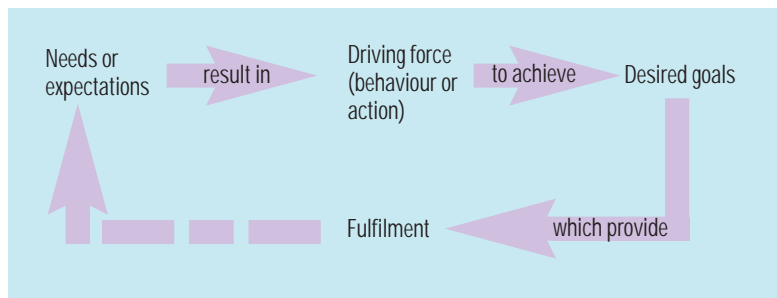


Figure 1: Basic motivational model

basic needs, they will seek to satisfy successively higher needs.

The four lower levels can be grouped together and defined as deficiency needs. Stress can develop when these needs are not met. At the lowest level are physiological needs, such as food, water and sleep. The higher needs in the pyramid only become important when the lower needs are met and this is what drives personal growth in an individual. The top level is termed “self-actualisation” or growth needs and is associated with the tendency of humans to make the most of their abilities.

**Two factor theory** Herzberg developed the two factor theory (see Figure 4), also known as Herzberg’s motivation theory, after asking 203 accountants and engineers in the US about when they had felt negative or positive at work.<sup>3</sup> According to Herzberg, job dissatisfaction and satisfaction are independent. There are some factors in the workplace that are related to job dissatisfaction (hygiene factors), while a separate set of factors cause job satisfaction (motivator factors).<sup>3,4</sup>

Hygiene factors include:

- Company policy and administration
- Salaries and other financial remuneration
- Quality of supervision
- Quality of interpersonal relations
- Working conditions
- Feelings of job security

These factors are based on the need for a business to avoid unpleasantness at work. If an employee considers these factors inadequate, he or she will be dissatisfied at work. On the other hand, motivator factors are related to an individual’s need for personal growth and include:

- Status
- Opportunity for advancement

- Gaining recognition
- Responsibility
- Challenging or stimulating work
- A sense of personal achievement and personal growth

These factors create job satisfaction and motivate employees to perform above average within an establishment.

Although the two theories discussed so far have approached motivation differently, some similarities come to light. Both highlight the fact that for an employee to be motivated, it is important to satisfy his or her needs. However, Herzberg believed that only the higher levels of the Maslow hierarchy act as motivators — addressing the lower needs does not motivate and not addressing them only causes dissatisfaction.

Moreover, it is important to note that in real life individuals are influenced by several needs. In addition, there is little empirical evidence to support Maslow’s model, which also does not explain the behaviour of those who accept low pay initially for the promise of future benefits. Another hurdle for managers is knowing when one need has been fully satisfied so as to move to the next need. Conducting anonymous staff satisfaction surveys and acting on the feedback can help in this respect.

Furthermore, although one factor (eg, social interaction at work) can be a source of job satisfaction for one person, it can trigger the opposite effect in another. In other words, people have different personalities and the theories fail to take this into account. Therefore, just as good managers should be able to vary their behaviour according to the particular situation, they should also be able to adapt motivational strategies to individuals — taking the time to find out why each member of staff comes to work can be rewarding and influence your approach.

It is also possible for the same factor to elicit mixed feelings in an individual. For example, automation may be both appreciated and feared.

**Goal-setting theory** Edwin A. Locke, professor emeritus of leadership and motivation at the University of Maryland, developed the goal-setting theory in the mid-1960s.

The basis is that goals motivate employees — they can help to narrow focus and direct attention to goal activities instead of irrelevant activities and can lead to more effort and can encourage persistence.

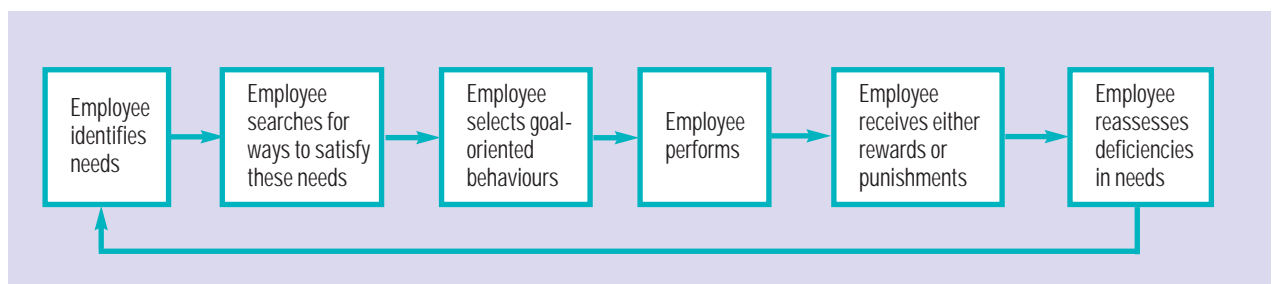


Figure 2: Core phases of the motivation process

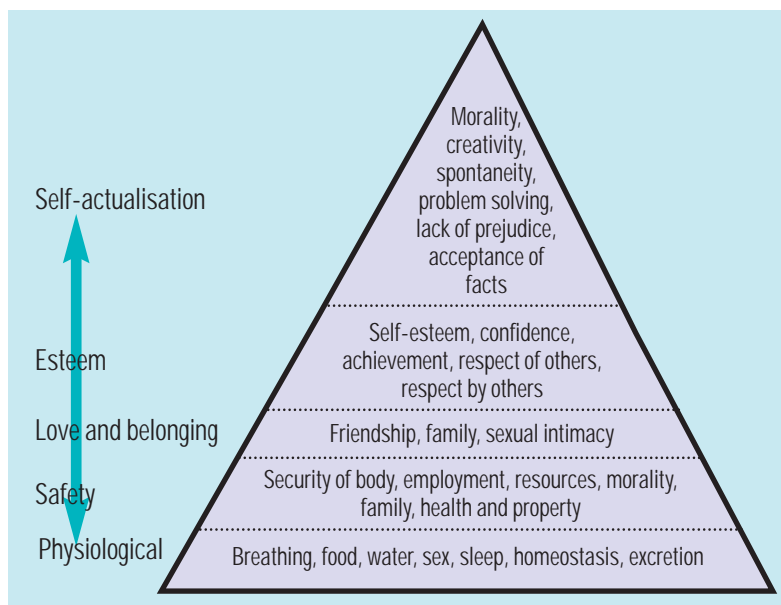


Figure 3: Maslow's hierarchy of needs

The key principles of this theory are:<sup>5</sup>

- Goals must be specific
- Goals must be challenging
- Goal acceptance and commitment must be built
- Goal priorities should be clarified
- Regular feedback on accomplishment should be provided
- Accomplishments should be rewarded

Commitment and personal effectiveness are the main determining factors of a goal-performance relationship.

Just as with Maslow and Herzberg, however, there are limitations to this model. For example, a manager's goals might be different from that of the organisation.

Managers also sometimes underestimate the difficulty involved in setting goals and can be attracted to the benefits without understanding the limitations, particularly if they have a poor understanding of the role of the person who is to achieve the goals. Moreover, where goal setting is used for jobs in medicine or pharmacy it is possible for an employee to become so engaged with meeting a target (eg, number of medicines use reviews) that he or she loses the focus on people. For example, if not restricted to the quieter times during the working day, MURs could inconvenience patients by increasing waiting times. Another example is the recent revelation of dirty wards at a hospital in Kent. According to the reports, it was the aspiration to meet set targets that contributed to the neglect of patient care.

### Bringing out the best in people

The people employed in a pharmacy will be motivated differently from one another and many of the motivation theories do not take into account personality and cultural differences. However, it seems that the things that motivate employees the most are mutual respect and personal involvement — many

### Panel 1: Mutual respect and personal involvement

- Outline job responsibilities — make sure staff understand their own roles and that of others (ie, who is accountable for what)
- Always keep staff informed of any changes
- Involve staff in decision-making processes (this helps to avoid situations where policies are dumped on the staff who may be resistant to them and become obstacles to progress)
- Ensure the organisation has a caring attitude (taking the time to get to know staff, asking for suggestions and acting on feedback means they will be seen as people and not machines)
- Ensure that any criticism is constructive (ie, do not just point out errors but suggest how improvements can be made and offer support)
- Allow staff to participate in goal setting (goals should be challenging but realistic)

studies have found that pay is not the only significant factor influencing motivation.

Because most workers tend to co-operate better when they feel good about themselves, the work they do and the company they work for, it is reasonable to find ways to use this to bring out the best from their performance. Panel 1 lists some suggestions.

In most pharmacies, the work is usually managed or directed by pharmacists. However, due to the need to channel the effort of pharmacists towards the provision of clinical services, the role of the manager is now being delegated frequently to other members of staff, such as pharmacy technicians. Although, the delegation of such managerial duties are usually helpful, in some situations they can lead to power struggles. This can be avoided by promoting teamwork and fostering a common goal and understanding.

Panel 2 (p548) lists other ideas for ensuring staff stay motivated.

### Getting a head start

Part of maintaining motivation is to choose the right person for the job in the first place. For example, in many workplaces, social interactions between staff can be a source of motivation and so during recruitment it is important to select someone who will fit in with the existing team.

In addition, people who are self-motivated have particular attributes, which could be

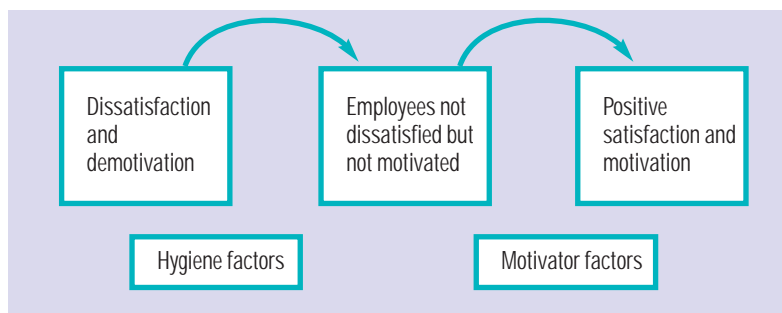


Figure 4: The Herzberg two-factor theory

looked for during the selection procedure. These include:

- Desire (For an individual to be fully motivated at work, he or she must have the desire for the job they are doing. Why does the candidate want the job?)
- Self belief (The individual must be confident in his or her ability to make things happen in order to succeed at work.)

## Panel 2: Suggestions for maintaining a motivated workforce

- The work environment should fill staff with a sense of pride and this can be achieved with a professional, tidy, modern and spacious pharmacy with a well-equipped consultation area.
- Staff should be given regular breaks. They should have a pleasant environment to relax in, with good toilet facilities (ie, the unseen parts of a store should be as comfortable as the public parts). Comfortable tea rooms or canteens, modern heating and air conditioning will help to make staff feel valued.
- Emphasise the importance of your staff's health (eg, during work, providing seats or stools to enable staff — especially those working long hours — to rest their legs, could help to reduce the risks of varicose veins).
- Establish a family friendly approach. Many managers believe that family-friendly policies make for happier staff. Although policies like flexible working time may be more difficult to run in a community pharmacy than in an office environment, other options, such as job sharing, are possible.
- A shift from market-oriented, target-driven pharmacies to patient-oriented clinical services in the community has been welcomed by pharmacists who want to use more clinical skills and have more interaction with patients. This could also help increase public recognition of pharmacists.
- If possible, employ more staff to lessen the pressure of work. Do you have a ratio for number of staff to number of prescriptions dispensed? Do you make a visible effort to retain staff or fill vacancies quickly?
- Establish efficient systems through training and communication (eg, telephone queries should be directed to the pharmacist only when necessary).
- Adopt new technologies, such as the electronic transmission of prescriptions, automated dispensing, personal digital assistants, online pharmacies and the internet (preferably broadband). This can free staff time, reduce errors and smooth the dispensing process.
- Community pharmacy ownership is the top ambition among pharmacy students (*PJ*, 30 September 2007, p407) so introducing the concept of franchising or other ownership or partnership arrangements (as seen frequently with pharmacists in the US and Canada) will go a long way to motivate and strengthen commitment.
- Engage with the relevant stakeholders, to channel more funding to the pharmacy practice so that new and exciting services can be offered.
- The remuneration of pharmacists and their staff needs to be in line with that of other health care providers with similar qualifications so review salaries regularly.
- Encourage mentorship (popular in medicine, nursing and midwifery). This helps prevent a feeling of isolation and can be a source of guidance and inspiration.
- Job re-engineering or enrichment (eg, rotating tasks between staff to reduce boredom, expanding the range of tasks or allocating more responsibility and freedom) can be cost-effective and has been used by some organisations to tackle psychological motivation factors. However, bear in mind that this strategy could backfire if not all staff welcome such an approach, especially those who are content with simple tasks.
- Promoting team work, particularly organising staff into "self-managing" groups could improve staff relationships and increase productivity.
- Reward staff for their achievements and celebrate successes. (Rewards do not have to be too costly. Some staff, for example, might appreciate an afternoon off.)
- Give staff the opportunity and support for self development, (eg, a dispenser's course, a clinical diploma or a management qualification) and reward with promotion or enhanced remuneration on completion.
- Take time to talk to staff and get to know them so you recognise when they are unhappy.
- Give support and words of encouragement when needed. (I had a difficult time with my MSc course work because of pressures from work and family until I was assigned my supervisor. Her patience with the work I was doing and constant words of encouragement motivated me tremendously, to the point that I was able to graduate on time, despite initial drawbacks.)
- Build a sense of community. Many staff will live locally, so participate in local campaigns or schemes and support local charities.
- Share a common goal — involve staff in developing a mission statement that will foster teamwork.
- Reward long service.
- Introduce healthy competition. (This should be of short duration, have objective scoring and, if possible, have different levels of winners, and be fun.)
- Occasionally, treat your staff (eg, by buying cakes; however, make sure this does not become expected).
- Have fun together (eg, try a group activity outside work).

- Goals (Individuals should have personal goals, both short- and long-term)
- A positive attitude and the willingness to seek when needed
- A readiness to work hard

However, these are ideals and a good manager will also look for staff who have the potential to be great, given the right motivation.

The unique position of pharmacy calls for care in ensuring that all who are engaged in its practice are well-motivated and happy, in order to produce regular desirable outcomes. No one wants to deal with a person, be it a colleague or a service provider, who is aggressive, frustrated or who has a "could not care less" attitude. Preventing staff from becoming demotivated is good for business and, ultimately, good for patients and healthcare.

### Resources

- Many pharmacists need to be able to combine their pharmacy duties with some sort of managerial role. This necessitates review of the UK undergraduate course to introduce management training early, as seen in the US, where several combinations of the pharmacy degree are offered. For those already qualified in the UK there are numerous management courses, from MBAs to diplomas. A list of courses is available from the Association of Business Schools ([www.the-abs.org.uk](http://www.the-abs.org.uk)).

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## Action: practice points

Reading is only one way to undertake CPD and the Society will expect to see various approaches in a pharmacist's CPD portfolio.

1. Visit <http://changingminds.org> to read more about the different theories of motivation. What is the fundamental difference between the content theories and the process theories?
2. Explore how you can apply some of the motivational theories to your workplace. Can you identify any limitations in their application?
3. Approach your staff to find out if you can identify what motivates or demotivates them.

## Evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following questions: What have you learnt? How has it added value to your practice? (Have you applied this learning or had any feedback?) What will you do now and how will this be achieved?