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Background

A feature of recent public sector management reform, including that of the British NHS, has been a greater emphasis on extrinsic incentives to improve productivity and service quality.

Extrinsic incentives are rewards and sanctions imposed by employers as opposed to those that come from personal self-motivation or vocation. They include an emphasis on financial rewards tied to clear and often complex contract specifications, such as performance-related pay.

A central issue in public administration, and for this study, is whether such reforms reinforce or undermine low-cost intrinsic incentives: incentives that are based on impulses coming from within a person that motivate them to do a job well.

What We Did

We undertook a two-part survey of 48 nurses and 46 doctors employed at UCLH.

- ❖ We recorded the background and training of each interviewee, and asked them to recall their work patterns and changes in team ethos during their career path in the NHS. We also assessed their knowledge of recent health service reforms and recorded their history of paid and unpaid working hours.
- ❖ Altruism (as well as a range of other characteristics) was assessed from a 'Motivations, Values and Preferences Inventory' (Psychological Consultants Ltd).

Trends in working hours, clinical productivity and real salaries at UCLH 1982-2008

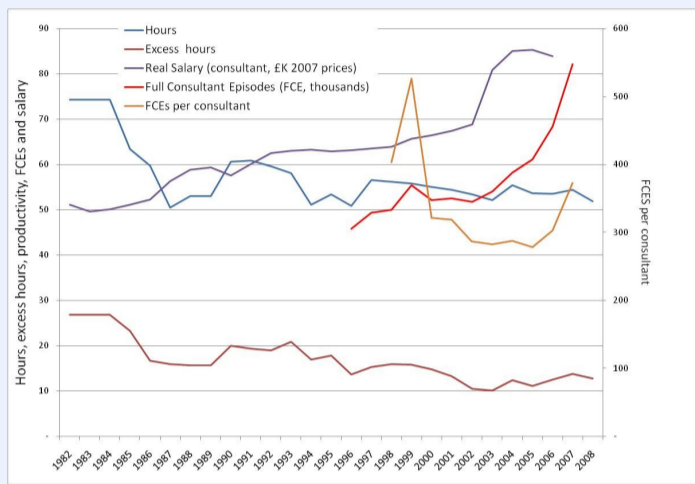


Figure 1

Aims

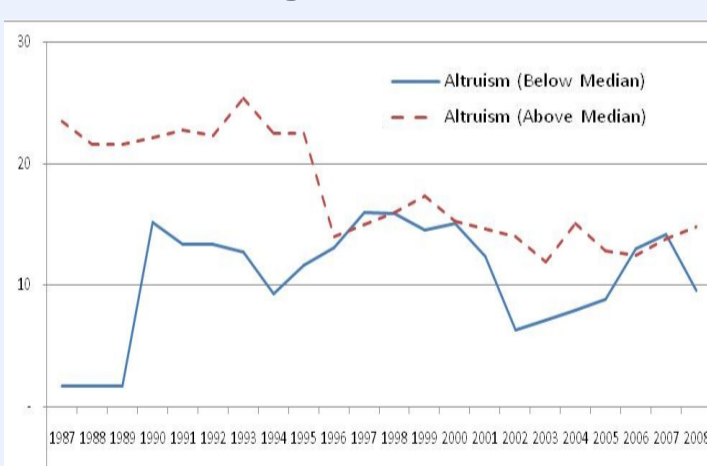
We aimed to investigate how and why working patterns of clinical staff in one large teaching hospital, University College Hospital London (UCLH), have changed in response to NHS management reforms.

Specifically, we aimed to answer the following questions:

- Has a more rigorous management regime
 - ❖ undermined altruism?
 - ❖ reduced clinical effort?
 - ❖ improved labour productivity?

Figure 2

Trends in unpaid hours worked by doctors with high and low altruism



The three recent changes that have had most impact on practice (changes mentioned by at least 30% of interviewees)

Changes Mentioned by Doctors
Introduction of new consultants' contracts (including requirement to undertake an agreed number of 'Programmed Activities' each week)
European Working Time Directive (limiting junior doctors' working time to 56 hours)
European Working Time Directive Phase 2 (limiting all doctors' working time to 56 hours)
Changes Mentioned by Nurses
UCLH moved to new consolidated site
18 week waiting target introduced
Introduction of 'Agenda for Change' revised and restructured pay scales. Some nurses gained and some lost from this restructuring.

Findings

- ❖ There was no evidence that more recently recruited staff were more or less altruistic than their older colleagues, nor were there any other differences in altruism attributable to any other personal or work-related characteristic;
- ❖ Total working hours have reduced over time, especially for doctors (Figure 1), as has doctors' time reported as unpaid. Reported working time for more and less altruistic doctors has converged (Figure 2);
- ❖ There is some evidence that intrinsic motivations have been replaced by extrinsic rewards, most significantly those associated with management of working hours, better specified contracts and a steady rise in (hourly) incomes.
- ❖ Although many changes were regarded negatively (see Table) in terms of breaking down team working and affecting continuity of care, we found that both clinical productivity and productivity per consultant increased (Figure 1).

Find out more...



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