

# Framework of Motivations for Community Health Workers

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## Introduction

In both developed and developing countries, several Community Health Workers (CHW) programs have been established and implemented widely. Often drawn directly from the community, these workers act as a bridge for their communities and primary healthcare systems. The services that CHWs provide vary from education to basic clinical treatments. CHWs function as the workforce for countless interventions and community-based projects. The use of CHWs has been shown to improve cost-effectiveness in programs, while retaining similar outcomes to programs run by healthcare professionals (Mathauer).

Because of the volunteer-nature of community health work, motivation and incentives are particularly relevant in affecting the sustainability for interventions. Many programs suffer from high attrition rates, often leading to the collapse of projects. Since CHWs act as the link between the community and primary healthcare, the connection between the two is essential for the success of any intervention. Therefore, poor incentive structures reciprocally affect interventions. Incentives can play a strong role in the motivation of volunteers. A carefully devised incentive structure can not only create extrinsic motivators, but also aid in the development of volunteers in order to create environments where workers strive to achieve in their work.

Once workers are intrinsically motivated to accomplish the program's objectives, programs are more likely to be ultimately successful and effective in their interventions. Regardless of the failure of some programs, CHWs have been shown to be powerful forces in prevention, diagnosis, and treatment of diseases. In Nepal, CHWs were trained to diagnose and treat pneumonia, in which they eventually attained an 80% accuracy rate (Dawson et al). Because CHW programs have the potential to greatly improve healthcare, a comprehensive method in which to analyze motivations and incentives within a program would be invaluable to organizations trying to deploy community-based interventions.

Within the literature, many incentive options are proposed for increasing the motivation and sustainability of CHWs. Some programs have found success with monetary incentives, while others have found success by structurally improving their programs. Ultimately, incentive structures not only affect the motivation of CHWs, but the effectiveness of the program as a whole. **Incentive structures should be developed in conjunction with, and not in addition to, the CHW program.**

The goal of incentive structures should be to motivate CHWs to complete their tasks effectively, while ensuring that they will stay committed with the intervention. Motivation can be achieved in many ways, either extrinsically or intrinsically. In analyzing an intervention, it is important to distinguish the types of motivations, because they reflect on the type of incentive one can create. Motivations can be extrinsic, intrinsic, long term, short term, etc. A framework in which to analyze an intervention in order to distinguish different types of motivations will be proposed, based on A.H. Maslow's Theory of Human Motivation. This framework will contain aspects of other psychological theories of motivation, corporate management models, and volunteer management models. Applying Maslow's theory to existing corporate management models will establish the theory's relevance to management structures. Because volunteer work differs from corporate work, the Theory of Human Motivation will be adapted to non-paid, volunteer work. The framework will then be applied to major areas of existing CHW programs in order to review the incentives, and ultimately, the motivators in place. This will identify common trends and problems, which will provide a basis of information in which specific details of the Nala Oli project in Karambayam can be reviewed and analyzed. After the motivators have been identified and distinguished in the Nala Oli project, recommendations of possible incentive structures will be proposed. More importantly, a system in analyzing a specific CHW program will be delineated. Table 1 below outlines the logic this paper will follow in developing a framework in which to analyze CHW programs.

**Table 1:** Framework of article

Framework of Article		
Application of Theory of Human Motivation	Purpose	Output
Corporate Business Models	<ul style="list-style-type: none"> <li>To provide broad evidence of the relevance of Maslow’s Theory of Human Motivation to management models and practices</li> </ul>	<ul style="list-style-type: none"> <li>Maslow’s Needs Hierarchy</li> </ul>
Volunteer Management Models	<ul style="list-style-type: none"> <li>To adapt Maslow’s Needs Hierarchy to volunteer management</li> <li>Provide differences between corporate and volunteer management models</li> </ul>	<ul style="list-style-type: none"> <li>Relevant Need’s Hierarchy framework for volunteer management</li> </ul>
Existing CHW Programmes	<ul style="list-style-type: none"> <li>Apply common areas of concern for existing CHW programs to Need’s Hierarchy Framework</li> <li>Identify common trends and problems</li> </ul>	<ul style="list-style-type: none"> <li>Model of analyzing program motivators through Need’s Hierarchy framework</li> <li>Common trends and problems of CHW programs</li> </ul>
Nala Oli Project	<ul style="list-style-type: none"> <li>Identify problems and deficits within Nala Oli project</li> <li>Specific approach to program analysis</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations for Nala Oli Project</li> <li>Model of analyzing a specific program through Need’s Hierarchy framework</li> </ul>

This paper will provide a systematic method in which to analyze the motivational structure of CHWs. **The proposal aims to develop a method in which to create programs that not only have incentives, but are effective and sustainable.**

## Motivational theory

### Hierarchy of needs

Motivation is a need or desire that an individual experiences which drives him to fulfil a goal (Stuart-Kotze). Behavior serves as the mechanism in which a goal becomes achieved. Therefore, needs drive behaviors which fulfil goals to reduce the tension caused by unsatisfied needs (Kelly). The literature describes motivation as an unsatisfied need; satisfying the need results in the attainment of a goal. The following diagram was proposed by Joe Kelly in *How Managers Manage* (Stuart-Kotze).

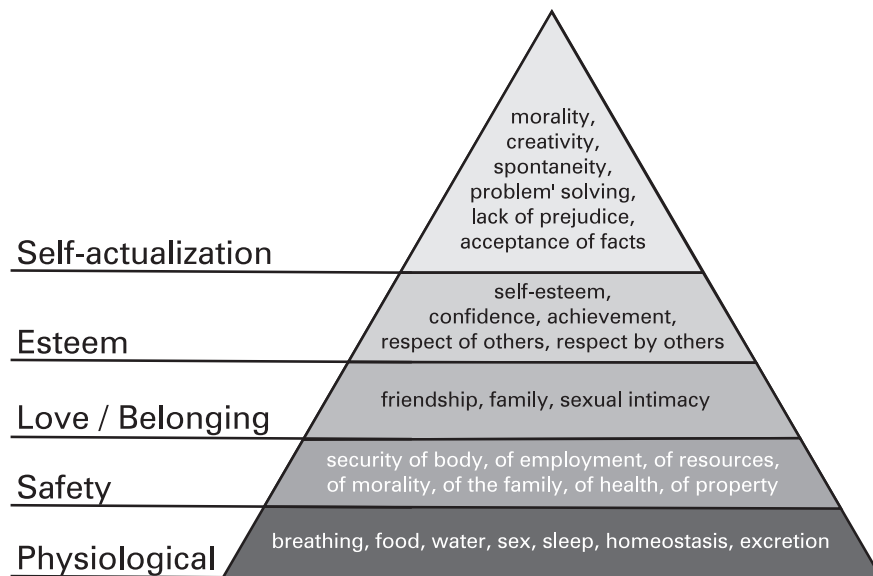
unsatisfied needs (motivations) → drives → behavior → goals → relaxation

While the goals may be more easily identifiable as the end result, the unsatisfied needs may be more difficult to recognize (Stuart-Kotze). For example, when an employee takes a coffee break, he has one goal, to get coffee, but this may reflect many different needs. The employee may be fulfilling a need to socialize with coworkers; to satiate a craving; to simply take a break. From the goal, the needs are indistinguishable. Similarly, the goals of CHWs are often to help their communities, but their unsatisfied needs, their motivations, are not always clear. While many theories have proposed frameworks in which to identify and categorize

these needs, one of the most comprehensive theories is Abraham Maslow’s Theory of Human Motivation. The theory attempts to divide human motivation into five unsatisfied needs. Maslow posits that his theory is a ‘general-dynamic’ theory for motivation; it does not necessarily represent behavior theory. While behavior is almost always driven by motivation, it is also affected by socio-cultural, biological, and circumstantial factors (Maslow). Therefore, motivation only partly describes the behavior in which a goal is fulfilled.

Maslow proposes a pyramid model of motivation called the “Hierarchy of Needs”. He identifies an order of five human needs: physiological, safety, love, esteem, and self-actualization (Maslow). Each of these levels is pre-potent to one another, in that the lower level must be satisfied before the next level can be focused on. Once one need has been satisfied and the individual has moved up to the next level, the needs in the lower level are no longer of priority to the individual. Maslow suggests, using the argument of prepotency, that needs have an urgency of satisfaction which must be addressed before other needs can be focused on (Stuart-Kotze). Therefore, if there are multiple unsatisfied needs and a particular need is the lowest unsatisfied need, the satisfaction of this need must occur before any other unsatisfied need can receive focus. Only when a deprived need has been gratified, could it release an individual to pursue other, possibly more, social goals (Maslow).

Figure 1: Maslow's pyramid of needs and human motivation



Simons, Janet A. "Psychology - The Search for Understanding": West Publishing Company 1987 Web.3 Aug 2009. <<http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/maslow.htm>>.

*Physiological*

The most prepotent of all stages, physiological needs are those necessary of keep homeostasis (Maslow). This can include food, shelter, water, clothing, money, etc.

*Safety*

This need often refers to physical safety or psychological security, but in respect of incentive structure, it can be related to job security, tenure, protection, insurance, or savings accounts (Maslow).

*Love*

Maslow described a need for affiliation, acceptance, and belongingness (Stuart-Kotze). Maslow states, "He will hunger for affectionate relations with people in general, namely, for a place in his group, and he will strive with great intensity to achieve this goal."

*Esteem*

The need to be recognized by others, achievement, and self-esteem. According to Maslow, neglecting these needs will lead to feelings of inferiority and weakness.

*Self-actualization*

Maslow's final and highest level of need, this refers to be completely intrinsically driven to recognize one's identity and thoroughly achieve that identity at all efforts. For example, a man realizing his ability to paint, and becoming a painter.

The pyramid that Maslow suggests defines a rigid structured hierarchy of needs, but in reality the levels are much more fluid. Needs may be met partially when they involve high ideals and values (Maslow). For example, martyrs give up physiological needs due to their ideals. Most people may

not function to this extreme, but some leniency between the levels exists in which a person relinquishes some partial needs for the fulfilment of higher ideals. This could describe why CHWs may engage in often costly volunteer health work.

**Application to management theory**

**Theory X Theory Y**

Maslow's Hierarchy of Needs defines needs in a context that does not include situational factors. The needs theory describes human motivations in a vacuum. Maslow's framework can be applied to existing management models in corporate settings.

In the 1960s, Douglas McGregor proposed a management theory called Theory X and Y, which drew many parallels to Maslow. McGregor proposes two extremes to management styles: Theory X and Theory Y.

Theory X reflects a view that individuals inherently dislike work, that workers must be goaded to perform well (Economist). Theory X-based management focuses on performance-based rewards, outputs, and extrinsic motivation. In application to Maslow's theory, Theory X managers are catering to the lowest, most basic needs of individuals, the physiological needs. Managers view their workers as having physiologically unsatisfied needs only, and therefore they attempt to provide motivation by extrinsic rewards like money. At most, Theory X managers view their workers as having their safety needs unsatisfied. Therefore, job security can be used as a motivator.

Theory Y Managers believe that their workers are intrinsically motivated and that management practices should revolve around organizing self-directed, self-controlled workers

(Economist). The goal is that workers become fundamentally committed to the goals of the organization. Managers are required to create an environment where workers feel safe, secure, essential, and worthy. McGregor's Theory Y environment strongly corresponds with Maslow's safety, love, and esteem needs. Theory Y was created as a management style that would maximize intrinsic motivation. McGregor felt that management closer to Theory Y would motivate its employees to the highest levels of performance (Economist). As a result, McGregor proposed practical management model of Maslow's Needs Hierarchy.

### Japanese management culture

Known as one of the most effective management practices, Japanese Management Culture employs multiple practices to create a committed, high-achieving workforce. Manufacturing firms using these practices are able to attain unbelievably high defect rates, lower than 1 per cent, and average job tenures of nearly 13.5 years (Keys & Miller). The management structure agrees with Maslow's Hierarchy of Needs, placing great emphasis on achieving the levels beyond simple physiological need. Japanese Management Culture satisfies safety needs of individuals by providing lifetime employment. Rather than worrying about job security, workers have the opportunity to invest in long term efforts to train and develop into a better performer (Keys & Miller). Not only does this satisfy a safety need, but it also accomplishes the love need. Workers are brought into a mutual awareness with their employers of the commitment to each other. Upon acceptance into a firm, workers are socialized to feel like they have entered a family. Therefore, not only is a sense of belongingness achieved in the worker, but also a strong sense of loyalty (Keys & Miller). Organizational leadership in these firms is organized to encourage employee wishes and concerns, and to foster long term relationships. As a result, most major decisions are consensus driven by those that will be affected by the outcome (Keys & Miller). Japanese workers are given an authority and respect to satisfy Maslow's esteem needs. Workers form a collective responsibility for the company, being intrinsically motivated to perform well in order to boost the efficiency and performance of the company. Japanese Management Culture stands as a testament to the ability of management strategies to instil intrinsic motivation into their workforce.

One criticism of Japanese Management Culture is the possibility of fostering complacency from life-time tenure. Without the risk of losing their job, it is thought that workers will have little motivation to perform well. On the contrary, Japanese firms often employ different goal strategies than other Western firms. Without high attrition rates, firms are able to create long-term goals for workers. This alleviates immediate pressure, but allows workers to stay focused on a longer, more developed task (Keys & Miller). Also, tenure allows for career training and development. Workers are encouraged to participate in rotations in training in order to explore other positions (Keys & Williams). Therefore, Japanese firms create an environment where workers can explore and develop their own track, making self-actualization more possible.

The application of Maslow's theory into corporate management shows how the Hierarchy of Needs can be put into practice. The Needs Hierarchy can be used as a framework to identify which needs a management structure satisfies and which it doesn't. The literature review suggests that a focus on satisfying all levels of the Needs Hierarchy leads to better efficiency and performance from workers. Consequently, employers should strive to satisfy all needs in order to maximize motivation and performance.

### Application to volunteering

One of the most basic reasons for attaining a job is to create income in order to provide for food, shelter, clothing, etc. For this reason, volunteering differs from traditional jobs. Volunteering holds an assumption that it adds to an existing job or source of income, involving some form of a sacrifice from the volunteer, whether it is financial or non-financial. Therefore, it becomes essential for any management structure for volunteers to consider other levels than simple physiological needs to foster intrinsic motivation within volunteers.

James L. Perry, in developing Public Service Motivation model, found that those that served in public service were usually driven by values such as self-esteem, esteem within the community, and respect. These values were often tied to parental, religious, professional and political ideologies (Perry). These workers were motivated intrinsically, rather than by monetary incentives. Similar to employees in Japanese Management Culture, volunteers were more concerned with their value, worth, and respect in performing volunteer work than monetary or extrinsic rewards. In a study on volunteer incentives that Hugh Arnold conducted, he found that extrinsic rewards often had no consequence on intrinsic motivation. His data indicated that feedback on performance positively attributed to feelings of competency which had a positive effect on intrinsic motivation (Arnold). Arnold's study suggests that external rewards, such as monetary incentives, do not increase the motivation of volunteers. In light of this, volunteer management models should attempt to develop strategies based on higher ideologies, rather than extrinsic rewards.

In *Economic and Philosophical Manuscripts*, Karl Marx provides a theory of why someone would choose to engage in volunteer work. He hypothesizes that volunteers seek to excel and achieve self-actualization in community service because they have not been able to do so in their career fields (Marx). These workers have been alienated from normal labor markets; therefore they have a number of unsatisfied needs. In relation to Maslow, while the physiological needs of these workers may be satisfied through their normal work, they lack a sense of security, love, esteem, and self-actualization (Thompson & Bono). Therefore, the motivation to engage in volunteer work is based on an urge to satisfy the needs that have not been satisfied by their jobs. In less developed regions of the world, Marx's theory may be especially relevant because of the significant number of labor intensive blue collar work. Often selected from resource-poor communities, CHWs may volunteer because they are able to fulfil their needs for love, esteem, and self-actualization through their jobs.

In much of the same way that corporate management models try to satisfy higher order levels on Maslow's pyramid, similar techniques and strategies can be implemented on volunteer management structures. Like Japanese Management Culture, volunteers can be given significant autonomy, good feedback, belongingness, identity, and other incentives that will satisfy their needs. The main difference in management style would have to be in addressing the non-paid aspect of volunteering. Without providing salaries, volunteer programs are under the assumption that volunteers can provide for their own physiological needs. While volunteer management structures cannot provide salaries, it can be set up so that the volunteer work does not affect the ability of workers in securing salaries in their respective jobs. Management should be focused on accommodating volunteers, to make their work as convenient as possible, while trying to satisfy upper level needs.

Similar to corporate business models, the failure of volunteer management and motivation often results from not addressing upper level needs (Mathauer). According to a study on health worker motivation in Africa, health workers often began their post with great motivation and drive to accomplish goals, but became frustrated (Mathauer). Frustration was often from a lack of professionalism, which lowered the esteem of workers, and recognition in the health community, which detracted from their sense of belonging in primary healthcare (Mathauer). Sustainability and effectiveness in volunteer programs can only be achieved by developing structures in which upper level needs are fulfilled.

For an effective management structure for volunteer worker to be created, the upper level needs of individuals must be identified. Maslow's Hierarchy of Needs provides a firm basis in which to identify and distinguish unsatisfied and satisfied needs. Although Maslow's framework does not account for situational factors, it provides a systematic method applicable to different management structures. Therefore, the Hierarchy of Needs can be implemented as a tool in creating incentive and management structures for volunteer health workers.

### Broad analysis of existing CHW programs

In attempts to improve CHW programs, many organizations have identified key areas in which their programs often face trouble in ensuring sustainable and effective CHWs. Numerous studies have collected and organized these common areas of concern, each of them presenting possible ways in which to address these areas. Each study has high overlap with one another, indicating that many CHW programs deal with similar issues and problems (KARABI, ICTPH). The common areas identified through a vast body of literature are listed below:

1. Incentives
2. Training
3. Supervision / Support
4. Roles / Feedback
5. Career prospects

This list represents areas in which studies on existing CHW programs have found were common reasons for failure and which could be improved upon. Most areas are not oriented towards building specific motivations for workers; rather they deal with bolstering and restructuring programs in order to accommodate and work for CHWs. Therefore, in order to increase motivation, the program as a whole must be designed in a manner that addresses these areas. The list provides items that can be analyzed using Maslow's Hierarchy of Needs, to assess whether programs adequately provide for the satisfaction of needs of CHWs, in order to cultivate intrinsic motivation. The goal of programs should be to support and allow for their workers to reach the self-actualization stage so that they will be effective and committed to the mission of their respective programs. However, having all workers reach self-actualization may be too optimistic; therefore, programs should try to satisfy all needs below self-actualization, and hope that self-actualization occurs.

Popular techniques for addressing the common areas of concern will be viewed in the perspective of each level of Maslow's Need. Using the Needs Hierarchy allows one to scrutinize a program, identifying ways in which a technique or practice affects a worker's motivation. An analysis of the most popular management practices for CHWs will provide better information about creating more effective management structures. This section will also act as a model to illustrate how management strategies for dealing with common problems of CHW programs can be applied to Maslow's Hierarchy of Needs.

### Physiological needs

Maslow describes physiological needs as the need for food, shelter, clothing, and other necessities of homeostasis. The most basic form in which to acquire all of these provisions is through money. One of the most controversial areas of CHW programs is whether to provide monetary incentives for CHWs to aid in satisfying physiological needs, thereby motivating them. Many CHW programs have taken different approaches to monetary incentives; some provide credit and reimbursements, while others provide the resources for small income-generating projects (UNICEF). There have also been mixed reviews of results from monetary incentives. Analyzing monetary incentives in respect of Maslow's physiological needs may provide a more comprehensive perspective of the motivations behind this issue.

In many projects, monetary incentives have shown to significantly decrease attrition rates in the short term (KARABI). According to Maslow, when an individual's physiological needs are fulfilled, they are free to pursue more social needs. One of the leading causes of attrition for CHWs has been that costs of volunteering; for example, the time taken off of work, transportation costs, and other miscellaneous costs (SHRC). These factors lead to physiological needs being unsatisfied. Because of this need's prepotency, it inhibits workers from attaining higher levels of motivation. The case for monetary incentives is certainly strong. It fits well in Maslow's Needs Hierarchy as an essential need to reach self-actualization. Why then has it become such a controversial issue?

To understand why monetary incentives may be deleterious to increasing motivation in CHWs, we must apply Maslow's Hierarchy in respect of the nature of volunteering. As stated earlier, volunteering represents a self-sacrifice by the volunteer, usually forgoing some resources, such as money and time. The motivation for this sacrifice may vary from wanting to gain stature in the community to seeking some self-actualized goal. According to Marx, volunteering is a conscious movement away from an individual's normal job or career to an area where they have the potential to succeed through self-sacrifice. As a result, providing monetary incentives may create a sense in the CHW that their work is no longer volunteering; rather, it has become a career. Past CHW programs have found that upon offering monetary incentives, CHWs often demanded more pay (KARABI). Other projects have found that monetary incentives lead to unionization, insurance, and other demands (Meganathan). Perhaps the most harmful of these effects was that it created inequity within CHW programs between differences in pay and non-paid workers (KARABI). Studies have shown that while financial incentives are beneficial in the short-term, they curtail efforts at long-term sustainability (KARABI). All of these effects lead to considerable degradation of programs, inhibiting long term sustainability and effectiveness.

One way in which to satisfy both Maslow's Hierarchy and the nature of volunteering is to provide in-kind incentives.

These incentives include food, insurance, childcare, transport, etc. Like monetary incentives, they help satisfy physiological needs of the volunteers. They can alleviate some of the tensions from an unsatisfied physiological need for CHWs. Unlike monetary incentives, they are not salaried pay and do not hold the same implications as a job. As items, they can be formulated to be "perks" of volunteering, rather than compensation for volunteering. This way, salaried worker and volunteer are distinguished; though management should be careful not to provide such incentives too often or too much, as it has been shown to reduce long-term motivation given in excess (KARABI).

In fulfilling the physiological needs of CHWs, management can strive to provide in-kind incentives that free workers to pursue deeper means of motivation in their health work. The most significant barrier to any kind of incentive, monetary or in-kind, is its unsustainable nature. Once an incentive has been given, it must be given continuously. Therefore, it is important to ensure that incentives can be given long-term within a CHW program. The main impetuses behind giving incentives are to relieve the burden of volunteering as much as possible, and accommodate for CHWs as much as possible. Because of the basic nature of this needs level, the other common problem areas of training, supervision, support, roles, feedback, and career prospects are not as relevant. They are more pertinent in the higher needs levels.

**Table 2:** Summary of physiological needs

Summary of physiological needs	
Need	Major points
Physiological	<ul style="list-style-type: none"> <li>• Monetary incentives seemingly fit well into Maslow's model in satisfying physiological needs</li> <li>• Monetary incentives cancel the nature of volunteer work and create a job</li> <li>• Monetary incentives may be beneficial in short-term, but destructive in long-term</li> <li>• In-kind incentives may be a good alternative to fit both Maslow's model and Marx's theory of volunteers</li> <li>• Importance of sustainability with any kind of incentive</li> </ul>

### Safety and security needs

With females comprising the main population of CHWs, physical safety can be a major issue. In a qualitative study done by the State Health Resource Centre (SHRC), they found that nearly 12% of workers faced harassment frequently. Consistent provocation could lead to serious declines in morality and security, making it impossible for CHWs to function effectively. Maslow would predict that CHWs that faced harassment would be unsatisfied in their safety needs and their motivation to work would diminish. Management must make the safety of CHWs a priority and actively work to reduce the risk of harassment.

One common problem area in programs has been the lack of supervision and support of CHWs. Studies have shown that poor supervision often leads to ineffective health workers (Edpuganti). When CHWs have strong communication and support they can more easily voice their

concerns to supervisors. This would allow supervisors to act properly and help design programs that would reduce risk to CHWs. Supervisors could also incorporate lessons on how to avoid or deal with harassment into the training regimen for CHWs. This would give CHWs the tools and prior knowledge to deal with provocative situations more easily. By preparing volunteers to deal with tough situations, they would potentially feel more secure and supportive in handling some of the inherent risks for health work. With feelings of safety and security, they will be able to pursue higher means of motivation.

In creating the safety and security need, Maslow also included long-term issues such as job security, tenure, and insurance. Often times, physical violence may not comprise the largest risks to safety, rather, the inability to pay for healthcare, lack of education, and poor financial services may create more fear. Maslow noted that as society has elevated, many of the physiological risks when man was

more like an animal have diminished; the need to hunt, fight, etc no longer encompasses safety. Therefore, in order to secure safety, one must address long-term issues so that an individual will satisfy their needs. Similar to an in-kind incentive, CHW programs could provide services and benefits to volunteers. These benefits could be free health insurance to CHW families, education for their children, financial consulting, and transportation. These incentives

would not only practically increase feelings of security, but would increase feelings of support from management.

For any CHW program to succeed, the need for safety and security must be recognized as extremely important in having not only an effective program, but comfortable volunteers.

**Table 3:** Summary of safety needs

Summary of safety needs	
Need	Major points
Safety	<ul style="list-style-type: none"> <li>• Harassment of CHWs a major issue</li> <li>• Need better support and supervision to prevent harassment =</li> <li>• Training on how to manage and avoid harassment</li> <li>• Long-term security issues (Financial, health, education, etc)</li> </ul>

**Love needs**

When an individual is satisfied physiologically and does not feel any threat to his safety and security, he feels the need for social interaction, belongingness, affiliation, and acceptance (Maslow). Becoming a member of an organization means much more than following tasks and accomplishing work; it involves becoming a part of and sharing in the common goals of an organization. In societies where individuals have unsatisfied love needs, they are often severely maladjusted and suffer from psychopathology (Maslow). Just as these individuals can feel that they do not belong to a society, CHWs can be made to feel that they are not part of the organization. Disaffected CHWs may lose motivation and become ineffective in their field. In order to increase feelings of acceptance and belongingness, areas such as training, supervision, and support can be adapted to satisfy the love needs of the workers.

community health working is diminished, workers can be made to feel belittled, separate from primary healthcare, and undervalued as a simple worker. Studies have shown that CHW programs have failed because they did not recognize the value of their positions and treated CHWs as mere laborers (Hermann). Therefore, in order for CHW programs to succeed, there must be formal integration with primary healthcare verticals, particularly in formal health services. In this way, CHWs will be given their own unique role and identity as the true bridge between the community and primary healthcare. In giving CHWs a formal and distinct space in which to function, they will feel like they are contributing, worthy members of primary healthcare, therefore, feeling a strong sense of belongingness and affiliation. This will allow CHWs to satisfy their need of affiliation, allowing them to pursue more intrinsically-driven goal-oriented behaviors.

For workers to feel a sense of belongingness, it may simply mean increased investment in them. Studies in CHW programs have found that basic retraining and well-supplied CHWs are more effective workers and lead to more program success (Edpuganti, Bhatia). This trend may be explained by Maslow’s love needs. Retraining and increased supplies may not only give volunteers the tools in which to work, they may also increase a sense of belonging. Retraining allows workers to learn new skills and interact with their peers (KARABI). Keeping their supplies well stocked gives volunteers a real sense of support from the organization. Both of these create a sense of community where each individual feels important, effective, and supported. Retraining and well supplying CHWs not only improves upon the logistical areas of programs but also makes CHWs feel a sense of affiliation and belonging.

In some ways, a sense of affiliation can be easily fostered with a simple identification badge. Similar to a nurse’s gown or doctor’s coat, badges could signify a subtle yet strong message of unity and affiliation. These would not only help community members to recognize health workers, but it would make CHWs feel that they are members of an identifiable group. This would be a simple addition to any CHW program that would benefit the love needs of CHWs. Another way in which to incorporate CHW programs into the formal health sector would be to set up an accreditation process. An academic accreditation process could bring significant legitimacy to the roles of CHW, therefore, creating a firm role for them in primary healthcare (Richter). Such a process would have effects in other areas such as career prospects, self-esteem, etc.

As volunteers, CHWs may at times feel ostracized from primary healthcare verticals. CHWs may be viewed as simple laborers under healthcare professionals, undervalued as the connector between the community and primary healthcare (Van der Walt & Matthews) When the true worth of

The love needs of CHWs represent a need to be identified and integrated into more formal sectors. If CHWs are treated as menial laborers, they may feel separate and without purpose from primary healthcare. Therefore, it is important for CHW programs to acknowledge workers’ needs for affiliation and firm roles. This way, workers may be better motivated to pursue and stay with health working.

**Table 4:** Summary of love needs

Summary of love needs	
Need	
Love	<ul style="list-style-type: none"> <li>• Feelings of affiliation and acceptance are important in CHW programs</li> <li>• Simple retraining and well stocked supplies can satisfy love needs</li> <li>• Recognizing the unique resources and abilities that CHWs can provide to primary healthcare</li> <li>• Roles more significant than laborers</li> <li>• Integration into formal healthcare verticals</li> <li>• Identification badges, accreditation</li> </ul>

### Esteem needs

Maslow described that all individuals have a strong desire for self-esteem and respect among their peers. This need can be separated between feelings of achievement within one's self and desires for admiration and recognition from others (Maslow). Many of the issues surrounding esteem needs for individuals can be divided into identifying one's role and the success in fulfilling that role. Identifying one's role can further be categorized into how the community views the role of an individual and how one views his role in the community. All of these aspects contribute to satisfying the esteem need. The esteem need represents a strong internal drive in motivation.

In the previous section, it was established that recognition by the primary healthcare system, firmly identifying CHWs as integral and unique aspects, was important in satisfying the love needs of workers. In much of the same way, it is essential for the community to hold similar views about the CHWs. Sometimes, communities may view CHWs as a second-class form of healthcare which does not compare with trained professionals. Therefore, a certain level of stigma surrounds the legitimacy of the CHWs. Therefore, introducing and accrediting CHWs on a community scale must be in place. There must be some protocol in place in which to show to the community that CHWs can be effective links to primary healthcare. This could take the form of a widely known accreditation process or an official community ceremony introducing workers to the community.

While recognition and respect from the community and others represent a strong aspect of esteem, an equivalent, if not greater, aspect of esteem may be self-esteem. One can derive self-esteem in many ways. In respect of community health working, one's responsibilities and performance at fulfilling those responsibilities represent a large aspect of self-esteem. In the previous section, the way in which the love needs were fulfilled in CHWs can also be similarly translated in fulfilling the esteem needs. When CHWs feel distanced from the primary healthcare system, as if they don't have a firm role, their self-esteem will be diminished. They will view their own roles as diminutive and ineffectual. Studies have found that expanded roles of CHWs that not only include prevention but some diagnosis

and treatment as well can increase the effectiveness and motivation of workers (Winch). This may indicate that CHWs that have only prevention roles may have less self-esteem; therefore, increasing roles and responsibility may have a positive correlation with self-esteem. Providing CHWs with expanded roles not only affects self-esteem, but will need greater investment in training, support, and other areas. Expanding other areas of a program would also increase the capacity of the program to invest more in their workers, also possibly attributing to greater esteem.

In addition to feelings of self-esteem surrounding one's perspective on his roles and responsibilities, feedback and performance play a huge part in satisfying one's self-esteem. One way in which to attempt to increase motivation through feedback is performance-based rewards and evaluations. A popular system in the corporate world involves a system called Tournament Theory. This system involves creating performance-based indicators and paying out more to high performers. Tournament theory has long been a justification for the differences in pay between executives and lower positions in a company (Conyon). The theory proposes that creating competition between workers provides motivation. Each worker strives harder to gain the reward. While tournament theory provides a literal reward, achieving in a tournament setting can also satisfy many of Maslow's needs. For example, high performers will be accepted and affiliated with the company, therefore satisfying a love need. Also, high performers will gain respect among their colleagues and within themselves, satisfying their esteem needs.

The main foreseeable problem with tournament theory is the subjectivity in establishing objective performance evaluators. In both a corporate and volunteer work environment, performance can be comprised of mainly perceptions of managers or imperfect qualifiers. Therefore, it is difficult to evaluate accurately, which individual performs better than the other. Furthermore, it is more likely that workers will align their behaviors based on subjective standards. As a result, good performance may not reflect actual performance of the organization as a whole. In the absence of a good measure of performance, tournament theory may be intrinsically flawed. In a study comparing executive compensation to overall performance of large firms, M.J. Conyon found that increased executive

compensation, rewards, had no affect on overall performance (Conyon). Therefore, the purpose of creating rewards in order to motivate workers to perform better seems to have been ineffectual because of the firm’s ability as a whole to perform was not increased.

Assuming that there are perfect measures of performance in workers, this does not necessarily reflect well or accommodate the esteem needs of all workers. The goal of performance theory is that it motivates people to perform better. It motivates high performers to continue to perform well. Hypothetically, lower performers are motivated to work harder to eventually overcome the high performers. Therefore, all workers are theoretically motivated. While this seems to make sense in theory, it may not be true in practice. In CHW programs, performance-based incentives do not always increase motivation. Often times they cause conflict, suspicion, and feelings of unfairness within the program (Furth). Therefore, programs creating performance-based incentives should be cautious of the implications and effects that rewards may cause. While it is certain that performance-based CHW programs can succeed, there are many factors to this success. A study by USAID found that programs that had strong leadership and good performance-based management structures could lead to better success, but the rewards themselves may not have been the main cause

of the success (Furth). Creating such programs involves significant leadership and guidance, not only a thorough and continuous evaluation of workers. These factors combined may be attributing to the overall motivation of the workers. The study also found that rewards didn’t have to be financial in nature, and that non-financial awards were often as or more effective than financial awards (Furth). Therefore, if a program decides to create performance-based incentives, it should do so by overhauling the entire program structure, setting both qualitative and quantitative evaluators, having good support and leadership, and creating rewards that do not cause suspicion or disagreements within the CHWs; in other words, programs should be comprehensively developed in the aim of motivation from multiple perspectives.

Esteem needs occupy a broad range of thoughts and emotions for the individual. There are numerous ways in which to boost esteem from different perspectives. The present article simply suggests dominant factors of esteem: how one views their roles, how the society views their roles, and how they perform at those roles. All of these are important in satisfying Maslow’s esteem need, but each one is connected to one another. A deficit or surplus in one area affects the others significantly. Therefore, viewing these areas together as integral aspects of achieving esteem allows for a more comprehensive view of esteem.

**Table 5:** Summary of esteem needs

Summary of esteem needs	
Need	
Esteem	<ul style="list-style-type: none"> <li>• How the community views one’s roles, how one views their roles, and how well they achieve at the role</li> <li>• Love needs are similar to the esteem needs for individual from the community</li> <li>• Self-esteem</li> <li>• Integrated roles (prevention, diagnosis, treatment) – more responsibility- more self-esteem</li> <li>• Feedback and performance-based incentives</li> <li>• Tournament theory – can evaluators be set? Self-fulfilling evaluators</li> <li>• Differences in esteem between high and low performers</li> <li>• The success of performance-based incentives may be based more on the accompanying structure rather than the rewards directly motivating workers</li> </ul>

**Self-actualization**

The attainment of self-actualization means the finding of one’s trade and identity combined in one, so that an individual is ultimately satisfied. Maslow described these people as being completely “happy” (Maslow). In relation to community health working, volunteering in health work may not be the individual’s self-actualized form. Even with all the support and accommodation from a program structure, it is not guaranteed that workers will adopt volunteer work as their self-actualization. Therefore, for management structures, creating self-actualized volunteers should not be the goal. A more effective means of establishing self-actualization may be to

foster it in the career or field of choice of the individual. Community health worker programs should work to create opportunities for their workers. It has been widely shown through multiple studies that one of the main causes of turnover of CHWs is the lack of career potential or development within the program (Mathauer, SHRC). CHWs in these programs may fail to reach self-actualization, even with all other needs being satisfied. Without career development or empowerment of CHWs, there is little motivation to stay with programs for long periods of time. In order to satisfy Maslow’s self-actualization, an individual must have the opportunity in which to explore and attain it.

When a worker retains the same position, there is no future orientation. Without the possibility to move up, the monotony of work can be disastrous to anyone’s motivation. While there are cases where a few CHWs worked for over 30 years in the same position, they are too few and far apart. Therefore, CHW programs should create tracks in which CHWs can move up positions. These can be developed by creating education programs or financing higher education for CHWs. By fostering workers to become educated and explore the areas in which they want to pursue, programs can develop highly motivated individuals. Unfortunately, empowerment may be counteractive in the sustainability of some CHWs. By giving workers the opportunity to find their own tracks, workers are invited to leave programs to pursue areas which are unique to their desires. These activities may take away CHWs from their field, but it may also motivate others to stay with health working and become supervisors

for new CHWs. Having previous CHWs supervise new CHWs would create a long-term sustainability, with a continuous stream of knowledge and experience. Assuming that no CHWs choose to stay with the programs after education, CHWs will be motivated to stay with programs for longer periods of time in order to receive educations or to create new opportunities for themselves. Therefore, it may still be more sustainable to have a career-development based program rather than one that does not.

Self-actualization must be an internal experience, originating from the individual. In spite of this, the process of self-actualization can be scaffolded within an individual. This involves the satisfaction of all needs preceding self-actualization, and also the creation of an atmosphere in which self-actualization can be achieved. Programs should be oriented in aiding in establishing self-actualized individuals.

**Table 6:** Summary of self-actualization needs

Summary of self-actualization needs	
Need	
Self-actualization	<ul style="list-style-type: none"> <li>• Even if all needs are satisfied, health working may not be a volunteer’s self-actualized form</li> <li>• Create an environment of openness and exploration to encourage the attainment of self-actualization for CHWs</li> </ul>

**Summary**

Accommodating all the motivational needs of a volunteer involves significant investment. It is essential that considerable focus be placed on CHWs in designing a program. In order to create proper motivation and incentive, programs should be worker-centric, making their well-being a top priority. In this section, Maslow’s Needs Hierarchy

serves as a framework where information on CHW programs can be applied to. Table 7 below indicates conclusions from the analysis of these programs within the model. Under physiological needs, the main issues surrounded the place of monetary incentives. Because of the volunteer nature of the work, it was recommended that in-kind incentives be used rather than monetary. In safety and security needs,

**Table 7:** Summary of needs with respect to a CHW program

Areas of concern within Maslow’s Needs Hierarchy		
Needs	Common area of concern	Analysis
Physiological	<ul style="list-style-type: none"> <li>• Monetary incentives</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary nature of jobs</li> <li>• In-kind incentives may be more effective</li> </ul>
Safety / Security	<ul style="list-style-type: none"> <li>• Physical safety on the job</li> <li>• Long-term securities (Financial, educational, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Good supervision and support needed</li> <li>• Training for risky situations</li> <li>• Long-term in-kind incentives</li> </ul>
Love	<ul style="list-style-type: none"> <li>• Recognition and affiliation with primary healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Retraining, consistent supplies</li> <li>• Identification badges</li> <li>• Accreditation</li> </ul>
Esteem	<ul style="list-style-type: none"> <li>• Role in the community</li> <li>• Role to one’s self</li> <li>• Feedback and achievement in role</li> </ul>	<ul style="list-style-type: none"> <li>• Formal recognition by community</li> <li>• Content of work: prevention, treatment, or diagnosis</li> <li>• Types of feedback/tournament theory/ performance-based incentives</li> </ul>
Self-actualization	<ul style="list-style-type: none"> <li>• Long-term goals</li> <li>• Career development</li> </ul>	<ul style="list-style-type: none"> <li>• Essential to have career opportunities</li> <li>• Provide education and support</li> </ul>

short-term and long-term safety needs were distinguished. In addressing short-term needs, it was suggested that there be significant support and supervision to prevent risky situations and harassment for volunteers. Also, training workers beforehand would be beneficial in equipping workers to deal with harmful situations. Long-term needs were addressed through long-term schemes, such as financial planning and insurance plans. The primary areas of concern within love needs were issues with recognition and feelings of affiliation with the formal primary healthcare system. Through the research, it was found that methods affirming the importance of CHW roles as unique could aid in better motivation and sustainability. Esteem needs included how workers felt the community viewed their work, how they viewed their work, and how well they fulfilled their roles. Several different steps in creating more definitive roles for CHWs were advised. Also, the issue of performance-based incentives was addressed. In the last section, self-actualization was addressed. Since self-actualization is an individual experience, with self-exploration comprising a large portion of it, it was stated that programs could foster the development of self in order to reach self-actualization, whether in health working or not.

Although this analysis discussed many important issues in CHW programs, it is in no way comprehensive or applicable to all programs. The objective was to create a basic investigation into some major aspects of programs in respect of human motivation. In order to create adapted approaches to projects, one must inject the cultural, situational, and societal factors of the community into the model. In the next section, the Nala Oli project will be applied to these basic conclusions and model.

### Specific analysis for the Nala Oli project

The following analysis will include aspects of the conclusions from the broader analysis of existing CHW programs and factors specific to the Nala Oli project. The following analysis isn't meant to be a panacea for creating intrinsic motivation within volunteers. Rather, the purpose is to identify potential weaknesses in programs. First, the Nala Oli project will be analyzed through Maslow's Needs Hierarchy. Then, recommendations will be made in order to address the conclusions from the analysis.

#### Physiological needs

Volunteers that join the Nala Oli project are assumed to have their own independent sources of income. Salaries are not provided, and it is assumed that work is of a purely voluntary nature. However, in order to displace some of the financial strain on volunteers, ICTPH provides some "time-lost" compensation for the days spent in training. Since training comprises a significant number of days, ICTPH felt it was necessary to make up for the income they lost. In addition to this monetary compensation, transportation is occasionally offered to workers. In an informal focus group discussion with CHWs, it was noted that workers felt that transportation should be more regularly available for their use. They felt that more convenience was necessary.

However, they did not specify in what areas they would like working to be more convenient. Much of their work to date has been on their own time. Data collection, surveys, and diagnostic tests have weekly deadlines, in which CHWs, at their convenience, accomplish. While ICTPH recognizes that volunteering involves significant sacrifice from workers, it tries to accommodate them in some ways.

From this analysis it is unclear whether the CHWs' physiological needs are satisfied. Because they have decided to train and join the program, it can be assumed their needs are satisfied to a degree, although it is tentative whether their volunteer work is sustainable, due to job uncertainties, debt, etc. The strains of volunteer work could prove to be taxing, when other motivations have failed to thrive. Therefore, it may be unrealistic to assume that their existing jobs will provide all their physiological needs to a satisfactory degree.

#### Safety needs

One problem area indicated in the broad analysis of existing CHW programs was the issue of physical safety for workers on the field. Since workers in the Nala Oli project work unsupervised, on their own time, personal safety can be significantly compromised in some situations. Therefore, training and support are essential to address this issue. In the training for the Nala Oli workers, there appears to be no section teaching workers to deal with harassment or in securing personal safety. This appears to be a significant deficit in the program. In the area of supervision and support, ICTPH staff and the supervisor make themselves available for contact at any time. It has been noted that all CHWs have mobile telephones; therefore, it is assumed that they can contact supervisors if needed, especially in emergency situations. However, it is unspecified on whether or not workers have available credit to make emergency calls or not. Therefore, a gap may exist in communication between managers and workers in the Nala Oli project.

In addition to physical safety, long-term security is of considerable importance when assessing safety and security needs. At the present time, Nala Oli does not offer any long-term securities for CHWs. There are no programs that benefit the financial, health, or educational futures of the workers or their families.

In short and long-term safety and security needs, the Nala Oli project does not currently target either. The project may not have made any effort at creating long-term security under the assumption that workers' jobs and existing financial conditions provide for their long-term security. Therefore, it may neither be an obligation nor a necessity for programs to provide for such needs. But in the same sense that accommodating for physiological needs may be applicable, long-term security may also be necessary to help alleviate security concerns within workers. Instability, a heavy volunteer work burden and other such factors may heavily burden the worker. Creating long-term securities may provide an ease of mind that will allow workers to stay motivated.

In issues surrounding physical safety, because the volunteer work itself places workers in sometimes substandard

conditions, it is the responsibility of the program to offer adequate training, support, and supervision. Programs must make it a priority to ensure that workers are safe and feel secure during their work.

### Love needs

Since the Nala Oli project is a privately funded project, there is little interaction with the government-run primary healthcare system. CHWs have little to no contact with the existing public primary healthcare system. As a result, there is little recognition from the government for the work of CHWs. Most workers interact mainly with nurses and doctors hired through ICTPH. Therefore, the Nala Oli operates more on a separate healthcare vertical than on the existing healthcare system. This may mean that recognition is not necessarily required by the government because Nala Oli CHWs function independently and have their own roles.

One area that is still tentative for the Nala Oli CHWs is what projects they will actually be running. Their roles, as of yet, have not been formally determined as the projects they will undertake have not been assigned. Therefore, workers perform tasks anywhere from oral health tests to retrieving data for studies. This ambiguity in their formal roles may lead to feeling a lack of professionalism in their work. Because workers are not being trained for very specific tasks, without significant responsibility, they may feel belittled. Therefore, firm roles must be established, with a high level of training involved in the task.

Another area of concern was the identification for CHWs. Because candidates were selected and recruited, there may be a feeling of worth and appreciation. This may be a positive for satisfying affiliation needs. Workers may feel as if they are part of a group of chosen individuals. Therefore, to foster this idea, identification may be useful. This will distinguish CHWs from the community, giving them empowerment similar to a doctor's coat or nurse's uniform. In addition to being selected, training sets CHWs apart from the rest of the community. Therefore, a formal accreditation process may be useful as well. If the process were affiliated with the government, this would make the accreditation significantly more legitimate to CHWs. This may be a possible area of interest for the future development of this project and of CHWs in India.

Because of the very nature of their selection and recruitment, CHWs may have partially had their love needs fulfilled. Therefore, efforts in supporting love needs must center on bolstering and adding to the idea that the workers are unique and important. Doing this will help foster motivation and effectiveness in programs.

### Esteem needs

While satisfying love needs may involve creating a role or official place for a CHW, satisfying esteem needs involves creating respect, responsibility, and achievement in their roles. As stated earlier, esteem needs can be divided into

how the community views a CHW's role, how a CHW views her role, and what she achieves in her roles.

While it is difficult to assess whether workers feel that the community appreciates the roles that they fill, there are some clues that seem to indicate that CHWs are well-respected. Since workers were chosen based on their standing in the community for already being leaders, the community valued the individuals even before the Nala Oli project was established. In a small focus group discussion, workers described that the program elevated their position in the village, and they were widely recognized for their public work in the village. They described that the village appreciated their work. Therefore, it appears that the community has a considerable degree of approval for the CHWs.

Often, the nature of tasks can define the esteem one holds in one's work; one may aspire to have responsibility, worth and effectiveness. The focus group with CHWs showed that workers were dissatisfied with the type of work they had. Although they may not necessarily be adverse to their current work, they noted that they wanted to engage in more clinical services. Specifically, they would like to have more diagnostic training in order to check blood pressure, diabetes, etc. In a review of CHWs working with pneumonia case management in Maharashtra state, India, Winch et al found that workers that had prevention, diagnostic, and some treatment capabilities had the most impact (Winch). The review indicated that integrated approaches had the most success. More duties than simple advocacy may boost esteem, by providing workers with more responsibility, training, and support. These represent a bigger investment by programs into their workers. Also, the nature of the work, where volunteers can diagnose and treat directly, has immediate feedback. Their results are concrete, therefore providing more esteem, if their training and support are adequate. It may be of significant importance to consider expanding the roles of CHWs, such that their duties are meaningful and effectual.

It is recommended that the Nala Oli project set up a system of feedback for CHWs. While it may be difficult to attribute success individually amongst CHWs, program success and goals should be made widely transparent to volunteers.

### Self-actualization

Based on the time the program has been running and the state of the CHWs, it can be safely assumed that none of the Nala Oli CHWs has reached self-actualization. Even if the Nala Oli project were to provide sufficiently to satisfy all other needs, there is no guarantee that the volunteers will ever be self-actualized. However, paths can be created in which CHWs begin to work towards self-actualization. Designing career prospects for workers are advised, as the absence of motivations which satisfy self-actualization needs represents a major shortfall in motivation for workers at the Nala Oli project.

**Table 8:** A motivation framework for the Nala Oli program

Nala Oil project needs	
Needs	
Physiological	<ul style="list-style-type: none"> <li>In-kind incentives are advised</li> <li>CHWs asked for more convenience in performing tasks</li> <li>Unrealistic to assume that sacrifice of volunteering is sustainable</li> </ul>
Safety	<ul style="list-style-type: none"> <li>Physical safety of CHWs of great importance/significant deficit in Nala Oli</li> <li>Absence of long-term securities</li> </ul>
Love	<ul style="list-style-type: none"> <li>Little interaction with public health sector</li> <li>Operates on independent private healthcare vertical</li> <li>Roles have not been established</li> <li>No identification for CHWs</li> <li>Accreditation process would be useful in the legitimacy of CHWs</li> </ul>
Esteem	<ul style="list-style-type: none"> <li>Community respect may exist because of the nature of how CHWs were selected</li> <li>Roles may need to be greater</li> <li>No feedback system for CHWs</li> </ul>
Self-actualization	<ul style="list-style-type: none"> <li>No pathways to self-actualization</li> </ul>

**Recommendations**

The following analysis was based on limited knowledge and experience with the Nala Oli project. Therefore, all recommendations and points should be taken with due consideration of the same. While they may not be completely representative of the program, they are points created after deliberation which may or may not be helpful in establishing better motivation in CHWs. The purpose of this analysis was to establish a system to potentially analyze a program which can discover motivators. Therefore, the process should be valued over the conclusions of the analysis. However, the findings are several and should not be overlooked.

- The first and most basic of the recommendations concerns the issue of physical safety for CHWs. Training and simple support can easily help remedy this problem. Incidents of harassment to CHWs could result in disastrous results for the Nala Oli project, potentially causing high attrition rates and severely low motivation. Therefore, this issue should be a top priority.
- To accommodate workers, it is necessary to create in-kind incentives. Mobile phone credit is an ideal choice to facilitate free contact between workers and supervisors. Transport should be made more available for training or for any other event where CHWs are required to attend. Also, small but irregular gifts may be helpful in sustaining motivation in CHWs. For example, simple shows of appreciation such as a meal or fruit go a long way to build goodwill. However, it is advised to abstain from monetary gifts, as they hold a stigma of payment for duties to them.
- In establishing the roles of CHWs, simple identification badges can be created for volunteers. This will help satisfy love needs, so that volunteers feel they are part of one group. Also, on an esteem level, community members could more easily identify workers.

- It is also advised to provide long-term in-kind incentives. Financial consulting for the families of CHWs could provide safety and security, along with a sense of worth through the investment of the program into its volunteers. Coordinating child care for workers could not only allow CHWs to go about their work, alleviating the stress of finding caretakers for children, but it could also fulfil love needs by bringing a sense of responsibilities towards one another. Education and career development for CHWs could provide significant gains in esteem and put volunteers on the track towards self-actualization.

These recommendations are suggestions of possible ways in which to better motivate community volunteers. They do not take into consideration the feasibility of the proposed incentives.

**Conclusion**

Incentivization of community health workers represents a broad and complex issue, encompassing psychology, management, human resources, etc. There is a multitude of ways in which to create motivations in workers. While extensive research has been done in the area of motivation in corporate settings, a relatively nominal amount of attention has been placed on the motivation of non-paid volunteers. More research is necessary to create a complete and comprehensive understanding of the unique aspects in motivating volunteers. In the course of the present analysis, the attempt was to create a model of volunteer motivation while using psychological theory as a basis. By focusing on the individual, a framework of motivations was created, which especially catered to voluntary work.

In corporate settings, it has been shown that Abraham Maslow’s Theory of Human Motivation is relevant while identifying strengths and weaknesses in incentivization.

Therefore, the model was shown to be of great potential while analyzing volunteer management models. Practical use of the adapted model was then exemplified in the investigation of existing CHW programs. This produced a foundation of basic knowledge about the motivations applicable to CHW programs. This model was then used to scrutinize the Nala Oli project. The analysis was meant to be an example of how the model could be used on a specific scale.

In assessing the motivation of volunteers, it must be made clear to distinguish the paths toward intrinsic motivation. While incentives can create motivation in a number of ways, they are not the only method. Motivation involves multiple dimensions that can be as complicated as social interactions or as simple as payment for services. The range in possibilities is vast and diverse. Therefore, it is necessary to take a holistic approach to motivation. This type of approach will not only allow managers to cultivate dedicated volunteers, but also to create extremely effective programs. The outputs and outcomes of a project are significantly affected by the motivation of the volunteers. Therefore, incentivization cannot be a last step in designing a program; rather it must be the first step.

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