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Influence of Motivation on Patient-Centered Care (PCC) Among Healthcare Providers at KCRH, Kirinyaga County, in Kenya

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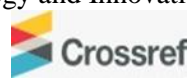
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Abstract

Purpose: This study explores the influence of motivation on Patient-Centered Care (PCC) among healthcare providers at Kerugoya County Referral Hospital (KCRH) in Kirinyaga County, Kenya. PCC is acknowledged as a cornerstone of high-quality healthcare, emphasizing patient involvement in healthcare decisions and fostering improved health outcomes. The study aims to identify the challenges related to healthcare providers' motivation in implementing PCC.

Materials and Methods: This Descriptive Cross-Sectional study engaged 258 healthcare providers at KCRH, employing a mixed-methods approach to data collection. Structured questionnaires, key informant interviews, and the Person-Centered Care Assessment Tool (P-CAT) were utilized to gather comprehensive data. Quantitative analysis involved Pearson's correlation and Multinomial Logistic Regression Analysis, while qualitative data were derived from interviews.

Findings: Quantitative analysis demonstrated a significant positive correlation between motivation and PCC practices, with Pearson's

correlation coefficient $r = 0.208$ and a p-value of 0.009. Higher levels of motivation among healthcare providers were associated with increased adherence to PCC principles. Multinomial Logistic Regression Analysis identified motivation as a significant predictor of PCC implementation, with a Chi-Square value of 52.555 (df = 33, $p = 0.003$). Qualitative data revealed that motivators such as effective workload management, recognition, and opportunities for professional growth enhance healthcare providers' commitment to PCC.

Implications to Theory, Practice and Policy: The study underscores the importance of addressing motivational factors to enhance the implementation of Patient-Centered Care. Healthcare administrators and policymakers should develop strategies that foster intrinsic and extrinsic motivation among healthcare providers. By promoting consistent application of PCC, these strategies can ultimately improve patient outcomes at Kerugoya County Referral Hospital.

Keywords: *II: Patient-Centered Care, II: Healthcare Providers, I02: Motivation*

1.0 INTRODUCTION

Patient-centered care (PCC) is increasingly recognized as essential for high-quality healthcare delivery, particularly in enhancing patient experiences and health outcomes. Defined by Grover (2020) as an approach that prioritizes the patient's role in their healthcare journey, PCC emphasizes the importance of attending to the distinctive needs of patients. Despite its recognized importance, healthcare providers often encounter significant obstacles in implementing PCC, resulting in negative patient experiences and suboptimal health outcomes (Sinaiko, 2019; Kim, 2023). Systemic barriers such as provider motivation, skills, and perspectives are major impediments to the effective delivery of patient-centered care (Gartner, 2023). Customizing medical services to align with the individual needs, preferences, and values of each patient is critical for fostering positive health experiences, as noted by (Olson 2021). This approach involves collaborative decision-making between healthcare professionals and patients, ensuring that treatment plans are aligned with patients' goals and values, which is essential for achieving greater satisfaction and improved health outcomes (Coronado-Vázquez, 2020; Grover, 2022).

Alkhaibari *et al.*, (2023) noted that motivated healthcare providers were more likely to provide patients with information, involve them in decision-making, consider their preferences, and communicate effectively. They were also more likely to be satisfied with their jobs, have lower burnout levels, and recommend their organization to others. Patients receiving care from motivated providers were more likely to be satisfied, felt more involved, adhered to treatment plans, and had better health outcomes. Furthermore, Lateef & Mhlongo (2022) found that 80% of nurses in South West Nigeria complained of a lack of motivation and workload, leading to negative attitudes toward work ethics. Ghorbani Vajargah *et al.*, (2023) identified a lack of holistic view of PCC among nurses, citing an unsupportive organizational system and lack of motivation as significant barriers. Despite understanding PCC, nurses demonstrated it poorly due to factors like lack of motivation, work overload, and insufficient organizational support.

In a study by Huang *et al.*, (2022) in China, the relationship between hospital culture and the implementation of Patient-Centered Care (PCC) among healthcare professionals was investigated. Using moderated mediation analysis with a sample of 1,612 healthcare professionals, the study revealed that hospital culture significantly influences PCC delivery. Specifically, they found that a positive hospital culture indirectly enhances PCC by increasing healthcare providers' self-efficacy and motivation. Furthermore, the study highlighted the moderating role of organizational support, showing that supportive environments amplify the impact of hospital culture on PCC implementation, making healthcare staff more inclined to provide patient-centered services. Moreover, Adu *et al.*, (2020) concluded that lack of resources, political will, healthcare workers' knowledge and skills, and cultural barriers were significant obstacles to PCC and people-centered health systems (PCHS) in sub-Saharan Africa. They recommended increasing resources, governmental backing, healthcare worker training, and addressing cultural obstacles to improve PCC implementation.

Problem Statement

Patient-Centered Care (PCC) is vital for improving health outcomes and patient experiences, yet its successful implementation is frequently hindered by challenges related to healthcare providers' motivation (Leidner *et al.*, 2021). At Kerugoya County Referral Hospital (KCRH), issues with healthcare worker motivation have negatively impacted the delivery of PCC. In 2019, 188

healthcare workers at KCRH went on strike due to poor working conditions. Although 160 returned to work, their dissatisfaction remained unresolved because their concerns about collective bargaining agreements (CBAs) and the return-to-work formula (RTWF) were not addressed (Munene, 2021). This unresolved dissatisfaction has led to ongoing strikes and decreased motivation, further undermining the quality of care (Ndirangu & Kamau, 2022). Consequently, patients have reported dissatisfaction with their care, which affects the effectiveness of PCC at KCRH, despite the high demand for quality healthcare services (Mugo & Uimbia, 2021). Njeru and Kagoiyo (2021) emphasize that to effectively implement PCC, KCRH must address motivational factors to enable personalized and empathetic care. However, Ndirangu and Kamau (2022) observed that the hospital lacks sufficient investment in areas such as communication skills training, leadership development, team building, and collaboration among healthcare workers. This gap results in missed opportunities to support and motivate staff, ultimately compromising the quality of PCC. This study aims to explore how various motivational factors, including workload management, recognition, financial incentives, and professional growth opportunities, affect the provision of PCC at KCRH. Understanding these dynamics is essential for developing targeted interventions to enhance motivation and improve the delivery of patient-centered care.

Research Gap

This study aimed to investigate the influence of healthcare providers' motivation on the implementation of Patient-Centered Care (PCC) at Kerugoya County Referral Hospital in Kenya. It found that higher motivation among providers was significantly correlated with better adherence to PCC principles. The study by Lateef & Mhlongo (2022) underscores the critical role of workload in influencing healthcare providers' motivation and their capacity to deliver patient-centered care (PCC). High patient loads can lead to burnout, decreased job satisfaction, and reduced quality of care, which impairs providers' ability to focus on individual patient needs. This research reveals a gap in the effectiveness of PCC, as providers may be overwhelmed by the demands of their roles, thus lacking the time and energy needed to engage fully with each patient. To address this issue, the study suggests implementing strategies such as task redistribution, hiring additional staff, and utilizing technology to streamline administrative duties (Van Diepen *et al.*, 2020). By effectively managing workload, healthcare organizations can enhance provider motivation and improve the delivery of PCC.

The study by Kwame and Petrucka (2021) highlights the impact of resource and time constraints on the delivery of PCC. Limited resources, such as inadequate staffing, insufficient training, and a lack of essential equipment, can restrict healthcare providers' ability to offer high-quality care. These constraints often lead to fragmented care and decreased patient satisfaction. The study advocates for addressing these issues by focusing on improved resource allocation, investing in training programs, and adopting innovative solutions like telemedicine to optimize resource utilization (Bogale, 2021). By tackling these constraints, healthcare organizations can better equip providers to deliver effective PCC.

The study by Waweru *et al.*, (2020) emphasizes the importance of recognition and incentives in motivating healthcare providers and enhancing their engagement in PCC. Insufficient recognition and inadequate incentives can result in decreased motivation and lower quality of care. When providers feel undervalued or unrewarded for their efforts, their commitment to PCC may diminish. To bridge this gap, the study suggests that healthcare organizations implement structured recognition programs and incentive systems to acknowledge and reward exceptional performance

in patient care (Madlabana & Petersen, 2020). By fostering a culture of appreciation and providing tangible rewards, organizations can improve motivation and, consequently, the quality of PCC.

Theoretical Framework

The Person-Centered Care Theory, developed by Carl Rogers, is key to understanding how motivation affects the practice of Patient-Centered Care (PCC) among healthcare providers. This theory emphasizes prioritizing patients' needs, values, and goals while fostering active patient involvement in care decisions, and highlights the role of empathy, compassion, and emotional support in patient-provider relationships. The study on the "Influence of Motivation on Patient-Centered Care (PCC) Among Healthcare Providers at KCRH" shows that motivation significantly influence the adoption of PCC practices. Factors such as workload management, recognition, financial incentives, and professional development enhance healthcare providers' motivation, aligning with the theory's focus on creating environments that promote patient autonomy and improved care outcomes.

2.0 MATERIALS AND METHODS

This study employed a Descriptive Cross-sectional research design to identify the determinants of Patient-Centered Care (PCC) among healthcare providers at Kerugoya County Referral Hospital (KCRH) in Kirinyaga County, Kenya. Conducted at KCRH, a Level 5 hospital chosen for its representativeness of county referral hospitals in Kenya, the research targeted 258 healthcare providers, including a diverse range of medical professionals. Healthcare providers were stratified into subgroups, and simple random sampling was used within each stratum to select the sample. Inclusion criteria encompassed those directly involved in patient care and willing to provide informed consent, while non-healthcare providers and those not directly involved in patient care were excluded. Data was collected using a structured questionnaire pretested for reliability and validity, a key informants interview guide, and the Person-centered Care Assessment Tool (P-CAT). Validity and reliability were ensured through expert review and internal consistency testing, with a Cronbach's Alpha Coefficient of 0.85.

3.0 FINDINGS

The analysis of quantitative data on the influence of motivation on Patient-Centered Care (PCC) among healthcare providers revealed several key insights. A significant 61.8% of healthcare providers strongly agreed that manageable workloads enhanced their motivation to provide PCC. Recognition and appreciation from supervisors and colleagues were also powerful motivators, with 44.6% strongly agreeing on its importance, highlighting the value of positive feedback in fostering a culture of PCC. Financial incentives were noted by 55.4% of providers as influential, suggesting that competitive and equitable remuneration could bolster commitment to PCC. Opportunities for professional growth were another critical motivator, with 65.6% strongly agreeing that career advancement opportunities encouraged them to prioritize PCC. Lastly, 55.4% of respondents strongly agreed that a supportive work environment, characterized by necessary resources, time flexibility, and teamwork, significantly motivated them to provide PCC. These findings underscore the importance of various motivational factors, including workload management, recognition, financial incentives, professional development, and a supportive work environment, in enhancing healthcare providers' dedication to PCC.

Quantitative Data Analysis on the Influence of Motivation on PCC among Healthcare Providers

Table 1: The Influence of Motivation in Healthcare Providers on the Provision of PCC

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel motivated to provide patient-centered care in my daily work depending on the workload that I have.	1.9%	0.0%	7.0%	29.3%	61.8%
Recognition and appreciation from my supervisors and colleagues determine my motivation in providing patient centered care.	8.9%	10.2%	8.3%	28.0%	44.6%
Adequate salary and benefits motivate me to provide patient centered care.	5.1%	1.9%	12.7%	24.8%	55.4%
Opportunities for professional growth and development determines my motivation to provide patient centered care.	3.8%	1.3%	8.3%	21.0%	65.6%
Supportive work environment with the necessary resources and time flexibility and teamwork determines my motivation in providing patient centered care.	2.5%	1.3%	9.6%	31.2%	55.4%

Qualitative Result on the Influence of Motivation on PCC among Healthcare Providers

Theme 1: Impact of Motivation on Patient-Centered Care

Motivated healthcare providers are characterized by their genuine enthusiasm, empathy, and dedication to meeting patient needs and preferences. Qualitative data reveal that highly motivated professionals take a proactive approach, exceeding their duties to ensure positive patient experiences. This motivation fosters an environment where patients feel valued, heard, and supported, enhancing patient engagement and empowerment. Motivated providers are more likely to build rapport, communicate effectively, and involve patients in shared decision-making, resulting in improved treatment adherence and health outcomes, as evidenced by key informant interviews whom sated that.

“When health care providers are highly motivated, they are more likely to be empathetic, responsive, dedicated to meeting the needs and preferences of their patients” (C1, C3)

“Highly motivated health care providers bring benefits to both patients and health care environment due to their genuine enthusiasm to make a positive impact in managing patient conditions” (C2)

“Health care providers who are highly motivated manifest improved communication with patients and have a more compassionate approach to patient care that is patient centered” (C5)

Motivated healthcare providers demonstrate a commitment to continuous improvement in care delivery. They actively seek feedback, engage in professional development opportunities, and strive for excellence in patient-centered care practices. This proactive role not only benefits individual patients but also contributes to a culture of continuous learning and innovation within the healthcare facility. By embracing a mindset of continuous improvement, motivated providers drive positive changes in care processes, policies, and organizational structures, ultimately enhancing the overall quality of patient-centered care. This was reflected from the statements of the following KII.

“Motivated health care providers are able to deliver timely services that are patient centered” (C9)

“Motivated health care providers actively seek feedback and make continuous improvements to ensure a superior healthcare experience for patient” (C10)

Theme 2: Factors Influencing Motivation

Healthcare professionals emphasized the importance of working in environments that prioritize patient-centered values and embed patient care within the organizational culture. Hospitals that promote a culture of empathy, respect, and collaboration are more likely to foster motivation among their staff members, as they feel empowered and supported in their efforts to deliver patient-centered care. Conversely, a lack of alignment between organizational values and patient-centered goals can undermine motivation and lead to disengagement among healthcare providers. This was asserted by the following KII;

“Being in a hospital that promotes values that are considered to promote patient centered care influence one’s motivation to provide patient centered care” (C4, C9)

“When patient care is embedded within the organization culture, Health care providers are more likely to feel empowered and motivated to prioritize patient centered care.” (C5, C10)

Comprehensive training and ongoing education in patient-centered care were identified as essential drivers of motivation, equipping healthcare professionals with the necessary skills, knowledge, and confidence to deliver patient-centered care effectively. Training initiatives that focus on enhancing communication skills, cultural competency, and empathy were particularly highlighted as instrumental in promoting motivation and enabling healthcare providers to connect with patients on a deeper level. Below are the excerpts for the KII in regard to this;

“When health care providers receive comprehensive training and ongoing education in patient centered care, equipping them with the confidence to deliver patient centered care effectively, it enhances their motivation to provide patient centered care” (C1, C6)

“Engaging health care providers in training programs that significantly boost their morale and motivation to deliver patient centered care influences health care providers to provide patient centered care.” (C2, C8)

Recognition and appreciation were identified as powerful motivators that can positively influence healthcare provider engagement and commitment to patient-centered care. Initiatives that acknowledge and reward healthcare providers for their efforts in delivering patient-centered care can help foster a sense of value and validation among staff members. Recognition programs, peer-to-peer appreciation, and opportunities for professional development were cited as effective strategies for boosting motivation and reinforcing a culture of excellence in patient care. This was reflected by the excerpts of the following KII.

“Targeted initiatives that aim to motivate HCP such as recognition and appreciation of health care providers can foster motivation among health care providers to deliver patient centered care especially when an organization prioritize and reward patient centered care practices since the providers will feel valued and empowered to continue with their efforts to provide patient centered care” (C3, C7)

Opportunities for career growth and development emerged as important drivers of motivation among healthcare providers. The availability of avenues for professional advancement, such as training programs, mentorship opportunities, and career progression pathways, can incentivize healthcare professionals to remain engaged and committed to delivering patient-centered care. This was expressed by one of the KII.

“Engaging health care providers in training programs that significantly boost their morale and motivation to deliver patient centered care influences health care providers to provide patient centered care.” (C8)

Theme 3: Challenges and Opportunities for Improvement

One of the primary challenges highlighted by healthcare providers is the presence of systemic barriers within the healthcare system that hinder the provision of patient-centered care. These barriers include limited resources, inadequate staffing levels, and high workload, which can contribute to burnout and prevent providers from delivering optimal care. Additionally, healthcare providers identified administrative challenges such as delayed salary payments, bureaucratic processes, and limited opportunities for professional growth as significant impediments to delivering patient-centered care. This was reflected by the following KII;

“Shortage of staff that lead to overwhelming workloads that prevents the health care providers from taking the necessary breaks affect the motivation of health care providers to provide patient centered care” (C6, C2)

“Delayed salary payments with huge workload may lead to burnout affecting health care providers motivation and would be a challenge in providing patient centered care” (C5, C7)

Another key challenge identified by healthcare providers is the presence of cultural and attitudinal barriers that affect patient-provider interactions and hinder the delivery of patient-centered care. These barriers include age-related differences between providers and patients, political influence, and uncooperative patient family members, which can impact the quality of care and patient outcomes. This was reflected by one of the KII;

“Age related differences between health care providers and the patient especially among young female nurses and older male counterparts as well as political influence affects motivation negatively for health care providers to provide patient centered care” (C3)

The Correlation Analysis of PCC and Motivation

The correlation analysis between Patient-Centered Care (P_CAT) and Motivation yielded a Pearson correlation coefficient of 0.208 ($p = 0.009$). This result indicates a statistically significant positive relationship between these two variables among healthcare providers at KCRH. A correlation coefficient of 0.208 suggests a moderate positive association, implying that higher levels of motivation among providers tend to be associated with higher levels of practicing Patient-Centered Care. The findings suggest that motivated healthcare providers may be more likely to engage in patient-centered practices at the hospital.

Table 2: The Correlation Analysis of PCC and Motivation

		P_CAT	Motivation
P_CAT	Pearson Correlation	1	.208**
	Sig. (2-tailed)		.009
	N	157	157
Motivation	Pearson Correlation	.208**	1
	Sig. (2-tailed)	.009	
	N	157	157

Multinomial Logistic Regression Analysis (MLRA)

This study employed Multinomial Logistic Regression Analysis (MLRA) to explore the relationships between the dependent variable, Patient-Centered Care (P_CAT), and the independent variable, Motivation. MLRA is particularly suited for situations where the dependent variable is categorical with more than two levels, allowing for the examination of how different levels of motivation relate to variations in patient-centered care practices among healthcare providers. The Likelihood Ratio Test results in Table 3 indicate that the model including Motivation significantly improves the fit compared to the reduced model without it (Chi-Square = 52.555, $df = 33$, $p = .003$). This suggests that Motivation is a statistically significant predictor in understanding variations in patient-centered care practices among healthcare providers at KCRH, highlighting its importance in influencing these practices positively.

Table 3: The Likelihood Ratio Test

Effect	Model Fitting Criteria		Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.	
Intercept	834.781	71.168	33	.000	
Motivation	807.168 ^a	52.555	33	.003	

Discussion on Influence of Motivation on Patient-Centered Care

From the study results motivation and self-perceived PCC practices revealed a significant association among the health care providers at KCRH. This highlights the value of motivation as a major determinant driving the provision of PCC. In addition, the healthcare providers who were highly motivated were more likely to provide PCC. This observation agrees with Kengia *et al.*, (2023) literature on motivation explaining how health professionals treat patients. Furthermore, motivation was not all about the external factors that arose from financial rewards and policies of an organization. It was an internal drive and commitment to PCC. Interventions to enhance

motivation should go beyond extrinsic incentives and include factors that foster providers' intrinsic motivation. The findings were in agreement with Kohnen, (2023) results whom asserted that external incentives predominantly shape motivation in healthcare settings.

The findings also demonstrate that motivation-enhancing interventions can serve as source of positive cultural change in health care institutions; this is consistent with (Lateef & Mhlongo, 2022) whom highlighted that interventions that promote motivation would create a culture of dedicated and committed healthcare workers in providing patient centered care. The research further, revealed that health care providers could be driven by a patient-centered approach if they were motivated. Thereby, creating an environment where patient needs, preferences and values dictate the delivery of care; this is consistent with Ghorbani Vajargah *et al.*, (2023) that patient-focused care is a central aspect of quality in healthcare.

4.0 CONCLUSION AND RECOMMENDATIONS

Conclusion

Regarding the influence of motivation on patients-centered care practices the results proved a positive correlation. Inspired healthcare providers showed a better probability of perceiving patient-centered care as something that they were actively contributing toward. Thus, such interventions may improve the practices of patient-centered care.

Recommendations

The study on the "Influence of Motivation on Patient-Centered Care (PCC) Among Healthcare Providers at KCRH" offers several pivotal recommendations that have substantial implications for theory, practice, and policy. Theoretically, the study reinforces the Person-Centered Care Theory by illustrating how various motivational factors such as effective workload management, recognition, financial incentives, and professional development impact the application of PCC principles. This advancement enriches the theory by demonstrating the practical effects of motivation on patient care outcomes.

In terms of practical implications, the study emphasizes the importance of fostering supportive work environments to boost healthcare providers' motivation. Recommended practices include managing workloads effectively, recognizing and rewarding exceptional PCC practices, and providing continuous professional development opportunities. Implementing these strategies can help healthcare organizations better align with PCC principles, ultimately enhancing patient experiences and outcomes.

From a policy perspective, the study advocates for incorporating motivational strategies into healthcare policies to cultivate a patient-centered culture. This includes developing policies that ensure fair compensation, create career advancement opportunities, and offer emotional and professional support for healthcare providers. By integrating these motivational strategies into policy frameworks, healthcare systems can support providers more effectively and promote high-quality, patient-centered care. Overall, the study contributes to a deeper understanding of the interplay between motivation and PCC, informing both practical approaches in healthcare settings and policy development aimed at improving patient-centered practices.

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