

A micro-analysis of motivation of doctors at Parirenyatwa Referral Hospital in Zimbabwe

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Abstract

This article analyses the importance of motivating doctors at Parirenyatwa Group of Hospital (PGOH). Lack of motivation causes doctors to maintain a low threshold of quality to their medical work; struggle to maintain work-life balance and commitment to quality medical care; struggle to focus on high-end medical services; or concentrate on building positive mindset for career goals. Motivation of doctors helps in ensuring that collaborative team environments are embossed in size and purpose, thus making a substantial contribution to the professional success, prestige, network, cooperation and interaction of doctors. The article brings to the fore how the Ministry of Health and Child Care (MoHCC) can play a huge role in motivating junior and senior doctors. It uses the case study of Parirenyatwa Group of Hospitals to streamline the research. Documentary search and conversational interview with an official at the Health Services Board were used to get an institutional glimpse of the concerns of the doctors from the perspective of the Health Services Board. The targeted doctors who had promised to give their views did not respond to the questions after they had initially indicated that they would do so after their medical theatre routines. Be that as it may, the tenor of empiricism was maintained in this study since the researchers could analyse the administrative positions from selected key informants; officials from the Health Services Board, as well as representatives of doctors on the group needs and individual concerns of the doctors. In the wake of rigorous social media communication in Zimbabwe, the information processing in research work needs to move away from individual concerns made through in-depth interviews to analysis of official or group communication from the affected groups. This leads to focus on the quality of grievances than their quantity and avoidance of overreliance on silos within institutions. Effectively, there is representative-based analysis, consideration of common challenges, and egalitarian work group concerns. The study focuses on PGOH because it is the biggest referral hospital in Zimbabwe. The article draws from disparate literature on motivation and principles of good governance that are espoused in the Constitution of Zimbabwe, 2013. The major conclusion in the study is that the practical motivation of doctors is ignored and this has led to frequent industrial actions, poor performance, patient neglect and low retention of senior doctors at Parirenyatwa.

Key words: Motivation, Health Professionals, Job Satisfaction, Parirenyatwa Referral Hospital

Introduction

The preferred approach to motivation in this article is one which considers motivation as an enjoyable or positive emotional state resulting from the assessment of one's job experience (Locke 1976).

There are studies which show that motivation is key to effective decision-making (Harmon-Jones & Harmon-Jones 2010); is system specific (Davis & Singh 2011). Health worker retention is critical for health systems performance and a key problem is how best to motivate and retain health workers (Willis-Shattuck, Bidwell & Ditlopo 2008). This study sought to bring out the significance of motivating doctors in public hospitals particularly those at Parirenyatwa Group of Hospitals (PGOH) since motivation in some cases is overshadowed by the problems between the government as the employer and the doctors as the employees. The challenges or problems have resulted in regular strikes, brain drain, and low retention of junior and senior doctors in the public sector. As a result, those challenges have several implications for the government that includes increased patient woes. Chipunza (2017) reported that in 2017, hospitals discharged patients who were seriously ill because junior doctors were on strike.

The concerns normally raised by the junior doctors in public hospitals include low salaries, limited medical supplies, and shortage of medical equipment (Chingono 2018). Those concerns result in low motivation of junior doctors. This is also important considering views from scholars like Pinder's (1998) that "*work motivation is a set of internal and external forces that start off work-related behaviour, determine its form, direction, intensity, and duration.*" These aspects are critical in setting this research.

Statement of the Problem

Ideally, doctors at referral hospitals must be adequately remunerated considering the great work they do in helping outpatients and in-patients to recuperate and deal with various types of ailments. Regrettably, the poor motivation of doctors in public hospitals such as PGOH has resulted in doctors going on strikes more often notably in 2017, 2018, 2019 and 2020. The bipartite discussions between the Government of Zimbabwe (GoZ) and the representatives of doctors have not stopped doctors from engaging in industrial strikes to demand improvement of their conditions of service. These strikes are terrible in some cases and have resulted in the loss of human life because sick patients in some of the cases are turned away without being attended. Doctors at PGOH have been embarking on strikes demanding better working conditions and improved salaries. These conflicts greatly affect the nation since PGOH is one of the biggest referral hospitals in Zimbabwe. The emergence of pandemics like Covid_19 has also exacerbated the need for doctors and other health workers to demand protective clothing and mass support from the government. There is need for an institutional policy that secures job security and restores the doctor as a vital human capital asset. As such, this research sought to find out motivational solutions to curb doctor's strikes, brain drain, and low retention caused by poor motivation strategies. In turn, the motivation of doctors was found to play a huge role in bridging the doctor to patient relationship.

Literature Review

According, to Stipek (1996), early approaches to the study of motivation were rooted in the literature on extrinsic reinforcement. Gage and Berliner (1992: 231) viewed "*motivation as the engine and steering wheel of a car, and therefore they believed that motivation generates the energy and controls the behaviour of any person.*" In line with the above view, motivation for doctors at PGOH in this study was viewed as the driving force for improved performance of doctors since according to Gage and Berliner (ibid); it controls behaviour of any person.

This study considered that doctors at PGOH lacked that kind of motivation and that was one of the reasons they normally engage in numerous strikes. The reasons for the strikes were captured by Kamhungira (2019) who noted that one of the most recent strikes of junior doctors lasted over 40 days from the beginning of December 2018 to January 2019 and the junior doctors were demanding better working conditions and salary increments, all of which are related to poor motivation from the employer.

The literature review on motivation of doctors at country-specific levels specifically focuses on reviewing worker dissatisfaction. No wonder, Rabby (2001) states that the ingredients of motivation lie within all and the internalised drive toward the dominant thought of the moment. To support the view on the dissatisfaction of workers, this study employed the view by World Health Organization (WHO) (2004) that, "Countries such as Fiji, Samoa, Tonga, Vanuatu, Papua New Guinea, Vietnam, Cambodia, and Thailand have identified low salaries as the major reason for job dissatisfaction and migration among the health workers." While the issue of salaries was also found in this study to have contributed to low motivation for doctors at PGOH, a knowledge gap is in existence on the motivation of doctors at PGOH in that junior doctors have largely been showing the inclination to strike than all doctors in general.

According to Kontodimopoulos *et al.* (2009), a study on 13 hospitals in Greece showed that the most important factors that motivated doctors in those hospitals were personal achievements and adequate remuneration. This current research established that those factors raised as motivators for the Greek hospitals are also important factors that have been raised by doctor's representatives of PGOH in many cases.

Globally, physician shortage at public institutions has been felt in countries such as Brazil in Latin America where it was found that doctors could stay at a public hospital because of reasons such as academic environment, relationship with colleagues or the high prestige in which society holds the institution (Filho *et al* 2016: 1); Poland in Europe (Chmielewska *et al* 2020); and rural Pakistan in Asia (Shah *et al* 2016). At a regional level, most doctors intended to migrate from Africa because of low salaries, poor working conditions, and lack of resources (Hongoro and Normand 2006). They would accept a job if the benefits of doing so outweigh the opportunity cost (*ibid*). The view above links with that Dagne, Beyene and Berhanu (2015) low staff motivation (absence of incentives) in less-developed countries result in shortage of human resources for health and cripple health systems and health care, since doctors can be absent during work hours or can just 'sit around' while patients are waiting.

This also links to the view by Chikanda (2005) that doctors in Zimbabwe also leave employment in their high numbers due to the lack of resources and facilities (42.9%), heavy workloads (39.4%) and insufficient opportunities for promotion and self-improvement (32.2%). This also links with the view by Lambrou *et al* (2010) who had a "research on two African countries, Benin and Kenya, where they stressed the importance of non-financial incentives for the motivation of doctors." From these studies from the African states, it was observed in this study that the motivation of doctors could be non-financial or financial. The studies also showed that the motivation of doctors is indeed important because failure to do so could lead to a brain drain of the doctors. This study thus filled the gap concerning how non-financial and financial benefits can be used to motivate junior and senior doctors at PGOH in Zimbabwe.

Administratively, at a national level, the Zimbabwe Health Service Board (ZHSB) advocates for the motivation of doctors in two types of packages, which are financial and non-financial incentives. The non-financial benefits that were advocated by ZHSB on the motivation of doctors include, supporting the relocation of workers' spouses and suitable accommodation, educational allowances, and low-interest student loans were offered to workers interested in furthering their professional development (Chimbari, et al 2008).

This research noted that the ZHSB as the motherboard of doctors also considers the motivation of doctors in two ways that are non-financial incentives and financials. However, junior doctors demanded better working conditions, salary increments, and adequate resources beyond what the ZHSB (Mbanje 2019). Essentially, the literature above showed that there is no agreed framework on how the government can end strikes at PGOH.

Research Methodology

Methodology refers to the strategy, the plan, and action, the process or design lying behind the choice and use of a particular method (Crotty, 1998). Kumekpor (2002) states that a judicious choice of methodology and how the methods used can simplify and facilitate the collection and analysis of data. While PGOH is close to the University of Zimbabwe where the researchers are based, the selected doctors were given in-depth interview questions and promised to revert. The researchers were affected by statutory instrument 200/2020 which related to the containment, prevention and treatment of Covid-19. While the efficacy of the motivation of doctors required that the researchers interview the doctors, the reliance on official communication from doctors' organizations filled this gap. As such this research used the qualitative approach. The qualitative approach was defined by Shank (2002: 5) "*as a form of systematic empirical inquiry into meaning.*" Researchers try to understand how others make sense of their experiences (Ospina 2004). To also examine the administrative perspectives, officials from the Health Services Board were also interviewed. Key Informants were also selected to provide their independent opinion on the official statements from doctors at various hospitals around Zimbabwe.

Research design

The research study made use of the case study research design. According, to Eisenhardt (1989), a case study focuses on understanding the dynamics of the present with a single setting. The research made use of a case study research design of PGOH because it has been experiencing many strikes by both junior and senior doctors.

Data collection methods

The research relied on data from interviews with key informants and officials of the Health Services Board as well as scrutinizing official responses by representatives of doctors on the factors that affected the motivation of doctors at Parirenyatwa Group of Hospitals, a large referral hospital in Zimbabwe. According, to Punch (2004) both historical and contemporary secondary sources are a rich source of data for social research therefore that is one of the issues that led the researcher to use the secondary sources for the research study. Data was collected using desk research, which looked at government reports, media articles, websites, and diaries. Essentially, this research noted that representational bodies of the doctors

erred out the grievances through official statements that were published in the print media. This made it easier for the research to dispense with the need for many interviews from doctors and officials from the Health Services Board as the official documents still retained the tenor of empiricism. Further, this research proceeded from the trite position that organizational management in the healthcare sector can be understood from the perfect coordination between various groups of professionals (Chmielewska et al 2020: 2). Examples of other documentary sources that were used in the analysis include Herald, Newsday, and the World Health Organization (WHO) Report. Predictably, desk research was preferred here as it allows for logical analysis especially where it is used to establish the significant ways of motivating doctors at Parirenyatwa General Hospital since the data collection method was not limited in terms of information from the government reports, media articles, websites, and diaries as compared to other data collection methods. Desk research applied to the qualitative approach because desk research is part of secondary data collection methods.

Data analysis

Analysis of data is a process of inspecting, cleansing, transforming, and modelling data to highlight useful information, suggesting conclusions, and supporting decision-making (Bihani and Patil 2014). The secondary data that were collected by the researcher for the study were analysed through content analysis. Content analysis is a research technique for analysing and understanding the collection of texts (Harris 2001). Content analysis was more applicable to this research type because it was used for analysing and understanding the texts used in the study. The content, which was analysed, includes government reports, media articles, websites, and diaries for example Newsday article called Doctors to lament 'dead' hospital services.

Ethical considerations

Ethical considerations are values and principles, which address the question of what is good and bad in human affairs (Australian Law Reform Commission and Australian Health Ethics Committee 2001). The ethical considerations in this study included the need to avoid plagiarism by acknowledging the data sources. The other principle, which was considered, was research authorisation. This involved obtaining permission from the University of Zimbabwe, Governance and Public Management Department, to carry out a study within a particular area and in this case, it is Parirenyatwa Group of Hospitals. Interviewees from PGOH and Health Services Board (HSB) were selected based on representational reasons. For instance, those from HSB were selected based on affiliation to human resources and to experience in engagements between representatives of doctors and GoZ in bipartite meetings. The doctors from PGOH were selected based on availability.

Findings

This section focused on the research themes that emerged from the data that was collected from the research methods that were used for the study. The findings reflect the central research focus of this study: ways to motivate doctors at Parirenyatwa Referral Hospital. The contextual approach for examining the thrust of this research was to examine the views of doctors, officials from the Health Services Board (HSB) and key informants involved in public administration and commerce. The collected information showed that the contestations between doctors and Government of Zimbabwe revolved primarily around

the meagre salaries, lack of protective equipment; threats of dismissal of doctors if they fail to report for work and incidents of corruption by some government officials. It was found that individual doctors chose to communicate through their representative organizations for fear of victimization. While the efficacy of the motivation of doctors would require their active participation, it is high time researchers also adopt research stances that accept realities that obtain in specific environments. These themes included the findings on the significance of motivating doctors at PGOH, the nexus between the significance of motivation of doctors and their performance, poor motivation and strikes of doctors, poor motivation, and retention of doctors at PGOH and the GoZ's response to challenges facing doctors at PGOH.

The cross-cutting significance of motivating doctors at PGOH

An important theme that emerged from this research was that of the perception of PGOH as a referral hospital which shapes the performance of medical centres across Zimbabwe. The information revealed that PGOH and Sally Mugabe Hospital (Harare Hospital) are the biggest referral hospitals in Zimbabwe which have the capacity to achieve a commanding level of influence over government ministries, development partners and other key stakeholders in the medical fraternity. This perception was also matched by historical development of motivation theories. The studies by which motivation of employees was publicised such as Maslow (1943) have a psychological impact on employees since motivation encourages workers to stay long and happy at their workplace. A key informant from the Faculty of Commerce at the University of Zimbabwe indicated that Maslow's model on motivation has gained traction in each discipline that mankind studies, including the medical fraternity. It has gained a level of 'acceptability' beyond the field of psychology. He said that many doctors are struggling to understand the hierarchy of needs espoused by Maslow as they feel they are part of some 'wasted generation' that is not remunerated in line with the poverty datum line and regional developments (interview recording, 2021). A key informant from Department of Social Work weighed in from the perspective of the helping professions. She argued that the helping professionals such as nurses, doctors, clinical social workers, clinical psychologists, among others struggle to deal with the 'big issue' on how to negotiate with government in good faith (interview 2021). This 'big issue' permeates through all sectors of the economy and was also echoed by all interviews. Even when it was not expressly mentioned by officials from the HSB, it was clearly implied when reference was made to the need to tread cautiously on the negotiation table when dealing with government. Further, fears are also implied from the conduct of a senior doctor who agreed to be interviewed indicated to the researchers that he was going into theatre together with his colleagues. He asked the researchers to send questions on WhatsApp which he would address after his theatre procedures. He did not respond to the questions and also did not answer to the calls. As such, the meeting with this doctor and his colleagues never saw the light of its day.

The social worker also raised an important point on the inability of doctors to achieve work-life balance in an environment where they put more effort but get poor rewards. She argued that many helping professionals including doctors at PGOH feel the work environment heavily affects their family life. They are forced to subsidize the employer through side jobs. This tallied with the findings from the participant from the Faculty of Commerce who argued that the motivation of doctors at PGOH as analysed by Maslow, is linked to of the idea of self-actualisation through getting meaningful incentives and capabilities that are obtained at a workplace. This is also buttressed by documentary findings from Juneja (2001) who notes that stability of employees is always important and therefore could be achieved through motivation from the employer to the employee. Generally, the motivation of doctors and other

health workers has been extant in health systems in Zimbabwe since the late 1990s to the early 2000s. Chikanda (2005) noted that as of 1997, out of 1,634 registered doctors in Zimbabwe, only 551 (33.7%) were employed in the public sector and those low numbers showed a lack of motivation for doctors to work in the public hospitals such as PGOH.

A participant from the Governance and Public Management Department at the University of Zimbabwe described a significance of motivation with a historical touch:

I remember PGOH was named after a liberation hero. It is supposed to be a symbol of free and decent work that corrects the historical imbalances where black employees were poorly remunerated. The political economy of motivation implores Goz to faithfully deal with doctors at this big referral hospital. We have had countless reportage in the media where doctors are not paid but patients are the ultimate sufferers. All those who are disingenuous should self-introspect and we get to a situation where we do not send out our doctors to greener pastures. We want to hear statements like, 'we have paid doctors and consultants in the medical fraternity.' We must find constructive dialogue between individual doctors and government in a way that shows that government is committed to invest in the personal and professional development of doctors. If that is done, we can make sure that it is also sustainable.

The above concerns are buttressed by historical concerns from studies by Chimbari et al (2008) which showed that motivation increased the doctor's commitment to their work. Scholars like Heryati (n.d) also argued that when employees are motivated to work, they generally put their best effort into the tasks that are assigned to them. This research noted from Kamhungira (2019) that doctors at PGOH have not been doing their work such as attending to patients in time because of staff shortage that have been occasioned by periodic strikes. Essentially, the doctors at PGOH lacked that kind of motivation that addresses their grievances on poor salaries and lack of social amenities that speak to work-life balance. Looking at the health workers' strike which lasted for 40 days from the beginning of December 2018 to January 2019, doctors and their representative organizations felt that their genuine grievances had not been properly addressed (ibid). With that in mind, motivation plays a very significant part in encouraging doctors in Zimbabwe in general, and at PGOH in particular, to commit to their work and work stations, put their best efforts in saving lives, and reduce incidences of strikes that usually affect outpatients and those needing critical care.

Motivation is needed to help doctors to perform their work effectively

While the concern that the impasse between doctors and government was drastically affecting outpatients and specific-need patients was reportated on many occasions on social and print media, it was also described by the HSB. One interview subject from the HSB noted the following:

I see it this way: everyone sees the '*slippery slope*' we are trying to navigate. HSB may have an influence on government or doctors and give the impression that representatives of doctors and government are following our recommendations. And for some strange reasons both the doctors and government can shift goal posts rapidly. The hopes of each camp evaporate quickly. It is complicated for administrative bodies to sound optimistic but we are managers and have to live with the fact that we manage people. It is one thing to deal with issues disingenuously and another to commit to negotiations faithfully. So some performances, they will go down. I think under the prevailing economic situation we may want to improve the welfare and work-life balance of all health professionals so that they perform well and please all patients.

The nexus between the motivation of doctors and their performance augurs well with the view by Gage and Berliner (1992: 231) who consider motivation as “*the engine and the steering wheel of a car*”. Gage and Berliner (ibid) also believed that “*motivation generates the energy and controls the behaviour of any person.*” In essence, this research found that the performance of doctors at PGOH has not been patient-oriented especially during strikes (Gonye 2019). Chipunza (2019) noted that after failed negotiations between GoZ and doctors’ representatives, casualty departments and A1 where emergencies are usually attended to, a few nurses were seen turning patients away or referring them to private institutions. This observation from the Herald was also confirmed by a patient who was interviewed and indicated that he had visited PGOH for many days without receiving medication (ibid). The major reason while doctors could not physically attend to patients was the failure by Government to increase the doctors’ salaries from US\$281 to US\$ 1200 (ibid).

The doctors at PGOH have not been performing in areas such as attending to the patients in time, which was contributed by the strikes resulting in their shortages of the doctors (Gonye 2019). Regrettably, many children were dying, women giving still births and sick patients could not be attended to (Chipunza 2019). Community Working Group Health executive director who was interviewed by the Herald proposed that the salary increments had to be backed by opportunities for professional development, meaningful career paths, training loans as well as improved working, living and social conditions (ibid). Predictably, the GoZ should innovatively motivate the doctors through both monetary and non-monetary responses such as prioritising improved working conditions, and faithfully considering better methods of conflict resolution by Government. Specifically, salary adjustments or cushioning of doctors’ salaries through giving them hardship allowances and engaging funding partners to procure adequate medical supplies and medical equipment can greatly improve the performance of doctors at PGOH.

Poor motivation results in strikes of doctors and other ways of paralysing medical services

Finding access to medical services and maintaining this access easily is difficult for patients because they deal with helpers that are disgruntled. What constitute poor motivation was also determined by what patients and other key informants observed from the negotiations between government and doctors. An academic from the Governance and Public Management Department referred to the need to ensure the right to healthcare that is enshrined in section 76 of the Constitution of Zimbabwe is fully realised by patients. He states thus:

One of the important issues that become evident from the logjam between doctors and government is that the access to medical services is proving to be difficult. And for the individual patient of course, the tussle between the professional service provider and the policy maker creates a problem that in many cases may lead to unfortunate deaths. The patients and other hospitals would have done everything, send the patient using their single ambulance, but still reach a dead end at the referral hospital. These are the tragedies of the common people. It definitely creates a sense of injustice that violates the right to healthcare that is protected in the Constitution. Of course the right is supposed to be enjoyed considering the availability of resources but denying that right through strikes or non-remuneration of doctors is unfair (interview recorded 2021).

Another participant, a nurse who once worked at a private hospital expressed her fears in dealing with the challenges of health professionals in general.

She registered her frustrations in this way:

I think that doctors are emotionally suffering and have used their emotional suffering as a biggest tool to come to work in difficult times. Please do not quote me wrongly. I see patients who come through referrals from referral hospitals. The government doctors are accepting peanuts from private doctors to earn a living. But the individual patient feels the pain of paying the extra amount we consider peanut at private rooms. You can see how referral hospitals have become referral hospitals (interview recorded 2021).

Another participant from a civil society organization that deals with rights noted that:

It is difficult for doctors and other stakeholders to show resistance during Covid-19 situation. And with the Covid-19 situation forcing us into new waves and new variants, it is completely difficult to raise voices on the performance of doctors. The loss of a loved one brings deep discussions on the status of the health system in Zimbabwe. The Lazarus moment can be ended by multi-sectorial approaches to engaging government. We have to admit in earnest, that citizens are pushing the cause of doctors well before the government. We are not putting a lot of pressure to save lives through effective work from motivated medical teams (interview recorded 2021).

Another analyst from the Governance and Public Management Department noted that:

And then you obviously have a parallel medical practice of doctors who somehow are struggling to survive and are also struggling to remain ethical. It becomes difficult to determine the way to push for agenda-setting. And I think doctors and the government are very sensitive to what is coming from their negotiations. I mean, if you read the press statements you can see that they are toned down. There is no feeling that any real pressure can come from what the media reports (interview recorded 2021).

The above concerns are also supported by findings from secondary sources of data such as online news sites such as Herald that poor motivation of doctors resulted in industrial actions by Zimbabwean doctors. The findings from the secondary data were that doctors engaged in industrial actions and registered their grievances with the GoZ. While the interview with an official from HSB emphasized that bipartite meetings between GoZ and representatives of doctors in Zimbabwe, concerns from doctors' representatives such as Zimbabwe Hospital Doctors Association (ZHDA) President Dr Fortune Nyamande showed that both junior and senior doctors:

'Cannot continue to cover up for a health system that has failed. We are very disappointed that nothing is coming out of the negotiations between Government and the junior doctors...' (interview between Paidamoyo Chipunza of the Herald and Dr Fortune Nyamande).

As a result of the above concern, most non-emergency cases that had been booked for theatre were cancelled indefinitely while the Paediatric emergency department at PGOH was closed (ibid). The industrial actions or job actions according to a report by Mbanje (2019) had resulted in patients being turned away at hospitals such as PGOH and in some cases there were widespread reports of deaths in circumstances, which could have been prevented, had patients received adequate care. For PGOH, the strikes affected patients since some were turned away due to the shortage of doctors (Gonye 2019). Even when Covid_19 occurred, doctors at PGOH complained that they could strike because they wanted protective equipment (Chingono 2020).

Poor motivation leads to poor retention of doctors at PGOH

Remaining at work and ability to resist job offers is also steeped in the way professionals are motivated at their current workplaces. While doctors have largely used strikes and other platforms of action such as dialogue with government, they have not benefited from informed and unbiased media coverage, campaign awareness or problem-solvers. A doctor who chose to comment in passing remarked that:

We are not politicians or a political institution but as professionals, we sometimes use political means to try and be heard. We have a sort of, weapon where we spend most our time trying to deal with depression because we are both the meal and the menu of the powers that be. Those who decide for us love to do so sadly. But I think it is supposed to be a compromise. We always want to remain at our work stations. We are growing up. We have families and loved ones. We still have the extended family, the burden of black tax. Others who do not want to improve our welfare are seeing our loss of energy in ten years. So why not use the next ten years to improve our life elsewhere where we do not feel depressed (interview recorded 2021).

The findings above on low retention of doctors have been historically documented. For instance, from the findings from Feltoe (2009),

“As of December 2008, the overall vacancy rate in the public health sector stood at 32 percent, while that for general medical practitioners, medical equipment engineers, environmental health officers, and health-care programmers stood at 60 percent, 48 percent, 79 percent, and 79 percent respectively.”

The major cause of low retention was the poor motivation of the health personnel. This research established that poor working conditions, low salaries, and shortages of basic medicines and equipment are the major factors that poorly motivate doctors in most Zimbabwean hospitals (Mbanje 2019).

Mbanje (ibid) reviewed that poor working conditions at (PGOH) was one of the causes of the poor motivation of doctors. These poor working conditions include long working hours (Chingono 2018). According to Mananavire (2019), the doctors were complaining that they were working a shift, which was 12 hours long per day, which was longer, than, other ordinary workers who worked 8 hours per day. The other cause of poor motivation for doctors according to the findings was the issue of poor salaries. According to Mbanje (2019), some of the doctors even argued that the current salaries were not enough to the extent of not being adequate to cover all monthly expenses; the report even argued that the salaries were so low that they would not even reach the next pay date according to the doctor's representatives. The other issue reviewed by Mbanje (ibid) was that the doctors argued that even their counterparts in other neighbouring countries like South Africa were being well remunerated.

The GoZ's disingenuous response to challenges facing doctors at PGOH demands a realistic theory of change

An evaluation of the interview data revealed that government has the perception that doctors can be dismissed if they register their concerns with the establishment. One participant described the challenges with getting an effective response to the doctors' challenges at PGOH in the following manner:

I do not think that we can afford to be disingenuous with matters that bear on the welfare of doctors and life and death of patients. It is definitely all the citizens who can call the government to order. Government has to compete with all kinds of professional concerns and messages. That is why government must change

their methods of engaging with citizens. Command ideology of threatening doctors with replacements is not health for the development of the nation. You can never run a profession without some business or cost-benefit analysis. There is no one who can reason with policy makers and implementers well. We are used to statements like, 'we will do our best to improve the welfare of doctors and nurses.' The following day the tone is hard-hitting or vindictive. I have the impression that the complaints and concerns that are raised by government against doctors are a result of stubborn facts that anger the giants. Government does not take up the concerns from doctors and health professionals across the country like 98 % of the time. The result is that never a government-driven commitment to improving the welfare of doctors.

The GoZ and doctors held several engagements on the issues of reviewing their allowances and improving their working conditions however, these negotiations were fruitless since nothing tangible was resolved (Mananavire 2019). The engagements were largely fruitless leading to a sour and constrained relationship usually explained by the commitment of doctors to embark on industrial action. The GoZ during the industrial action of September 2019 proposed a salary increment of over 70% but the doctors rejected it citing that it was not adequate with the cost of living since inflation was on the rise (Mananavire *ibid*). Before the September 2019 industrial action, the government had first offered a 30% salary increment but it had also been rejected by the doctors (Mananavire *ibid*).

In some instances, the doctors refused to negotiate with the GoZ whilst back at work and negotiate while working (*ibid*). Another event that occurred was the dismissal of about 448 doctors for failure to return to work after a court order which held that their industrial action was illegal (Mugabe 2019). All these events above from the finding showed that the GoZ and doctors did not have a working relationship rather a constrained relationship. During the Covid_19 crisis, GoZ engaged PGOH by providing senior doctors with protective equipment to enable them to look after coronavirus patients after they had gone on a strike after the government had failed to provide protective equipment for them (Sithole 2020).

The role of government in motivating doctors is to be understood from the work of the Special Rapporteur for who has in detail showed that right to health also includes a health workforce and medical education. To ensure a health workforce is motivated, governments should be held accountable when they make the right inaccessible (Williams & Amon 2020). They should also keep their promises to make the right progressively realized as contemplated by international law. This will go a long way in helping countries to also deal decisively with instances of corruption in the medical centres, especially in the wake of Covid-19. The Ministry of Health has not been spared by the scourge of corruption following the arrest and dismissal of former Minister of Health Obadiah Moyo who was accused of abusing Covid-19 funds. Such allegations paint a bad picture on Zimbabwe's commitment to fulfil the demands of visions such as Agenda 2030, Vision 2030 where Zimbabwe strives to attain a middle income status, the national development strategy (NDS) 1 which focuses on strong institutions. Added to this is the Constitution of Zimbabwe that also provides for good governance through the pillars such as transparency, justice, responsiveness and accountability.

Conclusion

From the foregoing, the study concluded that the ways that could motivate doctors at PGOH include non-monetary benefits, improvement in medical supplies and equipment, and prioritising economic hardship salary adjustments or cushioning their salaries through hardship allowances. While interviews with doctors were preferred, the respondents that had promised to participate did not do so as they indicated that they were busy. The researchers however managed to get some information from the Health Service Board although the targeted respondent was said to be on leave, it is hoped that this article will however be further developed to take into considerations the actual input from the doctors and members of the health services board. Essentially, we found that non-monetary benefits include vehicle, support for the relocation of workers' spouses and suitable accommodation, and low-interest student loans offered to workers interested in furthering their professional development.

The research also concluded that the GoZ and doctors at PGOH needed to resolve their differences and fix their constrained relationship for the benefit of patients who seek the services at PGOH. The study also concluded that the causes of the poor motivation of doctors at PGOH included low salaries, shortage of medical supplies, and medical equipment. The study also concluded that it was indeed significant to motivate doctors at PGOH.

Recommendations

- GoZ and the doctors at PGOH should amicably resolve their constrained relationship possibly through mediated dialogue by an independent mediator.
- The GoZ should engage doctors in good faith and should improve medical supplies and equipment and prioritise economic hardship salary adjustments.
- The Ministry of Health and Child Care (MoHCC) if constrained in monetary funds should at least resolve the non-monetary motivation ways that include supporting the relocation of workers' spouses and suitable accommodation, educational allowances, and low-interest student loans were offered to workers interested in furthering their professional development.
- The MoHCC should engage with donor partners to aid them with medical equipment and medical supplies.
- The MoHCC should create a committee, which reviews the salaries and working conditions of doctors and the committee should give a monthly report of doctor's performance as well as recommendations on how their performance could be improved.
- Incidents of corruption must be shunned at all costs and cronyism should be effectively punished.

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