

Lack of Motivation Among Healthcare Professionals in the National Health Service

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Abstract

Aims: *This study aimed to provide a theoretical framework for the understanding of both the organisational and individual aspects of lack of motivation among healthcare professionals in the NHS. This study was also aimed at discussing the root causes of lack of motivation among NHS staff and recommending potential solutions on how to tackle and resolve the problem.*

Study Design: *A literature review.*

Results: *The study found that work related stress, increased workload, feeling undervalued, lack of adequate resources and pay, as well as poor working environment were some of the root causes of lack of motivation among healthcare professionals in the NHS. This study acknowledged that lack of motivation problem among healthcare professionals in the NHS still persists due to the complexities associated with problem. Some key recommendations on how to resolve the problems were discussed including factors that could hinder the implementation of the solutions.*

Key words: *Motivation, Healthcare professionals, National Health Service.*

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What is known on this topic:

- A well-motivated NHS healthcare workforce is necessary for maintaining the quality of care within the NHS because it has a positive impact on the health and wellbeing of the staff and this would enable both the NHS and its healthcare staff to meet the continuous and changing demands of the healthcare service.
- Lack of motivation of healthcare professionals in the NHS will result not only in dissatisfaction and low work performance, but the quality of care they provide would often be less effective and less efficient.
- The literature on the root causes of lack of motivation of healthcare professionals in the NHS is not only scarce, but the problem still persists within the NHS.

What this study adds

- The Herzberg's Two-Factor (hygiene and motivation) theory which is adjudged as one the best models in predicting job satisfaction was adopted to provide a theoretical framework for understanding factors that influences the motivation and satisfaction of health workers in the NHS.
- The study found that some of the main root causes of lack of motivation among healthcare professionals in the NHS include work related stress, increased workload, feeling undervalued, lack of adequate resources and pay, as well as poor working environment.
- Some key recommendations on how to resolve the problems associated with lack of motivation of healthcare professionals in the NHS were discussed including factors that could hinder the implementation of the solutions.

1. Introduction

The National Health Service (NHS) has been described as one of the best and most cost-effective health services in the world (British Medical Association, 2016). A well-motivated NHS healthcare workforce is not only an essential ingredient for maintaining the quality of care within the NHS but it also impacts positively on the health and wellbeing of the staff. This enables the NHS and its healthcare staff to meet the continuous and changing demands of the healthcare service (Finlayson, 2002, Errington, 2007). However, lack of motivation of healthcare professionals in the NHS results not only in dissatisfaction and low work performance, but the quality of care they provide is often less effective and less efficient (Kasenga & Hurtig 2014, Afolabi et al., 2018). Motivation has been defined as “the willingness of an individual to exert persistent efforts toward organisational goals, to attain specific individual needs” (Ramlall, 2004, Fuller et al., 2008, Saraswathi, 2011). A particular strength of this definition is that it considers both the organisational and individual perspective of motivation, which are important aspects of work performance.

A report by the King’s Fund, found that 47% of the NHS Trust Directors surveyed identified lack of motivation as a growing and serious concern among healthcare professionals in the NHS, with declining levels of work performance (McCracken et al., 2014). Similarly, a survey carried out by Income Data Services (2007), found that 61% of the NHS healthcare professionals interviewed said that their motivation to work was not only low but worse than the previous year. The research found that pay cut in real terms and increased workload were factors that led to decline in NHS staff motivation, with resultant negative impact on staff retention, recruitment, job satisfaction, work absenteeism, and the quality of service delivery. These problems were identified as affecting NHS healthcare professionals working in the acute trusts, community hospitals and social care services.

Lack of motivation does not only have a serious impact on the health and wellbeing of workers, quality of care and service delivery but it is also costly to organisations. A study by the Gallup Organisation in 2013, estimates that 22 million actively disengaged (demotivated) employees cost the America economy \$350 billion dollars per year through lost productivity, absenteeism, illness, and lack of professionalism (Sorenson & Garman, 2013). One criticism of the Gallup’s study is that it failed to explain the root causes of why the employees were demotivated. The practical implication of this study for the NHS is that a well-motivated NHS workforce is integral to improve service delivery and should be recognised, encouraged and rewarded as such (Errington, 2007).

Several studies have investigated staff motivation from an organisational perspective (Joshua-Amadi, 2003, Franco et al., 2004, Manongi et al., 2006, Ibeziako et al., 2013), or from an individual viewpoint (Masadeghrad, 2013, Latani et al., 2017). However, the literature on the root causes of lack of motivation of healthcare professionals in the NHS is not only scarce, but the problem still persists within the NHS. Therefore, this current study aims to provide a better understanding of individual and organisational factors affecting healthcare professional’s motivation in the NHS, pinpoint the root causes, identify better strategies of dealing with the problem and recommend potential solutions to resolve it.

2. DESCRIPTION OF THE ORGANISATIONAL PROBLEM

A review of the literature and a series of focus groups with NHS staff, by the King’s fund in 2002, suggests that motivation of the NHS workforce is low (Finlayson, 2002). The study identified three key factors that affected motivation such as staff feeling undervalued, poor working environment, and lack of adequate resources and pay. It argued that lack of motivation will hinder Government’s plans for modernising the NHS, and that the evidence suggest that is will also have negative impact on quality of patient care and clinical outcomes.

Several authors have cited various themes associated with motivation, these include but not limited to financial considerations, performance appraisal, human resource policies, career growth structure, government health reforms, availability of resources, work self-interest, employer-employee relationships and communication between managers and colleagues (Ibeziako et al., 2013, Chandler et al., 2009). This suggests that motivation of NHS healthcare staff is a result of complex relationship of various factors and context specific processes (Tsounis et al., 2014, Kupers, 2001).

It has been suggested that financial and non-financial incentives are crucial motivating factors among healthcare professionals. For example, a UK study (Joshua-Amadi, 2003) found that employee's basic salary and allowances that provided beyond their basic need for housing and feeding was a critical motivator. Therefore, financial incentives are considered key instruments that propels work motivation, improve staff and drives higher productivity in the NHS (Joshua-Amadi, 2003). This is consistent with other studies from different parts of the world – Asia (Dieleman et al., 2006), Africa (Dieleman et al., 2006, Agyeong et al., 2004, Adzei & Atinga, 2012) and the UK (Afolabi et al., 2018, Bevan, 2000, Seccombe et al., 1994).

However, (Mathauer & Imhoff, 2006) argued that financial incentive in the form of enhanced salary was not the only ingredient necessary to stimulate demotivated workers, rather non-motivational instruments such as staff promotion, career development and performance appraisal should be adopted. The importance of applying these non-financial incentives to the already demotivated NHS healthcare professionals cannot be overemphasised in view of current financial and economic challenges facing the service (Skefales et al., 2014). Despite the findings of these research on factors leading to staff de-motivation in the NHS, the situation still persists with the force work at near breaking point (General Medical Council, 2018).

The next session will discuss the root causes of lack of motivation among healthcare professionals in the NHS. Thereafter, some potential solutions on how to resolve each of the root causes that were identified will then be suggested and discussed. Finally, possible challenges with implementation of each the solutions will be discussed.

3. ROOT CAUSES OF THE PROBLEM AND PROPOSED SOLUTIONS

Theoretical Framework of Motivation

Various authors have described and discussed the term motivation, with needs and goal setting as the underlying concept for all the major theories of work motivation – be it Maslow's (1954), Alderfer's (1972) or Herzberg's (1966) motivation theories. Table 1 for details. Motivation literatures suggest that (1966) is one of the most noted research on factors that affect work behaviour with regards to motivation (Sullivan & Garland, 2013). In this current study, Herzberg's (1966) theory will be used to discuss the theoretical connection between healthcare worker's motivation and work performance. Furthermore, the theory will also be used to explain the root causes of lack of motivation among these workers and how these issues serve as critical barriers to effective healthcare service delivery.

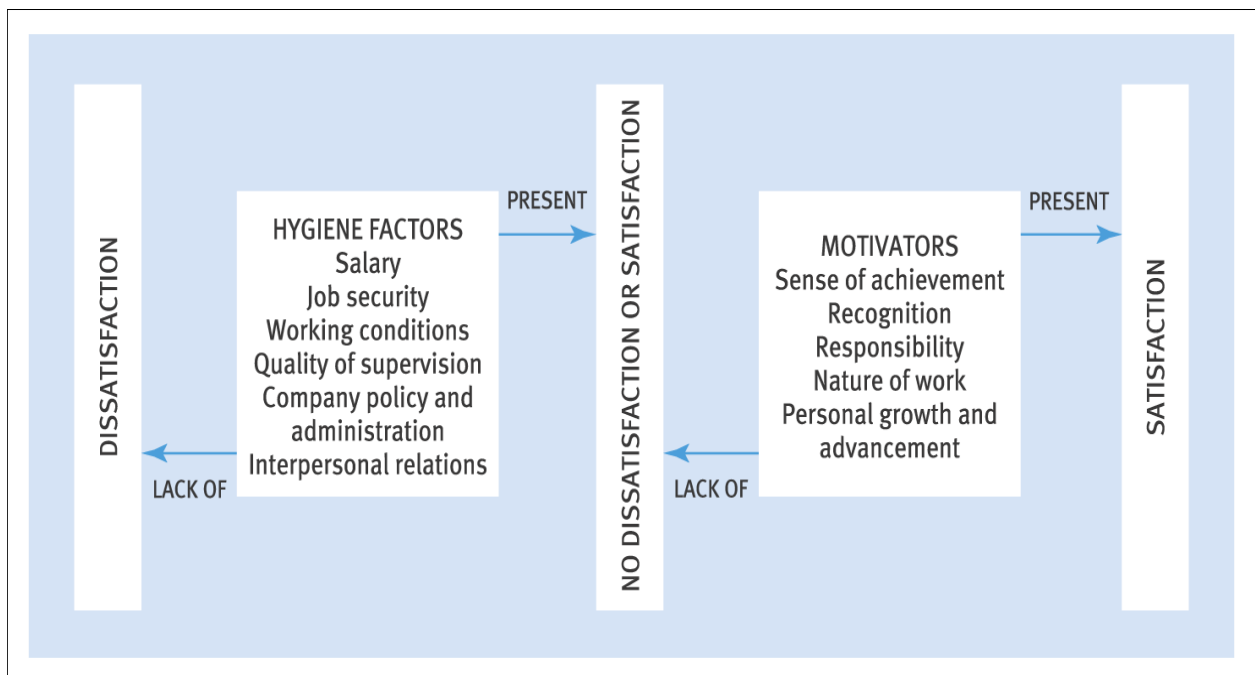
Table 1: A comparison of content theories (adopted from Sullivan & Garland, 2013)

Maslow	Alderfer	Herzberg
Self actualisation	Growth needs	Motivating factors
Esteem needs		
Belongingness (Social needs)	Relatedness needs	Hygiene factors
Safety needs	Existence needs	
Physiological needs		

According to (Sungmin, 2009), among several theories regarding motivation factors that influences job satisfaction, most researchers consider Herzberg's Two-Factor as the best model in predicting job satisfaction – a factor that is not only important in reducing the discontent and dissatisfaction of healthcare workers in the NHS, but also critical to improving service delivery (General Medical Council, 2018). This is consistent with (Jayasuriya et al., 2012) who suggested that Herzberg's hygiene and motivation therapy on job satisfaction is one important unifying theoretical framework for understanding factors that influences the motivation and satisfaction of health workers.

Herzberg, (1966) two-factory heory of motivation, proposed that there two factors driving employee satisfaction in the workplace – motivation factors and hygiene factors. Herzberg theorised that job satisfaction and dissatisfaction are not opposite ends of the same continuum; rather, they are two independent phenomena (Sullivan & Garland, 2013). See Figure 1 below:

Figure 1: Herzberg's two-factor theory



(Adapted from Rollinson, 2008)

As shown in Figure 1 above, Herzberg (1966) argued that the factors that lead to job satisfaction are not the same with those leading to job dissatisfaction, hence the resulting behaviours from these states are also quite different. Motivating factors such as personal growth, respect, praise, feeling of achievement, passion for the job, social responsibility and opportunity for advancement are intrinsic in nature and if present, they will increase employees' job satisfaction and productively level (Sullivan & Garland, 2013). Hygiene factors are extrinsic in nature and they include working conditions, pay, job security, relationships with co-workers, organisational policies and status (Sullivan & Garland, 2013, Malik & Naeem, 2013). Lack of hygiene factors or unsatisfactory hygiene factors produces job dissatisfaction, which, then leads to increased worker's absences, grievances or resignations (Sullivan & Garland, 2013, Malik & Naeem, 2013). Therefore, in order to prevent reduction in healthcare worker's performance or productivity in the NHS, it is important to discuss what the root causes of lack of motivation are and to then discuss ways of addressing them. These aspects will be discussed in the next session.

4. Root Causes of Lack of Motivation Among Healthcare Professionals in the NHS

In this section, some of the key root causes of lack of motivation among healthcare professionals in the NHS will be discussed including suggestions on ways to resolve them.

Root Cause 1: Work Related Stress

An NHS Staff survey reported that there was a wide spread work related stress among staff in the NHS, with about 40% reporting low work motivation and work-related illness that was due to work stress (West, 2018). Work related stress (the result of which is poor health and wellbeing) among staff in the NHS was associated with lack of motivation, poorer quality patient care, reduced levels of patient satisfaction and high levels of staff absenteeism (West, 2018). The ability of staff to attend to the needs of the patient and their loved ones, to have empathic responses and take intelligent action to help was adversely affected by lack of work motivation which, resulted from high and chronic levels of work stress (West, 2018). Similarly, the King's fund in a literature review found that increased work pressure due to reduced staff levels, degrees and speed of government reform were reasons cited as causing lack of motivation of NHS staff (Finlayson, 2002, Bevan, 2000, Graham & Steele, 2001, Collins et al., 2000). The findings of these studies are consistent with Herzberg's (1966) hygiene factor theory, which states that lack of hygiene factors e.g., work stress caused by reduced staff levels and organisational policies produces low staff motivation, job dissatisfaction, leading to worker's absences, grievances or resignations (Sullivan & Garland, 2013, Malik & Naeem, 2013).

Solution 1:

Although some NHS Trusts have introduced health and wellbeing strategies by offering pilates, massage, mindfulness, exercise and nutritional advice for stressed staff, these interventions on their own are not sufficient to address the root causes of the stress and to low staff motivation in the NHS (38). In addition to these interventions there should be organisational strategies and structures that involves developing, selecting, promoting and empowering NHS managers to nurture cultures that ensure a focus on staff providing the high-quality, compassionate care in the NHS (West, 2018). NHS employers should change their failed leadership style from unhealthy command-and-control cultures and involve a comprehensive and across-the-board change in the manner in which leadership is developed and understood by healthcare professionals in the NHS (West, 2018). Further still, NHS staff should have conducive working environments, flexible working pattern and good management support system that promote their physical health, and enabling them to cope effectively with the demands of their workload in order to reduce their stress levels and improve motivation (West, 2018). Similarly, providing staff with extended opportunities such as flexible and family-friendly working hours has been suggested as a way of improving the working lives of healthcare workers in the NHS (Finlayson, 2002).

Root Cause 2: Increase Workload

A study by the Income Data Services, showed that 84% of NHS healthcare professionals surveyed stated that their workload had increased compared to the previous year (Errington, 2007), a factor that impacted on their motivation and led to low quality of patient service and delivery, low staff morale and low staff retention rates. Other authors (Ibeziako et al., 2013, Ojaka et al., 2014, Chimwaza et al., 2014) have cited the problem of staff shortage and work overload as critical factors that led to demotivation of healthcare professionals and for those still in service, they led to staff burnout. A recent study by the (General Medical Council, 2018), suggests that a lot of NHS doctors have heavy workload which means they have to work longer hours. This led to lack of motivation among these doctors with some considering career changes and possibly thinking of leaving the NHS completely. In 2017, there was rising demand for accident and emergency (A&E) services, with a 3.4% rise in all emergency admissions with the NHS compared to previous year – 2016 (National Health Service, England, Operational Information for Commission, 2017). This rise in workload led to lack of motivation of the A&E staff. Figures from the (General Medical Council, 2018) study also indicates that 33% (867) of the doctors surveyed thought of reducing their working hours in the next three years, with 20% (520) considering to leave the UK and go and work abroad. Of tremendous concern is that 21% of doctors age 45-54 year and 67% of 55-64 years old were demotivated because of increased work pressure and therefore planned to take early retirement by 2021. This said, Herzberg's hygiene and motivation factors such as working conditions (hygiene factor) and nature of work (motivation factor) provides a useful explanation for why increased workload led to lack of motivation among the NHS healthcare professionals in those studies (Jayasuriya et al., 2012). According to Herzberg, lack of worker's motivation, comes predominantly from the presence of higher-order motivating factors such as normal level of workload (Franco et al., 2004). This implies that absence of higher-order motivating factors such as increased workload among NHS healthcare professionals means poor levels of motivation.

Solution 2:

NHS managers should adopt the Herzberg's theoretical framework to provide strategies that will improve the work pattern and working hours of healthcare professionals. For example, by adopting the Herzberg two factors theory, NHS administrators should initially reduce or eliminate where possible those lack of hygiene factors (dissatisfiers) such as unpaid extended working hours and then introduce incentives (motivators) such as flexible working hours and recognition for hard work (Tsounis et al., 2014). Extrinsic factors such as flexibility of working hours' schedule and the having a sense of appreciation are important to healthcare workers in the NHS, and should be at the core of hospital administration policy (Tsounis et al., 2014). However, on the other hand intrinsic factors such as opportunities for professional growth, further education and staff upskilling in various competencies are very critical motivating factors that encourages workers to work in excess to the daily routine excess, while boosting productivity of the hospital (Tsounis et al., 2014, Ratanawongsa et al., 2006).

Furthermore, hospital administration should also understand and consider the peculiarities of each department or work area and then respond proactively to demands that arise and recognise personal and group efforts (Pantouvakis & Mpogiartzidis, 2012). Communication and clear definition of roles, tasks and objectives of a specific work that might require extra working hours, staff involvement on how to manage the increased work

load and explanation of in any incentive or reward for its achievement can strengthen job satisfaction and improve staff motivation to complete the task regardless if they have to work additional hours (Tsounis et al., 2014). Hospital managers should have structures, processes and resources required to meet the daily work demands of health workers including those in the NHS (Franco et al., 2002). According to (Franco et al., 2002) “reporting hierarchies, level of worker autonomy, and relative status of different workers and delegation of responsibility and authority are crucial processes that determine how well a job gets accompanied and the level of resources necessary to accomplish them”.

Root Cause 3: Feeling Undervalued

NHS staff have reported that one of the root causes of their lack of motivation is feeling undervalued by groups outside the NHS, for example by politicians, public and the media (Graham & Steele, 2001). A UK study, found that a multitude of factors such as a reduced investment in training, changes in working pattern, changes in junior doctors’ salaries and reduced staffing levels contributed to doctor’s discontent and dissatisfaction (Rich et al., 2016). However, the main underlying cause of this discontent and dissatisfaction, has been cited as a lack of feeling valued and supported by the doctors (Wilson & Simpkin, 2019), which Herzberg describes as lack of recognition.

According to (Graham & Steele, 2001), 25% (one out of four) of NHS workers are of the opinion that the NHS does not value or appreciate staff. NHS taskforce on Staff involvement stated that “NHS employers who involve staff in decision, planning and policy-making have a happier, healthier, better motivated workforce and higher staff retention” (Department of Health, 2000). (Joshua-Amadi, 2003), in a qualitative study that used in-depth interviews to investigate the reasons why NHS nurses were demotivated and then leaving the NHS, found that lack of appreciation and feeling undervalued among the nurses were identified as demotivating factors.

Solution 3:

Applying the ‘pull’ (motivators) factors of Herzberg such as recognition and appreciation to healthcare professionals working the NHS, will greatly enhance a feeling of being valued – a factor that can lead to job satisfaction (Chankova et al., 2009, Connell et al., 2007). For example, NHS managers should adopt non-financial incentives such as “thank you” cards and a letter of commendation for performance-related work. These incentives are important motivational factors because they could be perceived as a reward system and meeting the needs of staff for self-esteem and self-actualisation (Armstrong, 2010). According to Herzberg’s theory these are higher-order motivating factors that stimulate worker’s motivation in the absence of extrinsic rewards such as increased pay (Franco et al, 2002).

Managers and supervisors should show interest in their staff by investing time and efforts to understand and relate well with them. NHS healthcare professionals should be allowed to part take in the decision-making process that involves their well-being and welfare as well as their work situation. A strong sense of being involved in organisational mission has been cited as one of the key factors motivating workers (Sullivan & Garland, 2013). NHS managers should also have organisational support mechanism that enhances the perception and understanding regarding the possibility of task accomplishment and feeling of self-esteem among healthcare professionals because these factors have been shown to improve worker’s motivation and enhance productivity (Franco et al., 2002). Although the ability to perform a job is dependent on the worker’s own knowledge, skills and experiences, there is also the need for workers to have support mechanisms that is system-wide because they are crucial to improving worker’s motivation (Franco et al., 2002). These work-based support mechanisms should include ensuring that staff have clarity about their individual or cooperate responsibilities with sufficient authority and autonomy to complete the task (Franco et al., 2002). NHS administrators should also adopt individual and group performance feedback mechanism that recognises hard work to enhance health workers’ motivation, but does not include a blame or shame culture to prevent workers’ demotivation.

Root Cause 4: Lack of Adequate Resources and Pay

NHS staff dissatisfaction with pay cuts or pay freezes has been well documented (Errington, 2007). With the rising cost of living and inflationary pressures on goods and services, a pay cut for NHS healthcare professionals will not only decrease staff motivation but will also decrease the drive to improve service delivery (Income Data Services, 2007). Research evidence suggests that healthcare workers are prone to ‘push’ (hygiene) factors such as pay and working conditions and ‘pull’ (motivators) factors such as job satisfaction and economic prospects (Chankova et al., 2009, Connell et al., 2007). This highlights the fact that individual staff pay is not the only important contributor to job satisfaction and job retention, rather availability of NHS resources such as information technology, access to car park, career and development opportunities are also key motivators (Chankova et al., 2009, Rockers et al., 2012, Willis-Shattuck et al., 2008).

A previous study by the King's fund (King's Fund, 2018), which interviewed some NHS staff regarding factors associated with lack of motivation found that low level of their pay structure and lack of NHS resources were factors linked to lack of motivation (Finlayson, 2002). This study is consistent with other authors (Dieleman et al., 2006, Stilwell, 2001) who have shown that low salaries is connected with job dissatisfaction – a factor which according to Herzberg's hygiene theory leads to lack of motivation. Although several authors (Ibeziako et al., 2013, Manafa et al., 2009) have shown that healthcare professionals place great value on immediate monetary benefits such as salary, however, lack of long-term benefits such as promotion, training and career development and long-term contracts are critical factors which are also connected with lack of motivation. Some authors (Ojaka et al., 2014, Purohit & Bandyopadhyay, 2014), have argued that delayed promotions of workers have been linked with demotivation – a factor that workers consider as lack of expected reward from job performance. Therefore, it is important that all these factors are considered by the various NHS Trusts in the UK, in order to improve motivation of health professionals working in them. The next session, will discuss some solutions on how to achieve these.

Solution 4:

According the World Health Organisation (2006), paying health workers with adequate salaries and allowance that meets their individual and family needs on a regular basis has been shown to be crucial motivating factor. It has also been argued that financial incentives in the form of salary remain, the most significant strategy of motivation (Akintoye, 2000). A study in Bangladesh, found that 100 primary healthcare government doctors who were interviewed said they would decline to take up private sector if they were paid higher salaries because of lack of longer term job prospects in the private sector (Gruen et al., 2002). Therefore, there should be sustained investment in the NHS resources and staff pay – and efforts should be made to communicate these efforts to NHS professionals particularly if there are challenges with achieving them. Payment of transportation, accommodation and hardship allowances did not only contribute to health worker's inspiration but also motivated them to live and work in the remote areas (Weldegebriel et al., 2016, Henderson et al., 2008, Nguyen et al., 2008). Promotion - a form of financial incentive that is linked with pay rise has been considered as a strong motivating factor (Chimwaza et al., 2014, Purohit & Bandyopadhyay, 2014). According to Herzberg's motivational theory, a promotion is an important motivational factor because it is perceived by the worker as a form of professional advancement and recognition that meets the higher order needs of self-esteem and self-actualisation (Afolabi et al., 2018). The practical implications of pay rise need to be carefully considered in view of the NHS current finances.

5. Potential Challenges of Implementing the Solutions

Potential Challenges of Implementing Solution 1

According to (Rollinson, 2008) there are situations where job-related barriers such as the nature or structure of a job itself hinders the employee from becoming motivated. Although work related stress has been linked to lack of motivation among staff in the NHS, however, there are other possible causes of stress that are not directly related to work, that could hinder staff motivation. These other sources of stress could be the due health mental issues, personal and family reasons (Rollinson, 2008). The complexities surrounding what is actually causing the work-related stress that is actually linked with workers lack of motivation are potential barriers to implementing the solutions – there is therefore not 'a one size fits all' approach.

Potential Challenges of Implementing Solution 2

There are factors affecting the implementation of some of the measures such as job share, flexible working hours and workers' recognition for hard work, which have been cited as solutions to reducing the burden of increased workload on health workers and their lack of motivation. The challenge of maintaining a stable and balanced health workforce to cater for the ever-increasing ageing UK population and lack of adequate NHS funding is one major factor affecting the implementation of the solution to reducing staff increased work pressure which is causing lack of motivation. The other challenges associated with monitoring increased workload demand which is one of the reasons of healthcare professionals lack of motivation are the issues of variations in workload profile, evaluation and diversity of workloads and the increasing prevalence of interdisciplinary working (Osaro & Chima, 2014).

Potential Challenges of Implementing Solution 3

There are circumstances when a health worker's motivation is stimulated for the attainment of a particular goal, but the means of achieving the goal is thwarted. This situation can lead to employee frustration and low demeanor that can potentially hinder staff motivation (Rollinson, 2008). The failure of NHS staffing levels to keep pace with the level of activity and patient demand, notably in some critical roles such as GPs and nurses, means that NHS leaders and managers are constantly under work pressure to deliver. The work constraint on

NHS leaders and managers impacts on their ability to facilitate open communication with their staff which, can play a major role in keeping them well motivated, feeling valued and empowered to provide high quality patient care (NHS Employers, 2019). Besides, the NHS currently does not have reward or 'bonus' scheme, unlike other private employers who might give financial rewards to employee for a job well done in order to make them feel valued and appreciated (Barker, 2017).

Potential Challenges of Implementing Solution 4

As part of the UK's government strategy to reduce public expenditure in order to reduce its overall financial deficit, the NHS funding is now being constrained (King's Fund, 2018, Osaro & Chima, 2014) and this is impacting on staffing levels and the quality of service. The result is that there is difficulty in managing staffing levels against the actual workload demand. This lack of NHS funding is one major challenges in providing NHS healthcare professionals with adequate pay and resources that will prevent low staff motivation. The King's Fund (King's Fund, 2015) reported shortages of clinical staff across the NHS, meant that providers had to rely often on expensive agency health care staff and this has led to additional financial pressures and inability of NHS services to provide regular staff with adequate pay and resources that would motivate them or prevent lack of motivation.

Conclusion

This study leveraged on Herzberg's motivational theory to provide some theoretical framework to enhance the understanding of both the organisational and individual factors associated with lack of motivation of healthcare workers as well as the underlying causes of the persistence of the problem within the NHS. Some key recommendations on how to resolve the problems were discussed including factors that could hinder the implementation of the solutions. However, a limitation of this study is the sole use of Herzberg's theory to discuss the theoretical perspective of lack of motivation among NHS healthcare professionals. Therefore, further research should consider the use of several theoretical perspectives on this issue with the view to provide a broader understanding and recommendations to resolve the problem.

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