

Alderfer's erg theory as applied in health care



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In the health care industry, finding out what motivates people has been one of the main concerns of health care managers. There are many theories that can tell managers what can best motivate people. From all these theories, the Alderfer's existence, relatedness, and growth (ERG) theory can offer the best value to managers.

Each theory of motivation has its downsides, and there is not one theory that would completely explain or can be ultimately applied to health care issues. Thus, managers implement a combination of theories to best address the things that contribute to the motivation of people. Or in some cases, managers apply the theory that would cater for the greatest good of employees.

Motivation

Motivation is defined as " the psychological process through which unsatisfied needs or wants lead to drives that are aimed at goals or incentives." In organizations, the purpose of the employee's behavior is to satisfy their wants or needs (Borkowski, 2005, p. 113). Motivation has two theories, which are concerned with the content and process. Content motivation is also referred to as needs theories. This theory explains the things that motivate people. Process theories, on the other hand, refer to cognitive processes that explain the person's level of motivation (Borkowski, 2005, p. 114).

In health care, motivation is one of the factors that affect the performance and benefits that the health care system can give (Kabene, Orchard, Howard, Soriano, and Leduc, 2006). It is important that managers determine what

motivates the employees in health care system because it has a direct effect on the overall performance of the health service organization. Once the managers determine what motivates people, they can employ methods that can help the employees in reaching their potential (Borkowski, 2005, p. 114). In addition, managers should create conditions wherein employees are motivated to meet their goals (Adams, Bartram, and Chartier, 2008).

Maslow's Hierarchy of Needs

Before discussing the theory of motivation that would apply to health care, the other theories of motivation will be discussed first. Maslow's hierarchy of needs is the most popular among needs-based theories. It includes, in ascending order, physiological needs, safety needs, belonging needs, esteem needs, and self-actualization needs. Physiological needs include need for food, water, and air. Once these needs are met, the person can move to satisfy his safety needs. These needs include a home in a safe place, job security, and health insurance. In the context of health care, health care providers desire for a home for their families and work hard to keep their jobs and avail of other work benefits. If a person has already achieved his or her safety needs, he or she then satisfies his or her belonging needs, which include the need to be loved and to be accepted by other people. In the health care, an employee can be motivated when he or she finds him or herself in good company and knows that he or she has a strong relationship with other co-workers or supervisors. Health care managers can facilitate this by aiding the employees to be connected to the organization (Borkowski, 2005, p. 115).

The next level of needs is self-esteem. Maslow included two versions of this need: the lower one and the higher one. The lower version of self-esteem is met when a person is respected by others and has achieved appreciation, recognition and professional status. The higher version of self-esteem includes one's need for self-respect, achievement and autonomy. As a person strives to be competent, self-esteem grows when his or her achievements are recognized by others. Thus, the effective use of positive feedback can motivate employees to do their best in the job (Borkowski, 2005, p. 116).

The highest level of needs according to Maslow is the self-actualization needs. The first four needs must be satisfied first before a person can satisfy self-actualization. Self-actualization is about one's desire to become "everything that one is capable of becoming." Maslow recognized that this is a very difficult level for everyone to achieve, as there are failures on the person's journey towards the top of the hierarchy. These failures can range from illness to divorce (Borkowski, 2005, p. 116).

Alderfer's ERG Theory

The content theories (needs-based) include Maslow's hierarchy of needs, Alderfer's ERG theory, McClelland's acquired needs theory, and Herzberg's two-factor theory. Among these theories, Alderfer's ERG theory would be the best choice for managers in health care industry.

The ERG theory is proposed by Clayton Alderfer in 1969. This was said to be a criticism of Maslow's theory (Bogardus, 2007, p. 35). Alderfer's ERG theory is based on three components that affect motivation. This theory was drawn <https://assignbuster.com/alderfers-erg-theory-as-applied-in-health-care/>

from Maslow's Hierarchy of Needs, which consists of five levels of needs, including physiological needs, safety needs, belonging needs, esteem needs, and self-actualization needs. Alderfer reduced them to three levels, which includes existence, relatedness, and growth. Another addition to this is Alderfer's frustration-regression principle (Shanks, n. d., p. 26). The three levels are reliable methods to measure needs, which Alderfer contested that Maslow's theory does not have (Calder, 2000).

Existence sums up Maslow's first two needs. This would include material and nutritional/physiological requirements such as work pay and conditions (Calder, 2000). This level also includes water, food, and fringe benefits. Relatedness is similar to Maslow's belonging needs (Shanks, n. d., p. 26). It refers to the needs of an employee in developing and maintaining interpersonal relationships with other people such as family and friends, and with colleagues and supervisors and subordinates (Borkowski, 2005, p. 118). A person can satisfy this need once he or she shares his or her thoughts and feelings (Borkowski, 2005, p. 119). Lastly, growth sums up Maslow's last two levels of need, which are the esteem and self-actualization (Shanks, n. d., p. 26). Growth needs refer to the employee's need for personal psychological developments (Calder, 2000). It also includes the employee's need to be creative and to offer productive contributions for the organization (Borkowski, 2005, p. 118). A person can satisfy this need through his capabilities in terms of problem solving. Additionally, the satisfaction of this need can positively affect the person because he or she can experience a sense of wholeness and fullness (Borkowski, 2005, p. 119).

Compared with Maslow's hierarchy of needs, the ERG theory is different on three points. First, Alderfer's theory allows a person to achieve the higher levels first before satisfying the lower levels of needs. Maslow's theory has a strict ordering of needs. As such, Maslow thinks that if the lower levels of needs are not satisfied, the next higher levels of needs cannot be activated until the lower needs are met. This is what he called the satisfaction-progression process. On the other hand, Alderfer believes that the three levels of needs become a hierarchy only in "increasing abstractness and decreasing concreteness" (Longest, 2004, p. 119). This entails that the means to achieve the person's needs become less concrete as he moves from existence to relatedness to growth.

An example of this would be in the present context of pharmacy. When pharmacists are not able to satisfy their needs for growth, they will complain about their existence needs such as unsatisfactory pay. In fact, a study showed that unsatisfactory salary was one of the causes of stress when it comes to community pharmacy (Calder, 2000). In addition, Alderfer's theory proposed that a person's lower levels of needs do not have to be strictly satisfied first before satisfying the higher needs. Unlike Maslow's theory, ERG theory does not require a strict ordering of needs (Borkowski, 2005, p. 118).

Second, ERG theory proposed that the ordering of needs depends from person to person. The theory can also account for observed behaviors such as Mother Theresa's behavior in prioritizing her spiritual needs above other needs. Furthermore, Alderfer's theory points out that people prioritize the needs that can be satisfied in concrete ways. After then can they focus on needs that can be satisfied in an abstract manner. This is similar to the <https://assignbuster.com/alderfers-erg-theory-as-applied-in-health-care/>

satisfaction-progression process of Maslow. Alderfer, on the other hand, countered this when he suggested that a frustration-regression process takes place when determining what category of needs outweighs the others. He means that when a person is not satisfied with his efforts to achieve his or her growth needs, he or she may retreat and instead focus on achieving and satisfying concrete relatedness or concrete existence needs (Longest, 2004, p. 119). For instance, a person may regress into forming relationships with others when his or her growth needs are not satisfied (Borkowski, 2005, p. 119). As a result, there develops a cycle of needs as a result of the coexistence of both the frustration-regression and satisfaction-progression processes (Longest, 2004, p. 119).

One way of showing the differences between Alderfer's theory from Maslow's is through the following example. Jennifer Smith is a registered nurse and has been working at St. Joe's Medical Center for almost five years now. She is satisfied with her work because it also provides interaction with other people such as her patients, the physicians and other nurses. For the past years that she has been working as an operating room nurse, she has developed strong friendships with her co-workers. They would usually have lunch together and conduct monthly dinner parties and take vacations together. The director of one of the departments of the hospital complimented them for being cohesive, leading to a well-functioning team (Borkowski, 2005, p. 120).

However, despite the rich relationship she has with her co-workers, it came to a point when Smith began remarking about her status at the medical center. She felt that there was no opportunity for career growth. She began

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questioning why she earned her MSN degree when she was not given an opportunity to apply what she learned (Borkowski, 2005, p. 120). Moreover, Smith was concerned about security and pay and benefits, since she has two children to support. When a vacancy occurred for a nurse manager position, she thought that it would be the chance for her to have professional growth and higher salary. She applied for the position, only to be dismayed when she found out that a more experienced nurse was promoted. Smith was affected by this, and it showed in her performance. Her co-workers tried to ease her disappointment by telling her that more opportunities will come to her in the future (Longest, 2004, p. 120).

The good thing is that, the newly promoted nurse manager considered Smith's situation by telling her that she is making a valuable contribution to the overall success of the medical center's program. A few weeks after, Smith's enjoyment of her work returned. This shows that Smith's needs cycled from existence and relatedness to focusing on her growth needs that are presented by the promotion. Then she returned to relatedness needs. This example shows that Smith has undergone both the satisfaction-progression and frustration-regression processes (Longest, 2004, pp. 119-120).

In the field of pharmacy practice and the corresponding pay, the working arrangements between the employer and the employee, as well as fair wages, also depict existence and relatedness needs. When these are met, these can further motivate the employees. However, this does not mean that these can take over the growth needs (Calder, 2000).

The last thing that differentiates Alderfer's theory from Maslow's is that existence and relatedness needs become less important once the person has already satisfied them. On the other hand, Alderfer believes that when a person's growth needs are met, it becomes more important for the individual. In the real world, people whose creativity and productivity improve further set their growth goals farther and do not stop until they achieve them. From the abovementioned example, once Smith becomes a nurse manager, she will set higher growth goals that can sustain her passion and perseverance in her line of work (Longest, 2004, p. 120).

In health care, it is important for managers to determine what motivates people. Among the many needs-based theories, Alderfer's ERG theory offers the best value for health care managers. According to Alderfer, a person has needs for existence, relatedness, and growth, especially in the context of work.