MOTIVATIONAL DETERMINANTS OF CAREGIVERS AND THE ROLE OF MULTIDISCIPLINARY TEAMS IN HEALTH CARE

Hiya Roy[1] & Swapna Ramachandran[2]

[1]Assistant Professor, Department of Psychology, University College, Thiruvananthapuram,
[2]Associate Professor, Department of Psychology, University College, Thiruvananthapuram

Correspondence: Hiya Roy, E-mail: hiyaroy@gmail.com

ABSTRACT

The multidisciplinary team in health care centres need to devote their energy physically, cognitively and emotionally in the service of others. Such investment can create mental weariness and exhaustion. But the number of caregiving professionals and institutions are mounting up day by day. The present study is an attempt to uncover the driving forces that help the caregivers of terminally ill patients to continue in their profession despite their mental exhaustion and physical fatigue. An in-depth interview was conducted among 25 care workers in Kerala. Thematic analysis was used to explore the motivating factors. The results identified that the caregivers were intrinsically and extrinsically motivated. The result revealed some of intrinsically motivating themes like purpose in Life, personal growth, spiritual aspects and challenges. Reinforcement in terms of appreciation and monetary reward were the major extrinsic factors that played an important role in motivating them. Findings highlight the crucial role that the multidisciplinary teams, especially social workers and psychologists can play in fostering intrinsic motivation among care workers in order to enhance their performance and reduce stress. The collaborative work of psychologists and social workers is significant to cater the emotional and psychological needs of the caregivers by allocating resources efficiently and creating a supportive environment. They should be providing holistic support and therapeutic interventions to enhance the self-esteem and subjective wellbeing of the caregiver.

Keywords: Motivation, Multidisciplinary Team, Social workers, Psychologists, Caregivers

INTRODUCTION

Care is a fundamental aspect in human relationships. Providing physical or emotional support and care for people in need is the vital role of helping professionals (Gibelman & Margaret, 1999). Being sensitive, becoming responsible, providing comfort & respect and actively listening are some of the caring behaviours (Tabers, 1993). Caregiving professionals might have entered into a helping profession with an idealistic goal to serve others. The list of professions with caring behaviours are endless.

Health care centres, especially Palliative care, are intended to enhance the quality of life among patients with life threatening diseases and their immediate family members (World Health Organization, 1997). Such centres address psychosocial and spiritual distress beyond the physical symptoms faced by terminally ill patients (Saunders, 2001). The caregivers play a foremost role in a patient's physical and mental wellbeing at such centres

as they provide holistic care to the patients (Choi S & Seo J, 2019). Their role is broader, since they are involved in constant and close proximity with the patients as well as family members during the life- death transition (Reigada C., Pais-Ribeiro, Novella, Gonclaves 2015). They will confront death and mourning almost every day (Cherian M & Mathew P (2019). The caregiver who takes up responsibility for terminally ill patients shows up the 'cost of caring' when they are excessively involved in caretaking behaviours (Kessler & McLeod, 1984). There is much research that illustrates how service oriented professionals go through hassles and become exhausted while working with people (Brannan, Helflinger and Bickman, 1997; Marvardi et al, 2005; Leinonen et al, 2001). A study among 221 caregivers of palliative care from Kollam district, Kerala using Achutha Menon Centre Caregiver Burden Inventory revealed low quality of life and poor health among caregivers Kochuvilayil A & Varma R P, 2024). In a Norweigan study, Thommessen et al (2002) reported caregivers concern on their strenuous work environment with restrictions in personal and social life, unorganised household routines, disturbed sleep and constrained holidays when their patients have dementia, stroke and Parkinson's disease. Another study using Maslach Burnout Inventory on 1755 care practitioners revealed high emotional exhaustion among the health care practicners (Goehring, Bouvier, Kunzi and Bouvier, 2005). In a survey on community health nurses, 50% of them were found to be emotionally drained in their working environment (Hannigan, Edwards and Coyole, 2000). An analysis on studies of caregiver's burden expressed low well-being, high stress level and poor health conditions of caregivers of patients with chronic disease (Pinquit & Sorenson, 2003).Women caregivers at palliative centres of Kerala reported higher rates of social, physical and psychological problems (Jose, Florence, 2018). Thus stress of caregivers had been a burning topic for research. Nevertheless, we can see enormous raise in care centres (1550 care units) in Kerala with 90% of India's registered nurses from Kerala (Chacko & Anooja, 2017).

A qualitative study among specialist palliative care social workers focused on the need to work as a multidisciplinary team to manage the anxieties, alleviate the stress and develop academic underpinnings among workers in palliative care service (Sheldon F M, 2000). The Multidisciplinary Team (MDT) approach in Palliative care emphasised the collaborative efforts by different health care professionals for the optimal care and broad array of mental health services for the patient and their relatives (World Health Organization, 1997). The team can include doctors, nurses, psychologists and social workers (National Hospice and Palliative Care Organization, 2019; Vissers, K C et al 2013; El Nawawi et al 2012). The doctors in the MDT might include specific specialist physicians based on the requirements of each patient (National Hospice and Palliative Care Organization, 2019). Psychologists and social workers are involved in assisting the psychological and social wellbeing of the patients (Fernando G V M C & Hughes S, 2019). Nurses mostly take up the role of a caregiver (Kirby et al, 2014; Kochuvilayil A & Varma R P, 2024). Literature on palliative care multidisciplinary teams was evidently successful in providing quality life for patients with life threatening disease (Seow et al, 2014). The collaborative approach combining skills and abilities of diverse experts demonstrated an improved outcome among the patients (Crawford &Price, 2003). While the patient becomes the primary focus, the issues and distress faced by the healthcare professionals becomes the least priority (Useros M V et al 2012). Some studies have suggested that focusing on coping strategies are more significant for

psychological well-being than stress (Coyne & Aldwin, Lazarus, 1981; Folkman & Lazarus, 1980). The existing literature reveals negative correlation between burnout and problem/ task oriented coping and a positive correlation with emotions oriented coping (Jaracz, Gorna and Konieczna, 2005). Extensive attention was given to the effective coping behaviours to manage their stress. However, caregivers of terminally ill patients are confronted with multiple stress, which eventually can push them beyond their capabilities both mentally and physically (Tripodoro, Velso V & Llanos, 2015).

An intervention study in 153 government employees in the UK emphasized the importance of stress management training to reduce work related exhaustion and psychological distress (Lloyd J et al 2017). This study also revealed the significance relationship between intrinsic motivation and stress, as the employees who were intrinsically motivated had greater benefits from stress management training intervention. When we motivate someone in accomplishing his/her purpose, he/she can deal with stress effectively (Frankl, 1976). Motivation can be a key predictor to manage stress because it acts as a driving force that can trigger and guide the behavior of an individual (Chan I Y, Leung M & Liang Q, 2018). If the duties and goals in an organization can eventually satisfy an employee's needs, the employee will be motivated to put forth his maximum effort towards the organization (Robbin S, 1993). Studies on the role of motivation to manage the stress of healthcare workers are rarely explored specifically in the Indian scenario. Literature on the factors that fascinates health caregivers to choose the profession is also limited. Since 90% of India's registered nurses are from Kerala (Chacko & Anooja, 2017), the researcher felt the importance of conducting a study among health care workers from Kerala.

The present research is also trying to understand the hidden benefit or strategies that can enhance achievement orientation among caregivers through a qualitative study. In Kerala, many studies have been conducted on the effect of Multidisciplinary teams on family caregivers (Philip R R et al, 2018; Kochuvilayil A & Varma R P, 2024). The researcher realized the need to identify the vital role multidisciplinary teams can play in helping their own team members in palliative care centres. Through qualitative design, this study is expected to provide a platform for the MDT to develop specific interventions to enhance the wellbeing and resilience of the caregivers. The current research had thus examined the need to analyze the motivational determinants of caregivers at palliative care centres.

THEORETICAL PERSPECTIVE
Jean Watson's theory of caring

One of the well-known theories on caring is Jean Watson's theory of human caring (1999). She discussed different assumptions on human caring: Caring can be demonstrated and practiced in an interpersonal relationship; Caring has carative factors that can satisfy human needs; Caring can promote physical, personal or social growth; Caring helps the person to be accepted as he/ she is; Caring atmosphere offers the potential for development and the freedom to choose the best caring behaviour at one's own space; Caring is a better health practice than curing. The major elements of Watson's theory revolved around carrative factors, transpersonal caring relationship and caring moment. She spoke about the need for affiliation as a higher order psychosocial needs. The fulfilment of need for affiliation can motivate quality nursing and improvement of one's own optimal health. The theory highlights how humanistic- altruistic systems

of values are important in motivating and promoting altruistic behaviours among caregivers (Watson, 1999).

Self determination theory

Ryan and Deci (2000) believed that the need for autonomy, competence and relatedness were important for building one's happiness and wellbeing. Behaviours that were consistent with our need for autonomy, competence and relatedness were mostly intrinsically rewarding. In this theory, intrinsic motivation was considered as our inclination towards exploring and mastery over new skills, knowledge and experience without an external reward. People who were intrinsically motivated showed better performance and creativity that could increase their subjective well-being. The satisfaction of the need for autonomy would enhance the performance of the caregiver, if the individual had the opportunity to freely choose their behaviour that was in accordance with their self-concept. Competence needs were satisfied when the caregiver had confidence in one's own abilities and could experience a sense of control and mastery over the environment. Need for relatedness included the desire for positive and close relationships. This need would help the caregiver to fulfil their determination to care for others and feel satisfied when they could make a cohesive contribution to the social world. When our behaviour was determined by a separable outcome, we were extrinsically motivated. Here, we would strive to meet the demands of the external world thus making the behaviour controlled. Controlled behaviours could make us feel less competent by compromising our self-efficacy (Ryan and Deci, 2000). When caregivers were motivated more extrinsically they showed less interest, excitement and persistence in their profession.

METHODS & MATERIALS

The present research was designed to identify the factors that helped the caregivers to sustain in their profession. The researcher had used qualitative research method to understand their driving force. The qualitative research design was best advocated in studies that extract the subjective perspective of the client (Grove et al 2014). Phenomenological research paradigm was incorporated in the study to understand the experience of caregivers. This paradigm would allow the investigator to analyse the world of the participants from their own frame of reference (Boss, Dahl & Kaplan, 1996).

The study used a purposive sampling technique to select the sample. Purposive sampling technique would provide the opportunity to the researcher to choose participants according to the criteria and characteristics set by the investigator (Sharma G., 2017). The researcher visited different health care institutions in Kerala to interview the caregivers. 25 professionally qualified caregivers of terminally ill patients who fulfilled the inclusion criteria were included. There were five males and nineteen females among the sample. The caretakers who were relatives of the patients, who were not professionally qualified and who had less than 5 years of experience in palliative care were excluded from the study. When the researcher reached a theoretical saturation, the sample was limited to 25.

An in-depth interview was conducted to qualitatively explore the factors that helped them to continue in the profession. An in-depth interview provided the freedom to the researcher to probe deeply and also an opportunity to the participants to express their experiences and life stories in detail (Polit, D. F., & Beck, C. 2008). Each interview lasted for almost 30 to 45 minutes. The data was audiotaped, transcribed and motivating factors were explored through Thematic Analysis. It

was considered as the basic data analysing method used in qualitative research to identify the themes (Braun & Clarke, 2006).

RESULTS

The data collected was analyzed systematically and comprehensively. The demographic details of the participants were collected during the interview. Subsequently the themes and sub themes extracted were also mentioned. The samples were indicated using their initials to ensure confidentiality.

The table-1:1 The demographic details of the participants

SL.No.	Initials of the Participants	Gender	Age	No. of years of service	Educational Qualification	Marital Status
1.	GU	Female	45	12	G.N.M	Married
2.	PR	Female	30	8	G.N.M	Married
3.	RA	Female	54	30	G.N.M	Single
4.	MV	Female	39	11	R.N.R.M.	Married
5.	RT	Male	45	13	B.Sc. Nursing	Married
6.	MS	Female	48	11	B.Sc. Nursing	Single
7.	AC	Female	58	13	A.N.M	Married
8.	AZ	Male	31	09	R.N.R.M.	Married
9.	LI	Female	39	10	G.N.M	Single
10.	SV	Female	32	08	G.N.M	Married
11.	BI	Male	42	10	A.N.M	Married
12.	PT	Female	30	08	G.N.M	Single
13.	AL	Female	34	10	G.N.M	Married
14.	SY	Female	41	12	A.N.M	Married
15.	SH	Male	38	13	B.Sc. Nursing	Married
16.	RR	Female	35	12	B.Sc. Nursing	Married
17.	SI	Female	45	10	G.N.M	Married
18.	DA	Female	66	32	R.N.R.M.	Single
19.	KA	Male	33	09	G.N.M	Married
20.	TG	Female	42	15	G.N.M	Married
21.	ST	Female	50	28	B.Sc. Nursing	Married
22.	JR	Female	44	18	R.N.R.M.	Married
23.	DS	Female	45	12	A.N.M	Married
24.	JI	Female	35	10	G.N.M	Married
25.	SN	Male	62	27	R.N.R.M.	Married

* Note: G.N.M. -General Nursing & Midwifery; A.N.M. - Auxiliary Nurse and Midwife; R.N.R.M. –Registered Nurse and Registered Midwife

The table 1:2- Consolidated demographic details of the participants

Demographic characteristic	Participants
Age	
Mean	42.5
Gender n (%)	
Female	19 (76)
Male	6 (24)
Years of service	
Mean	14.04
Educational Qualification n (%)	
G.N.M.	11(44)
R.N.R.M.	5 (20)
B.Sc. Nursing	5 (20)
A.N.M.	4 (16)
Marital Status n (%)	
Married	20 (80)
Single	05 (20)

The background information of each participant is provided in table1:1. It could give a detailed description of the background of each participant. The table 1: 2 had combined the demographic details. There were 6 (24%) males and 19 (76%) females in the study. The mean age of the sample was found to be 42.5 years. The average years of service of the caregivers in the profession were concluded as 14.04 years. When we consider educational qualification, 11(44 %) had studied G.N.M., 5 (20%) completed R.N.R.M., 5 (20%) did B.Sc. Nursing and 4 (16%) with A.N.M. In the sample of 25 participants, 20 (80%) were married and 5 (20%) were single.

The table 1:3- An overview of the themes and sub themes

Themes	Subthemes
'Intrinsic motivation	Purpose in Life
	Spirituality
	Personal Growth
	Challenges
	Reciprocal Altruism
'Extrinsic motivation'	Appreciation and Recognition
	Monetary Reward

Each caretaker in the study had a distinct and unique reason to continue in their profession. Although the participants had different perspectives, several themes were frequently repeated in nearly every interview. The more personalized experiences of the participants were included as quotations along with the themes and subthemes to contextualize the analysis. The two major themes identified from 25 samples were '*Intrinsic motivation*' and '*Extrinsic motivation*'. The table 1:3 is giving an overview of the themes and sub themes identified.

1. Theme - '*Intrinsic motivation*': The first theme '*Intrinsic motivation*' was reported by most of the participants in the study. The quotation 1:1 indicated a clear inclination towards intrinsic motivation in both males and females. The sub themes under '*Intrinsic motivation* were '*Purpose in Life*', '*Spirituality*', '*Personal Growth*', '*Challenges*' and '*Reciprocal Altruism*'. '*Intrinsic motivation*'.

1.1 Quotation of JI - "*Sometimes…..Hmmm…. I feel really exhausted and will think of taking a day off ……But next I will be very excited to come here… I really don't know what energizes me. We will get a kind of….. a kind of…… satisfaction…. self satisfaction……U don't have to look for opinions from others, how you feel that is important. I feel contented and satisfied……..Here, we try to give life to their days……….we can't give days to their life*".
1:1- Subtheme- '*Purpose in life*': Among the participants, 80% believed that '*Purpose in Life*' played a crucial role in motivating them. Both males (n=4) and females (n =16) considered the significant impact of this sub theme on their persistence in their profession. 1:2 Quotation is a verbatim of one of the respondents.

1:2 Quotation of RA - "This centre is part of my life… ..I don't need any encouragement... This gives a lot of satisfaction…my life looks meaningful.... you

know.. I feel I am actually doing .. doing something for the society. I had worked in other places but feelings are different here.....In the beginning it was difficult for me…. to adjust………….now…. I love my job more than my family…………"

1:2- Subtheme - *'Spirituality':* The subtheme *'Spirituality'* was found in 60%. There is a subsequent difference in this subtheme in terms of gender. Only one male reported its importance in their job. Nevertheless, 14 female subjects concluded its relevance. The 1:3 Quotation of PT is an indicative of the spiritual component in motivation.

1:3 Quotation of PT - "I felt an inner call to help people. A kind of mission….. of my life. I feel God has called me to spread love unconditionally.., It's like any other- like call……. for marriage, other professions".

1:3 Subtheme - *'Personal Growth':* It was significant in the life of 3 male and 11 female caregivers with a total percentage of 56. Compared to other sub themes under intrinsic motivation, personal growth was relatively the least noted subtheme.

1:4 Quotation of SH - "*A kind of order ………or punctuality….. . my character itself changed……. I was very short* tempered…… *Now I have learned patience. Seeing their pain and suffering , I understood mine is far better*"

1:4 Subtheme- '*Challenge':* It created an impact on 60% caregivers. Among them 5 were males and 10 were females. In females, challenge had the lowest influence. But men considered it as the one of the highest motivating factors.

1:5 Quotation of KA - "There are lots of challenges in this.... That motivates me to continue further in life. Challenges help me

to do more.....A patient who is going to die...it is a major challenge......whatever you could do for them…….do that....so that they will have a peaceful death...."

1:5- Subtheme- '*Reciprocal altruism*' - The subtheme *'Reciprocal Altruism'* was reported by 76% with 3 males and 16 female health care workers. The verbatim of PR is noted in 1:6 Quotation.

1:6 Quotation of PR - "*I feel that I am helping someone in their difficulty …..There will be someone…….who will look after me when I am in need…that's my hope….So if you care for someone who has no relation to you….. there will be someone who will take care of me…….*"

2. Theme- *'Extrinsic motivation':* The second theme emerged was *'Extrinsic motivation'.* The 2:1 quotation of BI explained the pertinence of extrinsic motivation. It had two sub themes under that, mainly, '*Appreciation & Recognition'* and *'Monetary Reward'.*

2:1 Quotation BI - "From the public………there is so much of…respect….. it's easy to find other field nurses…. but these kinds are very difficult……so everyone respects us…. the patients relatives….all…..I was here for past 10 years…. so when people from outside come for visit….other staff who just came …will introduce me to them… then everyone will recognize me……..so I feel that is a great recognition….."

2:1 Subtheme- '*Appreciation and Recognition'* **-** The percentage of the subjects associated with the subtheme '*Appreciation and Recognition'* was 60%. Among them, 14 were female caregivers and 1 was a male caregiver. Compared to the second subtheme under extrinsic motivation, Appreciation & Recognition were deeply

recognized by female participants. The 2:2 quotation signified this sub theme

2:2 Quotation of MV - "Appreciation from patients…… from their bystanders…… their family members……..my family……Praise energizes me….. Patient's recognition………I think even the outside world also understands that what we are doing is something great……… there is recognition by everyone……"

2:2- Subtheme-'Monetary reward' - The subtheme '*Monetary Reward*', was considered as the least reported subtheme among all the subthemes. It was evident in 3 males and 7 females with a total of 40%. However, we could see half of the males pointed out its relevance. The 2:3 Quotation could provide an explanation for this sub theme. The thematic map summarizing the themes and subthemes of the study was given in figure

1:1.
2:3 Quotation of SN - "Initially I came to this not just for service…..we need money to live …... But I am not saying that money is everything.... a kind of satisfaction also should be there to continue……."

Figure 1: The thematic map representing the themes and subthemes
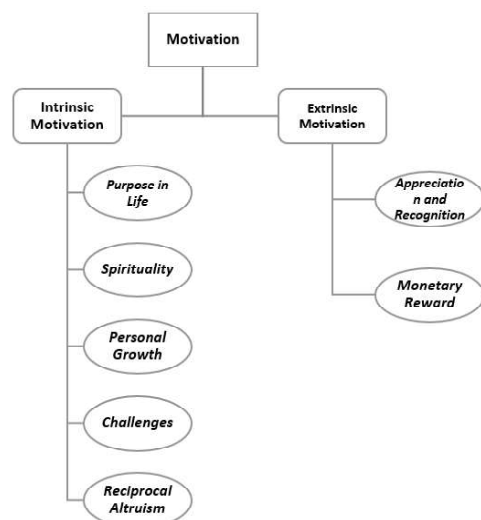
DISCUSSION

Here, each theme and subthemes extracted through thematic analysis were discussed in detail. The first theme identified from the data was '*Intrinsic motivation*' and the second one was '*Extrinsic motivation*'. Deci & Ryan (1985) differentiated between two basic types of motivation: intrinsic and extrinsic motivation. When an individual carried out a task because it gave them enjoyment and satisfaction inherently, it was intrinsic motivation. If the individual was performing something with an expectation of a separable outcome, it could be extrinsic motivation.

1. Theme : '*Intrinsic motivation*'
'*Intrinsic motivation*' was associated with an activity that involves no external inducement (Malone and Lepper, 1987). Most of the caregivers in the study clearly reported that their motivation comes from the contentment they get. This happiness aided them to serve others better. Research has reported that when people were intrinsically motivated they could experience a sense of satisfaction and the performance would be greater and persistent (Deci and Ryan ,1995). Cooperation from their patients and family members also reported to promote their motivation. Tauer J M, & Harackiewicz (2004) suggested the effect of cooperation in facilitating intrinsic motivation and performance.

1:1- Subtheme- 'Purpose in life'
'*Purpose in life*' was the most frequently replicated subtheme in most of the participants. It involved a cognitive judgement about the happiness one could derive by leading a meaningful and purposeful life. The caregiver believed that they were making a positive difference in others' lives and thus making their own life more meaningful. Frankl (1976) pointed out that 'will to meaning' was one of the basic motivating factors. He noted that having a sense of purpose and meaning

could help a person to sustain through one's life journey, enhancing their psychological well-being. When the caregivers were faced with challenges and traumatic experiences, restoring and realising the meaning and purpose could help them to cope better. They expressed a sense of satisfaction when they provided emotional support and care to a person whose days were counted. Watson (1999) pointed out how being sensitive to others would make oneself more authentic and could promote self-actualization. The caregivers felt that they had a responsibility towards the society. Graham & Susan (2005) also concluded that social commitment towards the community was an important predictor for caregiving. The chance to socialize and work as a team were also considered as the motivational factors for the caregivers to continue in this profession. Watson's theory (1999) and Ryan and Deci (2000) also discussed the role of caring behaviour in satisfying one's higher order need for affiliation or relatedness.

1:2- Subtheme- 'Spirituality' - The sub theme *'Spirituality'* was mostly found in female caregivers than in males. Spirituality was often demonstrated in a more fundamental way through the caregiver's intention to act according to God's plan. They firmly believed that they were in this profession because it was God's plan. They trusted that their service would be appreciable in the eyes of God. They didn't believe in the material rewards of the world. The transpersonal caring relationship in Watson's theory (1999) also emphasised the ability of a person to go far beyond one's ego and reach the intense spiritual connections while providing comfort and care for others. Thus this helping profession enhanced their dignity and provided them a feeling of completeness and inner harmony. Fahri Karakas (1989) also reviewed that spirituality improved employees'

performances and organizational effectiveness

1:3- Subtheme- 'Personal Growth' - *'Personal Growth'* was another sub theme extracted. Caregivers recognized that they could grow as a person since they started working with terminally ill patients. They understood that working with the patient had created an order in their life and gained the capacity to face challenges by observing the suffering of others. Their encounters with different patients in palliative care helped them to be more open to new experiences. Frankl (1999) also reported that when circumstance could provide opportunity for personal growth, people would commit themselves to their goals.

1:4- Subtheme- 'Challenge' - Another sub theme that could promote intrinsic motivation was *'Challenge'*. Challenges created a major impact on the male caregivers. Among females, challenge was one of least reported sub themes in comparison with other subthemes in intrinsic motivation. The caregivers of terminally ill patients were involved in the challenging job of improving the quality of life of terminally ill patients. This profession required an optimal physical and emotional involvement even in difficult situations. Each day they were confronted with different challenges, for eg., temper tantrums of the patients, deterioration of health and death among the patients, helping the family members to accept and cope with the circumstances. They expressed their stress and hassles but at the same time pointed out how these challenges gave them more courage, preparedness and experiences to deal with future issues. A few of them reported how challenging situations at work place enhanced their capacity to use their skills to face personal challenges effectively. Studies have proven how challenging jobs can

increase productivity of the employees (Radhakrishnan S & Ronen J, 1999). Nevertheless, some of them expressed the strain and distress that they experienced while facing some challenges which went beyond their control.

1:5- Subtheme-'Reciprocal altruism' - The sub theme *'Reciprocal altruism'* was also one of the most discussed sub themes among the caregivers. Altruism involved an act of providing help to someone without expecting anything in turn. In reciprocal altruism, the individual would help others with an expectation of potential receipt in the future (Trivers R, 1971). The very essence of reciprocal altruism was explained in the principal – agent relationship. The agents would be intrinsically motivated to perform a behaviour even when there was no monetary incentive (Shchetinin O., 2009). In the present study, the principal – agent relationship was evident in the relationship between the patient and the caregiver. The caretaker exhausted one's own fitness while providing the care and comfort for the patient, with the expectation that someone else might help them in a similar manner in the future. Caregivers in the study communicated their strong assurance of someone helping them or their family member when they fall ill.

2: Theme : Extrinsic motivation' - The second major theme was *'Extrinsic motivation'*. Extrinsic motivation was considered when an activity was done in order to attain some outcome (Deci, 1995). A person who was extrinsically motivated could carry out a task even when he had no interest in it because of the anticipation of an external reward (Ryan &Deci, 2000). Reinforcement was the major extrinsic factor that played a major role in motivating a behaviour (Skinner, 1957). The reinforcements that the caregiver could get from patients in terms of monetary rewards, appreciation were more prominently discussed here. The participants felt that even though death was an inevitable truth in palliative care, the kind of love and concern shown by the patients and family members always energized them to care for the next. The themes identified under extrinsic motivation were *Appreciation and Recognition and Monetary Reward.*

2:1- Subtheme-'Appreciation and Recognition' - 'Appreciation and Recognition' was one of the predominant sub themes. It was considered as one of subtypes of extrinsic motivation called introjected regulation (Deci & Ryan, 1995). In introjected regulation, people were externally regulated to carry out an action to attain ego enhancements or pride (Ryan &Deci, 2000). In Introjection, behaviour was regulated by contingent self-esteem. Caregivers spoke about how words of appreciation from the patients and family members boost their self-confidence and morale. Appreciation was a fuel that powered the positive cycle in caregivers. The caregivers who had worked in other institutions expressed the difference they experienced in palliative care centres. It was also reported that the love, recognition and respect they receive in palliative centres was more on a personal level which energizes them. While in other health care settings, it was just at peripheral level. Research on frontline employees also pointed out recognition as a best reward to strengthen performance (Arnolds & Venter, 2007). A written note of appreciation or an expression of gratitude might take a little time, but means a lot to them because it indicates that their work has been helpful for someone. Studies had shown how positive feedback can in turn strengthen their intrinsic motivation because it highlighted their personal competence (Deci & Ryan, 1995).

2:2- Subtheme-'Monetary reward' –

'Monetary reward' was commonly used as a method for enhancing the motivation of employees (Bonner &Sprinkle, 2002). Among the samples in this study, 40% had spoken about money as an incentive. Most of them expected high monetary reward and high job opportunities before joining the profession but the scenario was different at Kerala, where professionally qualified caretakers were not paid accordingly. They expressed how money was important for their livelihood but it was not the only driving factor. We can clearly gather from their words that the financial aid could be a reinforcement initially but monetary reward had lesser influence on persisting and enhancing one's performance. Some studies also proved that money had a varying effect on the motivation but did not consequently enhance the performance (Camerer &Hogarth, 1999; Arnolds & Venter, 2007).

The life experience, institutional backgrounds, geographical area, socio economic status and age would have influenced the generalisation of the study. Nevertheless, this research might fill the gaps in the literature on the driving force of caregivers.

During the interview many of the caregivers reported their concern on their own mental health and wellbeing. The caregivers also pointed out their heavy workload and vague job description. They revealed that the ambiguity in job expectation would cause disputes among the members resulting in decreased efficiency in the job. The result proposed the crucial role of a multidisciplinary team to design interventions for the caregivers in the palliative care centres. The capacity of the team to foster the optimal functioning of the caretakers by providing clear and specific job descriptions were also highlighted in the result. The study alarmed the other members in MDT i.e., social workers and psychologists about their role to develop collaborative plans. The integrated plan could facilitate emotional wellbeing and resilience among caregivers to carry out their responsibilities efficiently. The multidisciplinary team can support each team member, facilitate better communication between the caregiver and the family members, and provide counselling and bereavement follow up (Monroe B, 1998).

The outcome of the study stressed the importance to enhance the performance and persistence among helping professional by satisfying their need for relatedness, autonomy and competence thereby improving their psychological well-being. The current study was also opening a door for further research on how social workers and psychologists could increase intrinsic motivation among the members of the team to alter their strain and anxiety.

CONCLUSION

The current article highlights how healthcare workers of palliative care units are motivated both intrinsically and extrinsically to pursue their profession. Through phenomenological paradigm, this research might help the caregivers to understand the therapeutic nurse- patient relationship in which nursing is noted as 'doing with the patients' rather than 'doing for the patients' (Peplau, 1997).

We might assume monetary reward played a critical role in attracting helping professionals but the present study clearly states the impact of financial reward on motivation is transitional. We can gather from the data that self-generated factors like purpose in life, spiritual aspects, personal growth, challenges and reciprocal altruism have greater influence on sustaining a caregiver's motivation.

When individuals are more intrinsically motivated, they might have higher self-esteem and subjective wellbeing (Ryan & Deci, 2000). The Self Determination theory highlighted the importance of well-balanced fulfilment of all the three needs - the need for autonomous,

competence and relatedness for enhancing one's wellbeing (Ryan & Deci, 2000). In the Indian scenario we can observe an overlapping of responsibilities between members of the team which might hamper their need for autonomy and competence. When a person pursues a goal with lesser sense of choice, higher coercion and fewer control or mastery over challenges, their intrinsic motivation can be thwarted (Deci & Ryan, 1995). This article points out the probable assumption behind the stress and mental health dilemma among caregivers irrespective of the fact that they are more intrinsically motivated. This rationale is still a major concern that needs utmost research and investigation.

The present study is also emphasising the possibilities and role of multidisciplinary team (MDT) members to target new research to optimise collaborative efforts to alleviate trauma and stress among caregivers. The article proposes the incorporation of an interdisciplinary approach so that members can interact and work interdependently for the caring of the patients along with self-care and care for each member of the team (McCallin A, 2001). The study thus suggests the social workers and psychologists to develop integrated care plans and conduct training programs for the caregivers to help them to face professional challenges.

Nevertheless, the significance of extrinsic motivation is not disowned in the study. The dynamics of both intrinsic and extrinsic motivation should be considered to enhance the performance and wellbeing of caretakers. The value of appreciation and recognition is also emphasised in this article. Also, intrinsic motivation is expected to satisfy one's innate psychological or quasi needs (Deci & Ryan, 1995). Each caregiver's psychological needs can be different. By considering their specific motivational determinants, the current study recommends the multidisciplinary teams to

design specialised and individualised interventions for the caregivers.

REFERENCES

Arnolds, C.A. and Venter, D.J.L. (2007),. The Strategic Importance of Motivational Rewards for Lower-Level Employees in the Manufacturing and Retailing Industries. SA Journal of Industrial Psychology, 33, 15-23.

Boss, P., Dahl, C. M., & Kaplan, L. (1996). The use of phenomenology for family therapy research: The search for meaning.

Bonner, S. E., & Sprinkle, G. B. (2002), The effects of monetary incentives on effort and task performance: theories, evidence, and a framework for research. Accounting, Organizations and Society 27, 303-345.

Brannan, A. M., Heflinger, C. A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders, 5*(4), 212-222

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Camerer, C. F., & Hogarth, R. M. (1999). The Effects of Financial Incentives in Experiments: A Review and Capital-Labor-Production Framework. Journal of Risk and Uncertainty, 19, 7-42.

Chacko & Anooja, (2017), Palliative Care Movement in Kerala: A Historic Overview; MPRA Paper No. 85109, posted 12 Mar 2018 08:45 UTC

Chan I Y , Leung M & Liang Q, (2018). The role of motivation and coping behaviours in managing stress: Qualitative interwview study of Hong Kong Expatriate Construction

Profesionals in China. Int J Environ Res Public Health. 2018 Mar; 15(3): 561. Published online 2018 Mar 20. doi: 10.3390/ijerph15030561

Cherian, M., & Mathew, P. (2019). Impact of Stress on Quality of Life of Caregiver's of Alzheimer's Patient in Ernakulam Dist., Kerala. *International Journal of Psychiatric Nursing*, *5*(1), 50-54.

Choi S & Seo J, (2019). Analysis of caregiver burden in palliative care: An integrated review. 2019 Apr;54(2):280-290. doi: 10.1111/nuf.12328. Epub 2019 Feb 8.

Coyne, Aldwin, Lazarus, R. S. (1981). The concepts of stress and disease. The psychological environment and psychosomatic diseases: Proceedings of an international interdisciplinary symposium held in Stockholm, April 1970 (pp. 53-58). Oxford, England: Oxford University Press.

Crawford GB, Price SD. (2003) Team working: palliative care as a model of interdisciplinary practice. Med J Aust.; 179(6 Suppl):S32–34

Deci, E. L., & Ryan, R. M. (1995). Human autonomy: The basis for true self-esteem. In M. Kemis (Ed.), Efficacy, agency, and self-esteem (pp. 31–49). New York: Plenum

Deci, E. L., & Ryan, R. M. (1995). Intrinsic motivation and self-determination in human behavior. New York: Plenum.

El Nawawi N M, Balboni M J, Balboni T A. (2012) Palliative care and spiritual care: the crucial role of spiritual care in the care of patients with advanced illness. Curr Opin Support Palliative Care. ; 6(2):269–274. https://doi.org/10.1097/SPC.0b013e3283530d13

Fahri Karakas (1989) Spirituality and Performance in Organizations: A Literature Review Journal of Business Ethics , Volume 94, Number 1, 89-106,

DOI: 10.1007/s10551-009-0251-5

Fernando, G. V. M. C., & Hughes, S. (2019). Team approaches in palliative care: a review of the literature. *International journal of palliative nursing*, *25*(9), 444-451

Folkman & Lazarus (1980), Stress, coping, and high-risk sexual behaviour, American Psychological Association.

Frankl, V. E. (1976). *Man's search for meaning: An introduction to Logotherapy* (3rd ed.). New York: Pocket. (Original work published in 1959.)

Gibelman , Margaret (1999). Journal article; Social Work, Vol. 44. The Search for Identity: Defining Social Work - Pa

Goehring, C., Bouvier G, M., Künzi, B., &Bovier, P. (2005). Psychosocial and professional characteristics of burnout in Swiss primary care practitioners: a cross-sectional survey. Swiss Med Wkly, 135(7-8):101-8

Graham, Susan and Thomas, (2001), Religion and spirituality in coping with stress, Counselling and Values, Vol 46(1), Oct 2001, 2-13, pp 2-13

Grove, S. K., Gray, J. R., & Burns, N. (2014). *Understanding nursing research: Building an evidence-based practice*. Elsevier health sciences

Hannigan, B., Edwards, D., Coyle, D. (2000). Burnout in community mental health nurses: Findings from the all-Wales stress study. J Psychiatric Mental Health Nursing, 7:127-134.

Jaracz, K., Górna, K., Konieczna, J. (2005). Burnout, stress and styles of coping among hospital nurses. Annales Academic Medical Bialostocensis, Vol. 50, Suppl. 1

Jose, Florence (2023) "Women Caregivers of Palliative Care Patients: The Arogyakeralam Project in Kerala, India," *Journal of International*

Women's Studies: Vol. 25: Iss. 3, Article 7.

Available at: https://vc.bridgew.edu/jiws/vol25/iss3/7

Kessler, R. C., & McLeod, J. D. (1984). Sex differences in vulnerability to undesirable life events. American Sociological Review, 49, 620-631. st, Present, Future.

Kirby E, Broom A, Good P. (2014) The role and significance of nurses in managing transitions to palliative care: a qualitative study. BMJ Open.; 4(9):e006026. https://doi.org/10.1136/bmjopen-2014-006

Kochuvilayil, A., & Varma, R. P. (2024). Understanding caregiver burden and quality of life in Kerala's primary palliative care program: a mixed methods study from caregivers and providers' perspectives. *International Journal for Equity in Health*, *23*(1), 92.

Lazarus (1981), Psychological stress and the coping process, American Psychological Association.

Lazarus, R.S. &Folkman, S. (1986). Estrés y procesoscognitivos. Barcelona: Martínez Roca. (Original version: 1984).

Leinonen E, Korpisammal L, Pulkkinen LM, Pukuri T (April 2001). "The comparison of burden between caregiving spouses of depressive and demented patients". *International journal of geriatric psychiatry***16** (4): 387–393. doi:10.1002/gps.351. PMID 11333426.

Lloyd, J., Bond, F. W., & Flaxman, P. E. (2017). Work-related self-efficacy as a moderator of the impact of a worksite stress management training intervention: Intrinsic work motivation as a higher order condition of effect. *Journal of occupational health psychology*, *22*(1), 115.

Malone, T.W., & Lepper, M.R. (1987). Making learning fun: A taxonomy of intrinsic motivations for learning. In R.E. Snow & M.J Farr (Eds.), *Aptitude, learning, and instruction volume 3: Conative and affective process analyses* (pp. 223-253). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.

Marvardi M, Mattioli P, Spazzafumo L, et al. (2005). "The Caregiver Burden Inventory in evaluating the burden of caregivers of elderly demented patients: results from a multicentre study. ".*Aging clinical and experimental research***17** (1): 46–53. PMID 15847122.

McCallin A (2001). Interdisciplinary practice — a matter of teamwork: an integrated literature review. *J Clin Nurs* 2001; 10(4): 419–428

Monroe B, (1998) Social work in palliative care.Oxford Textbook of Palliative medicine. Oxford

National Hospice and Palliative Care Organization (2019). Updated edition of hospice facts and figures report—NHPCO. 2017. https://www.nhpco.org/nhpco-releasesupdated-edition-of-hospice-facts-and-figures-report/ (accessed 14 September 2019)

Peplau H E, (1997) Peplau's theory of interpersonal relations, National Library of Medicine; Winter;10(4):162-7. doi: 10.1177/089431849701000407

Philip, R. R., Philip, S., Tripathy, J. P., Manima, A., & Venables, E. (2018). Twenty years of home-based palliative care in Malappuram, Kerala, India: a descriptive study of patients and their care-givers. *BMC palliative care*, *17*, 1-9.

Pinquart, M., & Sörensen, S. (2003). Differences between caregivers and

noncaregivers in psychological health and physical health: A meta-analysis. *Psychology and Aging, 18*(2), 250–267. https://doi.org/10.1037/0882-7974.18.2.250

Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia, PA: Lippincott Williams & Wilkins.

Radhakrishnan S & Ronen J, (1999), Job challenge as motivator in a principal agent setting, European Journal of Operational Research, Volume 115, Issue 1, 16 May 1999, Pages 138-157

Reigada C, Pais-Ribeiro JL, Novella A, Gonc¸alves E (2015). The caregiver role in palliative care: a systematic review of the literature. Healthcare Curr Rev 2015; 3:2

Robbin S P (1993) Organizational behaviour. Englewood Cliffs , Prentice Hall

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*, 68–78.

Saunders C. (2001). The evolution of palliative care. J R Soc Med. 2001; 94(9):430–432. https://doi. org/10.1177/014107680109400904

Seow H, Brazil K, Sussman J et al. (2014) Impact of community based, specialist palliative care teams on hospitalisations and emergency department visits late in life and hospital deaths: a pooled analysis. BMJ.;

Sharma, G. (2017). Pros and cons of different sampling techniques. *International journal of applied research*, *3*(7), 749-752.

Shchetinin, O. (2009). Contracting Under Reciprocal Altruism. *Available at SSRN 1343594*.

Sheldon, F. M. (2000). Dimensions of the role of the social worker in palliative care. *Palliative Medicine*, *14*(6), 491-498.

Skinner B. F. (1957). *Verbal behavior*. New York, NY: Appleton-Century-Crofts. Reprinted by the B. F. Skinner Foundation (1992). Acton, MA: Copley Publishing Group. 10.1037/11256-000

Tabers (1993), Caring and the Professional Practice of Nursing, 2000 2011 RNJournal.com Times Publishing, LLC

Tauer J M, & Harackiewicz (2004). The effects of cooperation and competition on intrinsic motivation and performance. Journal of Personality and social psychology 86 (6): 849-61

Thommessen B, Aarsland D, Braekhus A, Oksengaard AR, Engedal K, Laake K (2002). "The psychosocial burden on spouses of the elderly with stroke, dementia and Parkinson's disease".*International Journal of Geriatric Psychiatry***17** (1): 78–84. doi:10.1002/gps.524. PMID 11802235.

Tripodoro VA, Veloso V, Llanos V. Sobrecarga (2015) del cuidador principal de pacientes en cuidados paliativos. Family caregiver's burden in palliative care patients. Revista Argumentos. Instituto de Investigaciones Gino Germani Facultad de Ciencias Sociales. Universidad de Buenos Aires; 17:307–330;

Trivers, R.L. (1971). "The evolution of reciprocal altruism".*Quarterly Review of Biology* 46: 35–57. doi:10.1086/406755

Useros MV, Espín AA, Parra EC, Martínez AB. (2012) Family caregivers: nurses' perception and attitudes. Social Med.;6 :151–61.

Vissers, K. C., van den Brand, M. W., Jacobs, J., Groot, M., Veldhoven, C., Verhagen, C., ... & Engels, Y. (2013). Palliative

medicine update: a multidisciplinary approach. *Pain Practice*, *13*(7), 576-588.

Watson .J (1999). Post Modern Nursing and Beyond, Churchill Livingstone, London. ISBN 0443 05744 3 Pp. 303. £

World Health Organization. (2017) Palliative Care.. https:// www. who.int /cancer /palliative /definition/en/ (accessed 10 September 2019)

Conflict of interest: None
Role of funding source: None