CSR and I/O Psychology: The Bumpy Road from Philanthropy to Outcomes

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The Micro-Processes of Social Responsibility in Organizations: A Bottom-Up Perspective

Anaheim, CA
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The Basic I/O Psychology Model

KSAOs

Motivation

Job Performance

Job Design and Organizational Practices

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Challenge to the Standard Model:

Work is experienced

How do experiences affect people?

What do people want from work experiences?
A Science of Work Framework

Work Design and Organizational Practices

Growth

Affect

Beliefs

Engagement

Work Experiences

Person Attributes

Socio-Cultural Context

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How does implementation of a broad philanthropic goal influence worker engagement, attitudes, and behavior?
Project Impetus

Bill & Melinda Gates Foundation

- Works with partner organizations to tackle critical problems
  - Maternal, neonatal, and child health (MNCH)
  - Reproductive health
  - Nutrition

- Target: Global Health Division – harness advances in science and technology to save lives in developing countries

- Emphasis: Collaboration, Innovation, Risk-Taking, and Results
Bihar is India’s poorest state, 41% live below poverty line

Population ~104 million (25% growth last decade)

Only 34% of women report receiving any antenatal care

Facility births for only 49% of all deliveries (NFHS 3)

Postnatal visits within 2 days of birth 30%

High neonatal mortality rate

Only 1/3 of children receive all basic vaccines

*Improve maternal and child healthcare by improving the quantity and quality of FLW activities*
Ananya Program

United Nations Millennium Development Goals (MDGs)

IFHI Goal:
Support the Government of Bihar (GoB) to improve the health and survival of women, newborns, and children

GT Goal:
Implement and test efficacy of a motivational intervention to improve the performance and attitudes of frontline healthcare workers (FHWs)
Support and Collaborators

The Ananya Program:
Integrated Family Health Initiative (IFHI)

U.S.A.       India
Benjamin Schwartz Shamik Trehan
Madhu Deshmukh  Parveen Bhalla
Indrajit Chaudhuri

Team-Based Goals and Incentives (TBGI)
Rustin Meyer, Ruth Kanfer, Carla Burrus
Community Healthcare Services Flow in Bihar India

Community Size Served
- 2-3 million
- .5-.6 million
- 100,000-300,000
- 30,000 – 100,000
- 5,000-10,000

Note: Dotted lines indicate supervisory lines

The TGBI study
(Meyer, Kanfer, & Burrus, 2015)

Multi-component intervention to change the way that FLWs experience work

Team-building - Pledge

Multi-level goal setting for FLWs
- Quarterly and yearly goals assigned
- Monthly participative goal setting
- Team level goal progress monitoring
- Team level micro-level problem-solving

Incentives for quarterly and yearly team goal accomplishment
Team Goal Setting

Provides rationale for attention to **teamwork** (not just taskwork)
e.g., coordinating efforts; interdependent planning and activities

Provides clear benchmark for assessing goal progress and modulating member efforts and activities (**taskwork**)

Regular social interaction around work goals facilitates work attitudes and intrinsic motivation
Behavioral Outcome Goals

1. Transportation plan for delivery and emergencies
2. Maternal receipt of 90 IFA tablets during last pregnancy
3. Newborn breastfed within 1 hr of delivery
4. Clean cord practice followed
5. Age-appropriate feeding of children 6-11mos
6. Adopt post-partum family planning method w/in 6 months of deliv.
7. Children receive DPT3 by age 6-months

Criterion for Incentive:
Quarterly: Meet 5 of 7 behavioral outcome goals
Intrinsic and extrinsic rewards
Proposed Effects of Motivational Intervention

TGBI

- Teamwork
- Attitudes
- Taskwork

Outcome
Goal
Performance

Team Pledge
Monthly, Qtrly, Yearly Goals
Non-monetary incentives

Plan with team
Meet regularly with team
Work with ANM
Methodology

76 HSCs in Bedgusarai district randomized to TBGI or control

Value –added (beyond other interventions)

Sub-Center pledge

Goals and non-monetary incentives introduced

Monthly meeting and goal progress checks
Findings

12 months post-implementation, FLWs in TBGI HSCs

Worked more cooperatively

Attended more HSC meetings

Conducted more home visits (beneficiary reports)

Also observed significant improvements in health outcomes

Immunization

Complementary feeding

Family planning
Findings (Mathematica, 2014)

Motivational Process
   Meeting Attendance Increased

Teamwork:
   Team planning Expectations Increased
   Number of meetings with Coworkers Increased

Taskwork:
   Average # joint home visits/week increased

Perception of ANM as providing helpful advice increased

Share of Households Reporting Any FLW Visits Received, by Visit Type

From Rotz, Rangarajan, Borkum, Sridharan, Sethi, & Manoranjini (Feb, 2014). Mathematica IssueBrief, p. 3.
Share of Women Understanding Key Health Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Treatment (regression-adjusted)</th>
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<tbody>
<tr>
<td>Cord Care</td>
<td>11</td>
<td>12</td>
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<tr>
<td>Delay Bath</td>
<td>16</td>
<td>17</td>
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<tr>
<td>Immed. Breast-feeding**</td>
<td>41</td>
<td>47</td>
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<td>Excl. Breast-feeding**</td>
<td>76</td>
<td>83</td>
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<td>46</td>
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Note: *p < 0.10, **p < 0.05.

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<tr>
<th>Impacts on Beneficiary Outcomes (incentivized behaviors shaded)</th>
<th>Control</th>
<th>Treatment</th>
<th>Impact</th>
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<tr>
<td>Obtained Number of Vehicle or FLW for Delivery Transportation</td>
<td>55</td>
<td>55</td>
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<tr>
<td>At Least 90 IFA Tablets Received</td>
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<td>18</td>
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<td>Saved Money for Delivery</td>
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<tr>
<td>Immediate Breastfeeding</td>
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<td>58</td>
<td>2.0</td>
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<tr>
<td>Nothing Applied to Cord</td>
<td>56</td>
<td>56</td>
<td>-0.4</td>
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<tr>
<td>Skin-to-Skin Care</td>
<td>50</td>
<td>52</td>
<td>1.5</td>
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<tr>
<td>Child Eats Solid or Semisolid Food†</td>
<td>62</td>
<td>67</td>
<td>5.0</td>
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<tr>
<td>In Previous Day</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Times fed†</td>
<td>1.2</td>
<td>1.5</td>
<td>0.2*</td>
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<tr>
<td>Fed any meal from separate bowl†</td>
<td>32</td>
<td>41</td>
<td>9.2**</td>
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<tr>
<td>Fed any cereal-based meal†</td>
<td>46</td>
<td>55</td>
<td>9.0**</td>
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<tr>
<td>Amount fed (katoris) †</td>
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<td>0.47</td>
<td>0.11**</td>
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<td>Exclusive Breastfeeding for 6 Months†</td>
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<td>34</td>
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<td>Exclusive Breastfeeding in Past 24 Hours†</td>
<td>61</td>
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<td>9.2**</td>
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<td>Use Modern Contraceptive Method†</td>
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<td>Received DPT1</td>
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<td>90</td>
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Note: *p < 0.10, **p < 0.05; †Mothers of children age 6 months and over only; ‡Mothers of children birth to age 5 months only.
Conclusions and Implications

1. The TBGI program added value above-and-beyond an already massive intervention
   Ananya is a large-scale, multifaceted program – TBGI changes were ultimately quite modest, yet impactful

2. “Low-hanging fruit” showed greatest differences
   Behaviors (e.g., breastfeeding) vs. Social (e.g., family planning)
   But even these have the potential for large positive benefits

3. More complicated changes may take longer to manifest
   Or may require more complex interventions

4. Uncertain how long changes will last
Implementation Lessons Learned for CSR

Did not change work; only work experience

- Infused common cause (*doing good by doing well*) and voice across all goal levels
- Made benefits transparent, mutual, and fair (capitalizing on socio-cultural norms)
- Reinforced relational norms to promote psychological safety in team meetings (pledge)
- Increased leader education and support skills

Employee engagement emerged over time and in tandem with greater information-sharing
Some Final Thoughts

1. Using the Science of Work model to guide development of psychologically-based workplace interventions

2. Greater use of randomized control designs to demonstrate intervention effects

3. Meaningful work as a path to decent work? Follow-up on worker social networks and changes in employment

4. Developing strategies to overcome cultural bias in doing meaningful work with out-group members