

Job Satisfaction and Motivation of Covid Hospital Staffs: A Cross-Sectional Study

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Abstract

Healthcare today faces a plethora of compelling challenges, and motivation is essential. It is important to recognize that the workforce in the health sector operates distinctly and specially. Consequently, because health organizations are susceptible to external pressures from patients, their families, various governing bodies, and the government, workforce development is an essential component of the formulation of health policies. Poor motivation, stress, absenteeism, and high labor turnover might result from a lack of job satisfaction. To bring together different levels of hospital employees during a pandemic, it is crucial to consider their interest in their jobs during the pandemic, as well as how satisfied they are with the larger institutional structure and reaction. A questionnaire containing the socio-demographic profile and COVID-related questions and a Minnesota satisfaction questionnaire (short form) was used to know the job satisfaction level of healthcare workers. Among the study participants age range was 22 years to 42 years, with a mean age of 28.18 ± 4.6 years. Motivation response was assessed with gender, job category, and workplace category. There was no statistical significance found. Then motivation category was assessed with the job satisfaction category. Here also, no statistically significant relation was found. Among the HCWS there were 50 % satisfied with the job, and 50% were unsatisfied with the job. Job categories grouped into clinical and non-clinical settings, clinical setting category were found to be more statistically satisfied with their job than other variables. It may be attributed to higher pay and higher positions in the hospital.

Keywords: COVID, Health Care Workers, Job Satisfaction, Minnesota Satisfaction Questionnaire, Motivation.

Introduction

The COVID-19 (Corona Virus Disease-19) pandemic put hospital staff members' professionalism in jeopardy. Clarifying the elements that support or obstruct a professional attitude in real-world scenarios is crucial to ensuring that hospitals continue to operate effectively in high-risk situations in the future (1). The ability of a population to meet its healthcare demands rests in significant part on the availability of practical, efficient, accessible, financially feasible, and high-quality services. The health workforce is likely the most significant input in a unique production process. It significantly impacts the overall performance of the health system (2). When present in adequate numbers and distributed appropriately across various occupations associated with the healthcare system. Motivation can play a significant role in many pressing difficulties that

healthcare is currently experiencing. The workforce in the health sector has a specific and unique manner of operating that cannot be ignored (3). Thus, workforce development is a crucial part of health policy development as health organizations are subject to external pressures from patients, their relatives, different governing bodies, and the government that can only be effectively met with appropriate adjustments to the workforce (4). Job satisfaction is described as a positive emotional state brought on by an evaluation of one's work, an emotional response to one's work, and a mentality towards one's work. Achievement, acknowledgment, the work itself, responsibility, promotion, and growth are all motivators that contribute to job happiness. Poor motivation, stress, absenteeism, and high labour turnover might result from a lack of job satisfaction.

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(Received 10th January 2024; Accepted 19th July 2024; Published 30th July 2024)

Various elements influence job satisfaction, including communication, overload, superior-subordinate dialogue, effective human resource management, and emotion (5). Coronavirus instances first appeared in India due to international connections rather than domestic spread. The first three infection cases happened in Kerala on January 30 and February 3 when they traveled back from Wuhan, China (6). A returnee from the United Kingdom was the first case of COVID-19 found in Odisha within a month, on March 16. A COVID-19 hospital with intensive care units (ICUs) operating under the PPP (Public Private Partnership) model made it the first state to take proactive actions to improve its healthcare system. To stay on top of pandemic management, the state also implemented several proactive steps, such as creating a task force to monitor the COVID-19 response and building a vital information and communication infrastructure with daily press briefings (7-10). No surprise that the World Health Organization (WHO) praised the state's management of the COVID-19 pandemic and paid heed to these initial actions (11). To bring together different levels of hospital employees during this pandemic, it is crucial to consider their interest in their jobs concerning the pandemic, as well as how satisfied they are with the larger institutional structure and reaction (12). A separate COVID Hospital was made at our hospital. Doctors, nurses, attendants, housekeepers, and other technicians were posted for 15 days at COVID Hospital on a rotation basis. We were curious to learn about the motivational factors and job satisfaction among healthcare employees (13). Therefore, this study aims to add to the knowledge gained for bettering the performance of healthcare professionals.

Methodology

The study includes doctors, nurses, office workers, radiological technicians, laboratory technicians, pharmacists, dieticians, and guards. It is a hospital-based cross-sectional retrospective study with a sample size of 50, and the sampling method was convenience sampling.

Inclusion Criteria

1. HCWS working in COVID hospital
2. Those who gave informed consent

Exclusion Criteria

Not giving informed consent

Tools Used

1. Socio-demographic profile
2. A questionnaire made by the researchers suitable to our setting to find the level of motivation in a high infectivity hospital, including the risk of infection, knowledge and measurement, protection, and incentives with 4 points Likert scale (0- never, 1- rarely, 3- sometimes, 4- always) (1).
3. Minnesota satisfaction questionnaire (short form)- It consists of 20 questions with 5 5-point Likert scale (very dissatisfied, dissatisfied, neutral, satisfied, very satisfied). scoring is from 1 to 5 (9).

A separate COVID Hospital contains more than 600 beds in our Institute. Management appointed healthcare workers, including doctors, nursing staff, office workers, radiological technicians, laboratory technicians, pharmacists, dieticians, guard persons, and cleaners for COVID hospital every 15 days. After completing 15 days of duty, those working directly with COVID patients undergo seven-day quarantine. This process works on a rotation basis. We distributed questionnaires to the healthcare workers after they completed their COVID duty of 15 days and seven days quarantine period. Then we collected the response sheets. We selected 50 response sheets which were completed with all responses. Then the data collected were put in the SPSS-22 version for analysis and results.

Results

We sent out a total of 70 questionnaires. We received a total of 56 questionnaires. Among those, six answers were discarded due to incomplete responses. So, we analyzed 50 HCWS questionnaires. We used descriptive statistics and the chi-square test to find any correlation between the variables. For all statistical significance, we considered the $P \text{ value} \leq 0.05$.

Table 1: Distribution of Age in Years

Age		
N	Valid	50
	Missing	0
Mean		28.18
Std. Deviation		4.693

Table 2: Socio-Demographic Profile

Serial No	Profiles		Frequency	Percentage
1	Gender	Male	28	56
		Female	22	44
2	Job type Distribution	Doctor	12	24
		Nurse	18	36
		Office worker	02	04
		Radiological technician	04	08
		Pharmacist	04	08
		Laboratory technician	05	10
		Dietician	01	02
		Guard	04	08
3	Job category	Clinical (Doctor, Nurse)	30	60
		Nonclinical (Technician, Pharmacist, Support staff)	20	40
4	Workplace distribution	Ward	17	34
		OPD	05	10
		Emergency	03	06
		Documentation area	11	22
		Others	14	28
5	Workplace Grouping	Clinical service area	25	50
		Documentation/Others	25	50

Table 3: Association of Stress Factor

Stress Factors	Weak (Percentage)	Strong (Percentage)
Anxiety about being infected	36(72)	14(28)
Anxiety about infecting family	34(68)	16(32)
Anxiety about being infected during commuting	34(68)	16(32)
Lack of knowledge about infectivity and virulence	46(92)	4(8)
Lack of knowledge about prevention and protection	46(92)	4(8)
The feeling of being protected by the country and local government	38(76)	12(24)
The feeling of being protected by a hospital	40(80)	10(20)
Anxiety about compensation	44(88)	6(12)
The burden of increased quantity of work	30(60)	20(40)
The burden of change in the quality of work	36(72)	14(28)
Physical exhaustion	34(68)	16(32)
Mental exhaustion	37(74)	13(26)
Insomnia	44(88)	6(12)
The feeling of being avoided by others	45(90)	5(10)

Table 4: Association of Gender, Job Category, and Workplace with Motivation to Work

		Motivation Category			P value
Gender		Weak	Strong	Total	
	Male	24	4	28	0.254
	Female	16	6	22	
Job category	Clinical (Doctor, Nurse)	23	7	30	0.470
	Non-clinical (Technician, Pharmacist, Support Staff)	17	3	20	
Workplace Category	Clinical service area	21	4	25	0.480
	Documentation/Others	19	6	25	

Table 5: Association of Stress Factors and Motivation Level

Stress Factors	Weak/Strong	Motivation Weak	Motivation Strong	P Value
Anxiety about being infected	Weak	28	8	0.529
	Strong	12	2	
Anxiety about infecting family	Weak	27	7	0.880
	Strong	13	3	
Anxiety about being infected during commuting	Weak	27	7	0.880
	Strong	13	3	
Lack of knowledge about infectivity and virulence	Weak	36	10	0.297
	Strong	4	0	
Lack of knowledge about prevention and protection	Weak	39	7	0.004
	Strong	1	3	
Feeling of being protected by country and local government	Weak	32	6	0.185
	Strong	8	4	
The feeling of being protected by a hospital	Weak	33	7	0.377
	Strong	7	3	
Anxiety about compensation	Weak	37	7	0.050
	Strong	3	3	
The burden of increased quantity of work	Weak	24	6	1.000
	Strong	16	4	
The burden of change in the quality of work	Weak	27	9	0.156
	Strong	13	1	
Physical exhaustion	Weak	28	6	0.544
	Strong	12	4	
Mental exhaustion	Weak	28	9	0.197
	Strong	12	1	
Insomnia	Weak	36	8	0.384
	Strong	4	2	
The feeling of being avoided by others	Weak	36	9	1.000
	Strong	4	1	

Table 6: Job Satisfaction Level

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Unsatisfied	25	50.0	50.0	50.0
	Satisfied	25	50.0	50.0	100.0
	Total	50	100.0	100.0	

Table 7: Association of Gender, Job Category, Workplace, and Motivation with Job Satisfaction

	Details	Job satisfaction level			P value
		Unsatisfied	Satisfied	Total	
Gender	Male	14	14	28	1
	Female	11	11	22	
Job category	Clinical (Doctor, Nurse)	12	18	30	0.083
	Nonclinical (Technician, Pharmacist, Support staff)	13	7	20	
Workplace	Clinical service area	11	14	25	0.396
Category	Documentation/Others	14	11	25	
Motivation	Weak	21	19	40	0.480
Category	Strong	4	6	10	

Discussion

Among the study participants age range was 22 years to 42 years, with a mean age of 28.18 ± 4.6 years (Table 1). Gender wise, 28(56%) were males, and 22(44%) were females (Table 2). A hospital-based study on healthcare workers by Kitsios F et al., 2021 showed that most 74 employees were women (81.08%) while a smaller percentage were men (18.92%). 37.84% [28] of the participants were aged 36–45 years, 36.48% [27] of the participants were aged 46–55 years, 17.57% [13] of the participants were aged 26–35 years and 8.11% [6] of the participants were aged 18–25 years (14). Job types were categorized into doctor, nurse, radiological technician, laboratory technician, office worker, dietician, pharmacist, and guards (Table 2). Job types were Doctors 12(24%), nurses 18(36%), office workers 2(4%), radiological technician 4(8%), laboratory technician 5(10%), pharmacist 4(8%), dietician 1(2%), guard person 4(8%). From a statistical point of view, again, these categories were divided into clinical and non-clinical groups (Table 4). Clinical jobs (doctor, nurse) were 30(60%) and non-clinical 20(40%). According to a study by Imai H et al. 2010, there were 64.2% clinical personnel, 10.3% clinical support/technical workers, and the remaining staff (1). Ward,

outpatient department, emergency department, documentation area, and others were used to classify the workplace (Table 2). Among the participants, 17 (34%) were assigned to the ward, 5 (10%) to the OPD, 3 (6%) to the emergency room, 11 (22%) were assigned to the documentation area, and 14 (28%) were assigned to other areas such the pharmacy, lab, or the area near the gate. Workplaces were then divided into clinical care areas and documentation/other areas for statistical calculations (Table 2). In our study 25 (50%) were employed in the clinical service area, and 25 (50%) were employed in other than clinical care area. Using a questionnaire created by the researcher, stress factors were evaluated. The answers were recorded as 0 (never), 1 (rarely), 2 (sometimes), and 3 (always). The responses were again grouped into weak, with responses of 2 or less, and strong, with responses of 3. Then the frequency and percentage of weak and strong were tabulated (Table 3). Most HCWs had weak stress-related anxiety about working in the COVID hospital. It can be attributed to the second wave of COVID, where the staff were already well-equipped and knowledgeable to handle the pandemic. A similar study done in 2009 in Japan revealed many of the respondents had strong fears of being infected (57.9% of respondents), infecting family (56.1%), feeling of having no choice but to work due to obligation

(63.9%) and anxiety about compensation in case of being infected (53.5%). During an infectious pandemic, it is to some degree inevitable to feel exhausted and isolated and to worry about becoming infected. But a study said mitigation strategies that include options for preferential access to either antiviral therapy, protective equipment, or both for the employee and their immediate family will have the greatest impact (1).

Motivation to work was levelled with weak and robust motivation responses. Motivation response was assessed with gender, job category and workplace category. Gender was assessed with motivation category using a chi-square test. No statistical significance was found as p-value was 0.254 (Table 4). The job category was assessed with the motivation category using the chi-square test. No statistically significant association was found. The p-value was found to be 0.470 (Table 4). The workplace category was assessed with motivation to work. Here also, we did not find any statistical significance. The P-value was found to be 0.480 (Table 4). In our study, no social factors like gender, job type and workplace had any impact on motivation to work. Then stress factor responses were assessed with motivation category response to work in COVID hospital. There were 14 questions to determine the stress factors associated with COVID 19 infection. Then each question was assessed with a motivation category. Among all the questions, only two questions were associated with the motivation category in a statistically significant manner. Lack of knowledge about prevention and protection when assessed with motivation category, P value came as 0.004. Anxiety about compensation was assessed with the motivation category, P value came as 0.050 (Table 5). In light of these findings, hospital employees may be viewed as making a unique contribution by working in a high-risk environment with novel tasks. Technical and support staff were particularly motivated, possibly because, in addition to the factors mentioned earlier, they typically had limited direct patient contact and, as a result, had reduced perceived levels of risk. Work can be eased by shortening the workdays, limiting the number of patients, placing physicians in settings with fewer workloads, or moving them into lower-risk positions. Workers need to feel safe to perform

their responsibilities. When their organizations provide safety, the feeling of safety will be vital. However, there is a requirement for regular communication between individual workers and their organizations or governments in addition to these measurements. Employees' mental health would also be supported by government or organization encouragement (1).

Job satisfaction was assessed using the Minnesota satisfaction questionnaire (short form). It is a 20-item Likert scale. It has responses as 1(very dissatisfied), 2(dissatisfied), 3(can't say), 4(satisfied), 5(very satisfied). we have calculated the total score. Those who scored more than 60 were on the satisfied scale, and we considered them satisfied. Those who scored less than 60 were on the dissatisfied scale, and we considered them unsatisfied. So, this questionnaire was categorized into unsatisfied and satisfied based on the scoring. Based on the scoring, we found that 50% of participants were satisfied, and 50% were unsatisfied with their present job (Table 6). Various studies have established that dissatisfaction with one's job may result in higher employee turnover, absenteeism, tardiness, and grievances. Improved job satisfaction, on the other hand, results in increased productivity and efficiency (15).

We assessed gender with the job satisfaction category, and no statistically significant relation was found with a p-value of 1.000 (Table 7). Then the Job category was assessed for any relation with the job satisfaction category. Though the p-value was 0.083, it may be considered significant as very near to the 0.05 P value (Table 7). A German study addressing physician satisfaction showed that work and profession-related variables were more important than other factors like financial situation (13). The workplace category was assessed with the job satisfaction category to find any relation by applying the chi-square test. We did not find any significant relation between the two variables. P value came as 0.396 (Table 7). Then motivation category was assessed with the job satisfaction category. Here also, no statistically significant relation was found. P value came as 0.480 (Table 7).

Conclusion

We assessed various stress factors that impacted motivation to work in COVID hospitals during the pandemic. Most of the stress factors had no

significant relation with motivation. Among the healthcare workers, there were 50 % satisfied with the job, and 50% were unsatisfied. Job categories grouped into clinical and non-clinical settings and clinical setting categories were found to be more statistically satisfied with their job than other variables. It may be attributed to higher pay and higher positions in the hospital.

Abbreviations

ICUs: intensive care units ICUs

WHO: World Health Organization

Acknowledgments

The authors would like to thank all the participants of the study.

Author Contributions

RM and SNM designed and conceptualized the study. RM, SS, and SSL conducted the study and collected data. RM and SNM analyzed the results and drafted the manuscript. All authors critically reviewed the manuscript.

Conflicts of Interest

None.

Ethics Approval

Study was approved by our Institutional Ethical Committee and Reg No: IEC/IMS.SH/SOA/2021/407

Funding

None.

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