MOTIVATION OF HEALTH PERSONNEL IN PUBLIC SECTOR HOSPITALS IN THE CONTEXT OF THE COVID-19 PANDEMIC

Ioana Antoaneta PONEA (RADU) [a*], ***Ion STEGAROIU*** [b], ***Maria Georgiana PONEA*** [c], ***Bogdan ŞTEFĂNESCU*** [d]

[a, b, c, d] *Valahia University of Târgovişte, Romania*

ABSTRACT

The medical staff represented the first line of intervention in the fight against the new severe acute respiratory syndrome coronavirus from the beginning of the pandemic until now. In addition to the major risks health personnel face, it is necessary to find solutions in managing the psychological impact to which they are subjected.

The digital revolution, the globalized economy and the increasing demand upon limited resources are developing a culture of stress within organizations. The employees' flexibility and commitment are reduced to the parameters of an equation whose result is none other than profit maximization. In this context, the study of burnout makes perfect sense. Therefore, we decided to perform an analysis in a county public sector emergency hospital, to establish strategies for human resources motivation, the key element in providing workers who are committed to their full capacity in achieving the objectives of an entire organization, in particular to those that take care of patients infected with SARS-CoV2.

An employee who identifies himself/herself with the organizational objectives is a satisfied employee, with a job that provides fulfillment considered important at the individual level and from the managerial function perspective, such an employee is a well-performing employee. In this article, we aim to analyze the burnout syndrome, which is becoming more present among medical staff, in the context of the current pandemic with Covid-19. This research is based on the responses of 40 employees operating in a public sector hospital and analyzes what is the psychological impact of medical staff dedicated to the care of patients infected with SARS-CoV2. Although the sample is represented by employees in the health system, the results can be useful to all the managers interested in the level of satisfaction or burnout of his / her direct subordinates.

KEYWORDS: *effective management, health system, motivation, organizational performance.*

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1. INTRODUCTION

At the end of the year 2019, the disease COVID-19 appeared in China, advanced significantly around the world and at the beginning of March 2020, one of the most important International Health institutions - the World Health Organization - proclaimed it a pandemic. In order to reduce the negative impact of COVID-19, in particular on the economical and health fronts, the International Chamber of Commerce, along with the World Health Organization consider that it is absolutely vital for the governments to react immediately and take the necessary measures, so as to reduce the level of the new virus transmission. COVID-19 currently represents the greatest challenge at the global health system level, being in a permanent transformation, fact which determines the need of the organizations to take actions, so as to reduce short-term risks, but also

* Corresponding author. E-mail address: *radoo_oana@yahoo.com*

long-term knock on effects, while dealing with unpredictability, obscurity and difficulty. Most of the organizations are facing real problems during this time, including contingency plans, lack of employees' motivation, remote work and unemployment. Staffing is a dominant component in the establishment, evolution and performance of any company. Consequently, under the existing climate, the well-being and safety of the employees are taken into account by a lot of firms. Human Resources managers who are responsible for hiring individuals, supervising employees' level of performance, remuneration and other financial advantages, as well as analysing and reviewing individuals' rankings are trying to find new and practical ways to answer individuals' problems, maintain their health and help them by ensuring a well founded governance. The actual provocation of the COVID-19 widespread, considering the extraordinary and unknown conditions, but also the economic outlook modifications, needs profound rationale and pliability to suitably manage human resources. As a reaction to this dilemma, the organizations were able to keep running their operations by using the latest technologies and providing assistance to the people in a totally alternative way. They have also attempted to answer to multiple circumstances in the company by crafting well-thought-out inqueries and improving employees' skills.
"People are an ordinary wealth and also, a key asset, a vital supply, of all the companies, which guarantee their existence, grow and ambitious victory" (Manolescu Aurel, 2003, p. 15).
On the occasion of COVID-19 crisis, new opportunities were revealed for the companies' organizational culture, as well as for their human resource management plans of action.
The new Coronavirus has caused the most severe global crisis in the post-era of the second World War, which generated a lot of panic and unreliability, affecting the overall society. Considering the intense spread of the COVID-19 virus and at the same time the lack of any means of treatment, many countries have applied measures such as social distancing. In addition to this, lockdown was imperative, in other words restricted access instituted as a security measure. Following the above mentioned courses of action, the COVID-19 breakout has triggered a decline in the global economic activity, generating hikes and layoffs, which have led to rising unemployment in many countries. In the attempt of overcoming the challenges of this economic downturn, organizations have adapted to a new functioning style, such as the physical distance at work which unfortunately, no one can guess when it will be over. Therefore, practitioners in human resource management (HRM) together with managers had to identify new formulas to ensure business continuity.

2. THEORETICAL FRAMEWORK

Medical staff is a key component in providing care to patients, however, the medical industry is tackling a permanent deficiency of human resources. In particular medium to long-term care facilities are facing issues with the shortage of stuff. Considering that under normal business course, the organizations have issues with the lack of human resource, there is definitely a higher problem under the circumstances of a pandemic or a natural disaster. The question could be: How can the healthcare personnel significantly increase patient safe keeping demands under such conditions? The availability of health care professionals during the crisis has decreased due to multiple reasons. For instance, during the *SARS-CoV2* pandemic, it was noticed a significant staff shortage in the hospitals placed in the affected regions. Health professionals are dealing with several fears, such as the fear for their own safety or for the well-being of their loved ones, that they do not report at work during the crisis. The hospital management has the responsibility to ensure necessary actions for motivating the healthcare personnel, so that they repond to the augmented needs in the event of an emergency situation. The action plan for intervention has to be properly set-up well ahead.
Motivation is "whatever that influences behavior in pursuit of a particular outcome. Motivation is a pursuit of personal gain" (Achua C.F. and Lussier, R.N. 2010). There are many arguments about what inspires employees. Regrettably, no general idea can accurately predict what will persuade everyone. One of the mainstream viewpoints is represented by the Victor Vroom's principle:

"incentive = desire x contribution x capability" (Vroom, 1964). Vroom proposes that employees are driven when they believe they are competent of a task, they will be remunerated and the recompense will be worth the effort.
Burnout determined by prolonged stress at work, is a consequence of the imbalance between requirements, resources and the level of job satisfaction, with repercussions in terms of lowering the motivation of staff in the health system. The burnout syndrome, especially that of the social psychologist Christina Maslach, has given rise to several definitions, all converging on at least one point: burnout would result in a state of professional exhaustion (both emotional and physical) lived in the face of demanding "emotional" work situations. (Maslach & Leiter, 2011).
Work is one of the oldest existing notions; Surviving or living has become essential to modern life. However, the concept of burnout is quite recent. It gradually appeared around the eighteenth century, during the industrial revolution that led to many transformations in the world of work, with undeniable social changes. The workers were used as slaves: the most resistant became ill and the sick died. It was not until 1873 that Otto Von Bismarck, the first German chancellor, proposed a law on the responsibility of employers in undermining the integrity of workers' health, before creating the first social security system in the country (Loth, 1996). In 1768, the Swiss physician Samuel Tissot observed the harmful effects of hard work on health. He is considered to be one of the forerunners of occupational psychopathology and his approach was based essentially on prevention and occupational hygiene (Tissot, 1991). By the twentieth century the definition of stress appeared: first with Hans Selye, who in 1936 described the general adaptation syndrome (Selye, 1956) "Stress is the non-specific response that the body gives to any request made by it. So as soon as pressure is put on our body, it mobilizes to respond. We have two options: either fight or run". "Reasonable" stress increases performance (we speak of positive stress), while too much stress can have harmful consequences with a decreased performance, called negative stress or distress. (Selye, 1956). In 1959, Claude Veil developed the idea of burnout by describing states of exhaustion at work (Veil C. Primum non nocere, 1959). This French psychiatrist started in the first social and professional reintegration center of the Social Security, then specialized in occupational medicine. He notes states of exhaustion "that do not fit into the classical [psychiatric] nosography" and that develops in professionals who work in relation to others. "The disease," he writes, "will be seen as crossing a threshold of maladaptation, beyond a margin of tolerance". For him, "interesting work does not tire," and thus "when joy gives way to sorrow, work becomes fatigue".

3. RESEARCH METHODOLOGY

The main objective of the paper is to determine the prevalence of exhaustion syndrome among doctors, nurses and other medical staff to identify associated factors. For this, we conducted a descriptive study, ran through a questionnaire that included Maslach Burnout Inventory model to assess burnout syndrome. To assess the quality of life, we were able to establish that it was correlated with the level of personal achievement and that it varied inversely with the degree of emotional exhaustion. Burnout is a topical issue related to suffering at work. Healthcare personnel are vulnerable, with an increased risk of developing burnout syndrome.
Working hypothesis
The employees of the public institution present a high level of burnout syndrome, influencing the motivation among the medical staff, with a direct correlation between these two.
To answer our research question, we conducted a survey among 40 employees, including doctors, nurses and other medical staff in a psychiatric department of a county public sector emergency hospital from September 1st to September 30th, 2021. We mention that health personnel were involved in the care of patients diagnosed with SARS-CoV-2 virus. This is an expressive, divisional study organized through a questionnaire.

Used materials

A questionnaire was developed that explores the following characteristics: socio-demographic: sex, age, marital status, education, current hospital, health and lifestyle.

The questionnaire was preceded by an explanatory paragraph about our study and project, as well as a consent form provided on a separate document. This questionnaire was completely anonymous and confidential.

Assessment of Burnout Syndrome: Maslach Burnout Inventory: The questionnaire was the Maslach Burnout Inventory (MBI) version, preceded by indications that allow its correct completion. The MBI test, established by Maslach & Jackson in 1986, is a self-reporting scale that explores three aspects of exhaustion: emotional exhaustion, depersonalization and decreased personal achievement.

Maslach burnout inventory model (professional exhaustion): contains 25 items and is structured on three dimensions: emotional exhaustion (9 items: 1, 2, 3, 7, 9, 15, 16, 18, 22), depersonalization (6 items: 5, 11, 12, 17, 20, 25), cognitions of efficiency and professional achievement (10 items: 4, 6, 8, 10, 13, 14, 19, 21, 23, 24). The underlined items are quoted in reverse (1 equals to 5 points, 2 equals to 4 points, 3 equals to 3 points, 4 equals to 2 points, 5 equals to 1 point). As a way of answer, we used a 5-step Likert scale, as follows: 1 - very rare, 2 - rare, 3 - sometimes, 4 - frequent, 5 - very frequent.

Burnout syndrome is described by the following dimensions:

Emotional exhaustion - the person experiencing burnout syndrome feels permanently tired, lacking energy. The activity he carries out causes him a low emotional tone, indifference or extraordinary emotions.

Depersonalization - refers to the consequences that these people have in their connections with family or friends, both at their job or in their private life. It can be manifested, either by dependence on others or by negativity, an avoidant attitude towards others.

Underestimate of personal achievements - there may be a decrease in self-esteem, the tendency of negative self-esteem of abilities, achievements, professional success, individuals perceiving themselves as incompetent from a professional point of view and unable to achieve their goals.

The factors that contribute to the appearance among the health personnel of the work syndrome stress can be the following:

- intense activity at work;
- a tense work environment, interpersonal conflicts with colleagues/patients or patients' relatives;
- insufficient professional skills;
- inefficient adaptation to technological and scientific advances in the field;
- the unpredictability of the health system drifting in the fight against the new coronavirus.

Exploring the level of burnout in the medical field can be an important factor in preventing and intervening in the phenomenon and implicitly in increasing the quality of medical services.

Burnout syndrome can seriously affect, in a negative sense, the activity of medical staff, affecting the patient's attention and the medical act performed, his/her attitude towards the patient/relatives, experiencing anger, contempt, arrogance, infatuation and last but not least important, distorting his/her perception of himself/herself and of his/her work, as well as of the other people around him/her.

The data collection took place in September 2021. Thus, the questionnaire was distributed together with an explanatory sheet, as well as a consent form. The participants completed it anonymously and confidentially. The questionnaires were returned in early October 2021.

The answers to the questionnaires were recorded in Excel to start a descriptive statistical analysis. The answers to the MBI questionnaire allowed us to calculate for each item the scores for each dimension: emotional exhaustion, depersonalization and personal achievement. Therefore, it is

possible to assign a low, medium or high score for each of the three dimensions explored by the MBI.

A total number of 40 questionnaires were used. Out of a number of 40 respondents, there are 18 men and 22 women (figure 1.), aged between 35 -60 years (figure 2.)

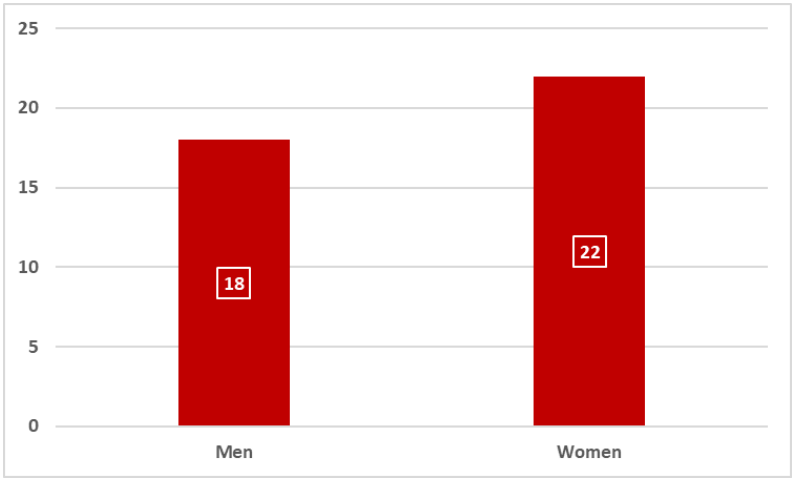

Figure 1. Categories of respondents broken down by gender

Source: Authors

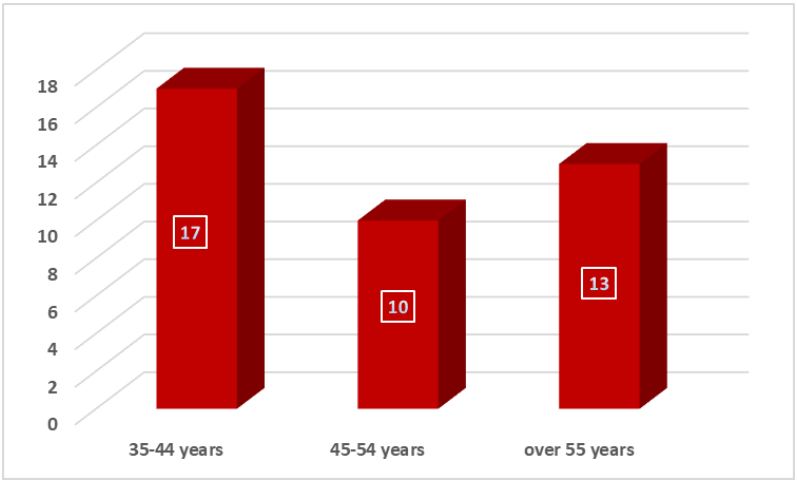

Figure 2. Categories of respondents by age

Source: Authors

Respondents reported that they work an average of 40 hours a week. Regarding the weekend, the respondents stated that they have on average 2 non-working weekends per month. For 84% of them, the choice of general medicine was their main preference. Only 75% of respondents believe that they are sufficiently supported during the training course, considering that they are recognized at their fair value in the hospital (social position, workload, remuneration). According to the recorded answers, the following emerged (Figure 3):

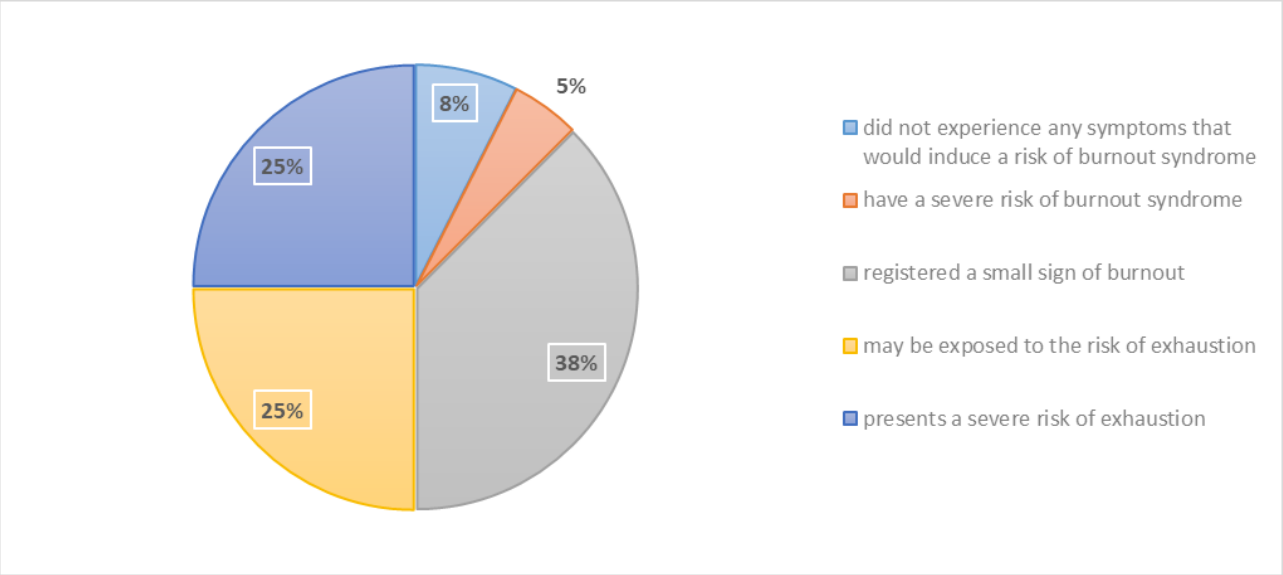

Figure 3. Assessment of exhaustion syndrome by Maslach Burnout Inventory
Source: Authors

Research has made it possible to identify factors that promote exhaustion. However, each situation remains specific, each explanation for burnout syndrome remains unique. Therefore, it is not possible to identify all possible factors, not even to anticipate all the existing constraints or lack of resources that could explain this phenomenon. Although there is no ready-made solution to this problem as for all the other manifestations, there remains a set of courses of action and collective and individual signals that must be taken into account to prevent and avoid burnout.

"An employee reward system is composed of the processes, policies and procedures by which the organization remunerates its people according to their contributions, expertise and abilities. Such a structure is built and advanced based on the organization's plan of actions, programme and ideology regarding employee benefits". (Căşuneanu Ionuţ, 2020, p. 65).

In order to motivate the medical staff within the public hospital units in the context of the Covid-19 pandemic, several strategies have been proposed, which complete the aspects related to the exhaustion of medical staff in critical situations, strategies that should be adopted by managers:

- Sleep and insomnia treatment are important interventions for maintaining the team's healthcare in a good physiological state;
- Sufficient training and help to control quarantine, are key ways to cope with the stress of SARS pandemic responsibilities;
- Initiating virtual socializing events, for example, virtual lunch or coffee breaks;
- Provisional reimbursed sick leave, permitting private and public sector employees two weeks of indemnified sick leave for quarantine;
- COVID-19-related treatment, caring for a family member infected with the virus;
- Caring for children caused by the closure of school or kindergarten;
- Half-time employment has also been embraced by the businesses;
- A provisional cut in the working schedule will assist companies to retain their staff and prevent redundancies;
- Increasing the autonomy of employees;
- Keeping employees well informed and collaborating with other health leaders to adjust workflows, redistribute talent and train staff to meet new or growing needs;
- Empowering and guiding people to achieve the best performance;
- Demonstrating flexibility and empathy;

- Building camaraderie;
- Goodwill and fellowship by creating mentoring programs and teams that check-in with each other and provide encouragement;
- Brief employee surveys to gain insight into how people are doing and to identify areas where they may need additional support.

4. CONCLUSIONS AND PRACTICAL IMPLICATIONS

Efficient, good quality healthcare can only be provided if organizations take the issue of employee motivation seriously. From this article, it can be concluded that the motivation of health care workers is not a function of a single factor, but it is a mixture of factors that must be addressed in the cultural context of the health system of each country.

Fundamental organizational factors that affect the motivation of health employees include financial incentives, career development, a supportive work environment and management, as well as leadership approaches. It should be reiterated that financial incentives alone are not effective motivational factors. Recognition and appreciation are also important in motivating health workers; this is especially true for health professionals detached to rural areas of developing countries. To address this, we suggest reviewing several reward and recognition strategies adopted by current health organizations.

A participatory approach to risk assessment, by setting up joint working groups representative of the whole activity of the structure, makes it possible to take into account the different dimensions and perceptions of risk factors specific to each organization. It is important that on this subject the different points of view (employer, staff representatives, occupational medicine doctor or person involved in occupational risk prevention, workers, management, etc.) are confronted.

Information and training of workers

Following the general principles of prevention, the employer is responsible for informing workers on all matters relating to physical and mental health, as well as safety at work. The first line of prevention, therefore, is to make employees aware so that they can detect any signals emanating from colleagues or themselves: to make it known that burnout does not depend on "fragility" or, on the contrary, overinvolvement of the individual at work, participates in prevention and helps to break out of isolation and eliminate potential taboos on exhaustion.

Paying attention to the workload of each employee

The most important factor in burnout syndrome is that associated with work overload. This is the point where the actors of the organization and especially the employer must be the most vigilant. As such, several ways of prevention can be proposed:

- Ensuring the planning and taking of holidays, days with reduced working hours and rest periods for all workers;
- Work planning well in advance, anticipating changes in the work schedule;
- Dialogue with workers on objectives and assessing whether the means to achieve them are adequate;
- In case of an increase in the workload, the establishment of monitoring indicators allows observing if the workload is occasional or recurrent and if the workload is well distributed in time and among employees, as well as if the employee has the expected skills. As such, regulatory spaces and discussions ensure that employees have a clear vision of the priorities, ways to anticipate peaks and cope with overload;
- Another preventive measure is taking into account the possibility of unforeseen events (equipment failure, medical leave, etc.) in the organization of the work;
- Adapting the work schedule as best as possible to make it compatible with family and social life;

- Supervising the use of information technologies and organizing phone calls for emergencies;
- In case of overtime: In order to establish a schedule of these hours, it is necessary to be communicated in advance when it is possible to foresee an increase of the activity, to ensure that the overtime corresponds to such situations (emergencies, dangers etc.) and it does not become a standard to which the worker feels obliged to fulfill.

Guaranteeing solid social support

The social support that an individual benefits from, is conditioned by the quality of interpersonal relationships with his/her colleagues and superiors, by the solidarity and trust existing through their competence and availability, by the recognition of the work submitted, but also by the existence of groups or discussion and regulatory spaces for employees. The idea is to discuss collectively the work situations encountered by each employee and to facilitate contact between workers and the direct manager in case of a difficulty that requires his/her intervention.

Offering a margin of freedom

It is important for the individual to feel that he participates in decision-making, that his opinion is listened to and taken into account, that he has room for maneuver, that everything does not seem frozen and that he receives feedback on the effectiveness of the work done. Establishing regular and transparent internal communication on the projects or the results of the activity, explaining the decisions taken and answering the questions are all acts that position the employee as a responsible actor whom he trusts and who has his place in the functioning of the organization. All these elements also contribute to the recognition of the work done.

Ensuring the fair recognition of work

Burnout is linked to a strong imbalance between the constraints and resources of the individual. Recognition contributes to the mobilization of resources. The employee must not feel a lack of balance between what he devotes in his professional activity and what he receives in return from his colleagues. Therefore, it is an important aspect to be transparent and fair in the process of mutual recognition.

Discussing the quality criteria of the work

The issue of commitment to work is important in explaining burnout. Commitment or motivation cannot be ruled, but we can promote them. Discussing the quality criteria of the work is in the interest of the organization and of the employee for whom the work is constructive (work being one of the pillars on which everyone's identity is based). These motivational attitudes are closely related to the recognition that people can have in return.

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