

**WORK CLIMATE IMPACT ON LONG-TERM MOTIVATION OF INDIVIDUAL BEHAVIOR WITH MEDICAL PROFESSIONALS**

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**Abstract:** In most European countries the stress prevention on work place is a judicial responsibility. European Directive of health and safe work place obligates the employers to find out and duly correct work media stress-factors. Unfavorable work relations are associated with one of the external factors that provoke dissatisfaction, trigger risk and increase personal anxiety. Specialists in health care system in our country are put to the action of multiple dynamic administrative, professional and media changes. One of the questions posed by this study was to find out what the long-term personal motivation perspective was and whether it was influenced by the work relations' quality.

**Materials and methods:** A total of 110 medical professionals from five units at UMHAT "Dr.G.Stranski"- Pleven, like doctors, nurses, obstetricians and clinic laboratory assistants were asked to answer a questioners. There were used: Test for estimation of organization relations (adapted for Bulgarian conditions); Test for estimation of long-term motivation for individual behavior (adapted for Bulgarian conditions), which finds out presence of long-term sustainable targets and long-term life perspective; Test alienation from work; demographic data; statistical methods for processing of the results (StatGraf).

**Results:** The survey data show that one of the risk factors that influence satisfaction with health practitioner's work is a psycho-social atmosphere. 50 (45%) of the questioned persons announce problems in micro-climate of a steady nature. Between the results of both methods (Pearson=-0.31, p=0.005) is stated a negative correlative relation suggesting that once negative experiences connected with work relations are reduced, the personal motivation perspective will increase.

**Conclusions:** These results have a practical importance for psycho-diagnostics focused at non-formal contacts improvement and stimulation of work motivation; stress prevention and optimization of managerial process.

**Key words:** *medical professionals, long-term motivation, organizational relations.*

### **Framework**

Prevention of stress at work is a legal obligation in many European countries. According to the International Labour Organization (ILO, 2006) psychosocial problems can lead to work-related diseases, mental traumas, stigmatization, isolation and even death. The personnel working in Healthcare sector is particularly exposed to psychosocial risks and work-related stress (the World Health Organization - WHO, 2004). It is therefore important effective measures to be taken. Investments should be made in mental healthcare sector [21] - not only in the prevention and prophylaxis spheres but especially in the actual support and consultations when certain problems are identified [1;16]. Achievement of balance between private and professional life is a necessary precondition for the prevention of Burnout [20] as a type of psychological stress.

The European Directive on Safety and Health at work obliges the employers to identify

and eliminate timely the stress-related factors of the working environment. Disadvantageous working relationships belong to the external factors which provoke frustration, trigger stress and increase personal anxiety. Along with the development of high technologies and the progress of medicine, higher requirements address the medical doctors in respect of their professionalism and other specialists also for their health competences. In the same time they receive better recognition from the collegiate community and from the side of consumers of health services [20]. The following work-related loads have a negative effect on the risk of making medical mistakes: night work, intensive shift work, complicated medical procedures, lethal outcome of some patients treated. These factors have often a negative effect on deepening the stress and frustration of the profession exercised [15;17].

The social conditions raise the motivation for effective execution of professional duties [4]. The motivation for achieving success is connected with the willingness for solving problems, facing challenges, dedication to work, sometimes to the extent of workaholism [10,88; 14,249]. Studies demonstrate that highly motivated persons are prone to attribute their success to the circumstances they may control [5,301; 13] in contrast to persons with low motivation levels for succeeding who tend to attribute the responsibility to outer reasons [2,125].

If we consider the job satisfaction as a subjective emotional assessment of the personal aspirations and expectations of inner attitude towards work, which build one's general impression of the activities performed [19], this satisfaction is a result of the active influence of different in their nature factors. Psychosocial risk factors at work impede experiencing of job satisfaction with the activities performed [21].

The specialists working in Healthcare system in our country are exposed to multiple dynamic administrative, professional and environmental changes. Obviously there is a raise in dissatisfaction with the working conditions [12,153], with financial rewards and mechanisms for calculating the labour expensed, with higher patients' requirements against the material supply of the therapeutic activities etc. Professional crises are well described in the science literature. Impossibility or difficulties of the employees to cope with them, trying the same time their best to respond to the expectations of superiors and to make a professional growth, lead to a number of cases of professional Burnout. What is the long-term personal motivational perspective? Is it influenced by the quality of official relationships? Does alienation from work exit? These are some of the issues we have set at the beginning of this study.

### Study and methodology

A study<sup>1</sup> is conducted among healthcare specialists for clarification of psychosocial risk factors – microclimate at work, long-term motivation of the individual behaviour and attitude to the job of the occupational personnel in the following units: Department of Obstetrics and Gynecology with Neonatal sector, Anaesthesiology and Intensive treatment. Gynaecologic Oncology and Clinical Pathology as well as Clinical Laboratory. 110 medical specialists in total from 6 different departments were inquired in Dr Georgi Stranski University Hospital – the town of Pleven and they were from different occupational groups: medical doctors, nurses, obstetricians and clinical laboratory assistants. The following tests were used: Assessment test for the relationships in the organization (adapted to the Bulgarian conditions); Assessment test for long-term motivation of the individual behaviour (adapted to the Bulgarian conditions), which establishes the presence of long-term and sustainable objectives as well as long-term life

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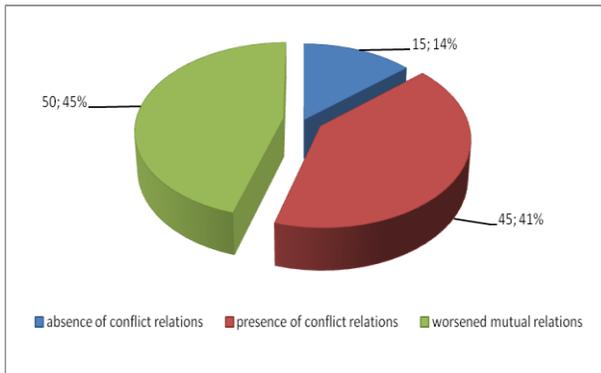
perspectives; Assessment test for alienation from work; demographic data; Statistical methods for working out the results (StatGraf).

**Results:**

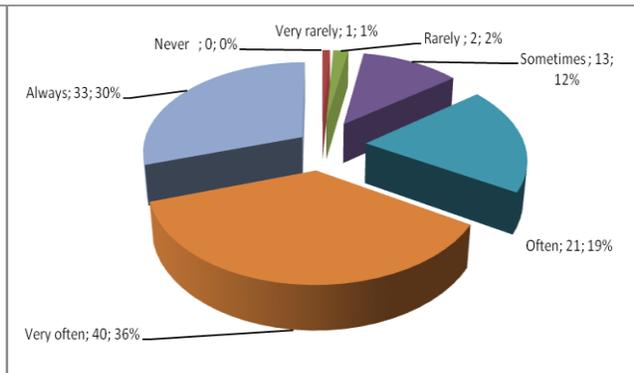
We consider the interaction between the health officials both from the position of personally orientated approach and structural-functional approach when examining the group dynamics of the working environment.

Half of the respondents 50 (45%) report on microclimate problems at work which problems are stable in their nature (Fig.1). After examining the results of the methodology applied, it was found out that the problematic spheres outlined by means of increased levels above the average values, can be found out in the following situations: conflict making atmosphere, predominant strain and existing of unreciprocated information, irregular overload, relying on certain persons only to do a specific volume of work, opposing among occupational groups. Despite of the bad microclimate 94 (85%) in total of the respondents expressed their willingness for mutual aid - often, very often and always (Fig.2).

All the components have high degree of correlation with the total score of the method (from  $r=0.84$ ;  $p=0.000$  /a feeling for concealed strain between the employees/ to  $r=0.46$ ;  $p=0.000$  /some colleagues cover up and protect each other). By means of Multiple-Variable Analysis it was found that the results are insignificantly connected with gender, age, service and family status. Significant correlation is there with the place of work – in the units of Obstetrics and Gynecology with Neonatal sector, Anesthesiology and Intensive treatment, higher levels of interpreted anxiety and discomfort in the working microclimate are recorded ( $r=0.35$ ,  $p=0.0004$ ). The work in these units is highly intensive because it is directly connected with the appearance and maintaining of human life.



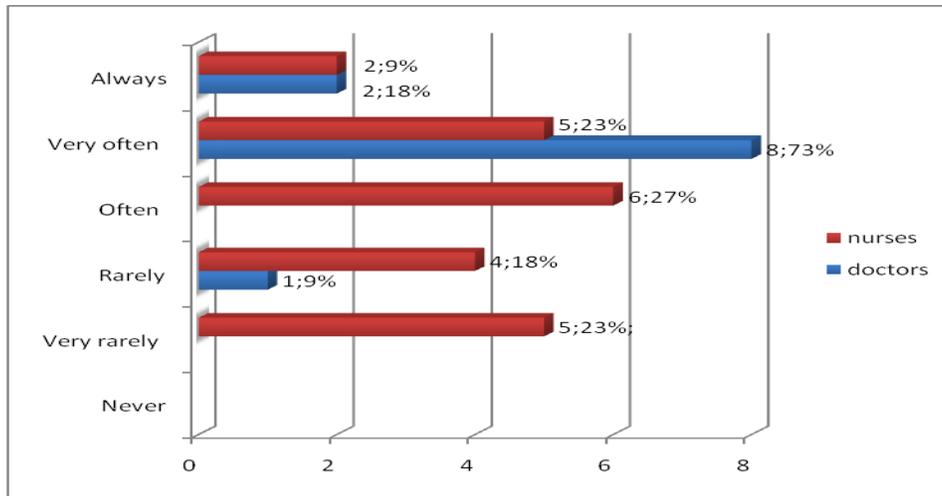
**Figure 1.** Summarized results from the Test evaluation of relations in the organization



**Figure 2.** Distribution of the results on the degree of presence of Relief work

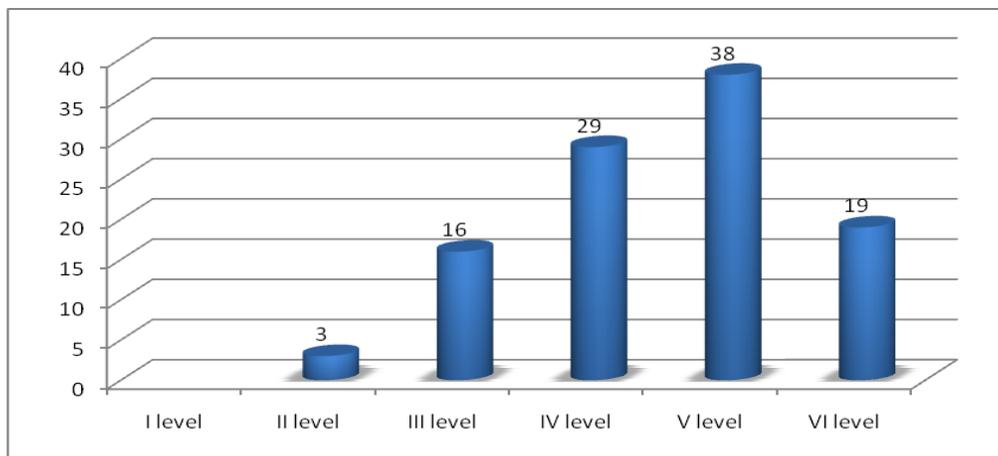
In the Departments of Anesthesiology and Intensive treatment for example, from 33 persons total (11 doctors and 22 nurses) only one medic expends rarely overtime work (Fig.3).

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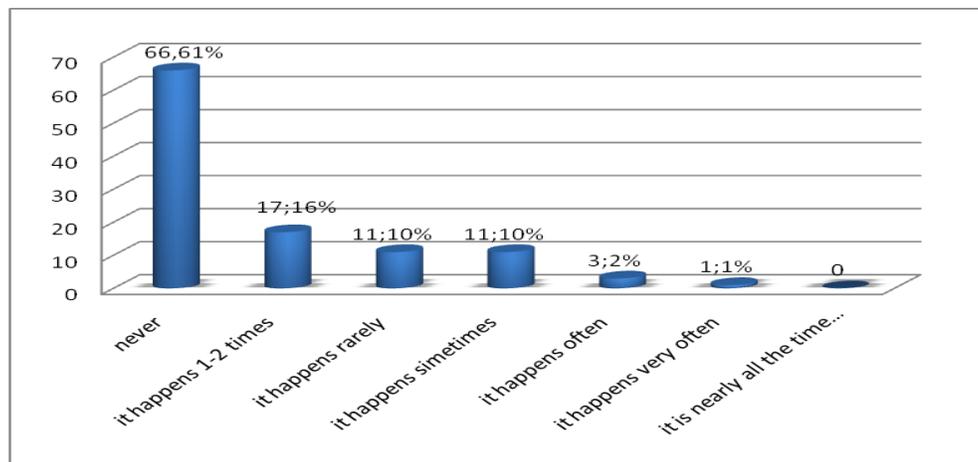
**Figure 3.** Frequency of overtime work in the Anesthesiology and Intensive Care Unit (AICU) (doctors and nurses)

Lower levels of negative assessment of relationships are recorded in Gynecologic Oncology, Clinical Pathology and Clinical Laboratory units.



**Figure 4.** Results of the Assessment test for long-term motivation of the individual behaviour (in number)

Fig. 4 illustrates the results of the Assessment test for long-term motivation of individual behaviour. The formation of long-term objectives represents a fundamental for specifying the short-term objectives which are most often related with life and professional perspective [3, 41-45]. Long-term motivation gives sense to the behaviour in any moment. The questionnaire has a very good internal homogeneity ( $\alpha$  Cronbach =0.78). As it can be seen from the graph, diversion is read from the normal division in favour of middle and high levels. We assume that respondents have the inner need of long-term life projections which are expected to outline the framework of higher categories and better summarized logical objectives. The results obtained are not influenced by indicators like gender, age and education completed. As a second hypothesis we consider the correlation between lower actual motivation levels and higher life expectations.



**Figure 5.** Results from the Test for alienation from work

The results summarized from the Test for alienation from work, presented in Fig.5 indicate that more than a half of respondents (66/61%) don't experience dissatisfaction from their professional choice, 39 (36%) experience dissatisfaction sporadically or sometimes, 4 (12%) - often and very often. 91 (83%) don't agree with the contention that they are at work only formally, not feeling like personally engaged. 77 (70%) of the respondents are empathetic to their own successes and failures at work, 70 (64%) haven't had a feeling of hostility towards their job, 65 (60%) approach thoroughly to the requirements for them.

### Conclusions:

A negative correlation is established between the results of these two methodologies: assessment of the mutual relations in the organization and assessment of the individual long-term motivation (Pearson=-0.31, p=0.005). This fact presupposes that in parallel with the reduction of negative feelings connected with the work relationships, the personal motivation perspective will be increased.

The study confirmed published data for 240 persons (working out of Healthcare system). A negative correlation between the assessments of long-term motivation of individual behaviour and work-related alienation experienced ( $r=-0.46$ ;  $p<0.001$ ) [3,43] was indicated for them. The correlation got between the results of both methodologies used in the study is  $r=-0.49$ ;  $p=0.000$ .

Problems were identified in the group cohesion having different degrees of expression, on the background of relatively well represented reciprocity in the units with high intensity of work. The atmosphere defined as strenuous and tending to give rise to conflicts concerns themes like identity, group dynamics and group structure. We accept that in extreme situations changes will be observed in the individual behaviour in favour of the situational group target and closely related to it lifesaving team actions. The methodologies used are focused on the actual routine activities and interactions. In the individual assessments of the usual organizational atmosphere a phenomenon "scattering of atmosphere" can be found out. In this case the employer counts on some certain specialists only and they are loaded with larger volume of work than the others ( $r=0.68$ ,  $p=0.000$ ), diversion from the tasks assigned can be registered ( $r=0.58$ ,  $p=0.000$ ), justifications for bad managing with some activities are there ( $r=0.56$ ,  $p=0.000$ ). Despite of the data obtained for subjectively assessed quality of the atmosphere in the team, 66 (61%) of the surveyed persons say that they never feel like alienated from their job.

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The results of the methodologies above are not in significant statistical correlation with demographic indicators like gender, age and education completed.

According to the research data of A.Velichkov [3], inconformity of self-assessment of one's own behavior with the subjective idea for the assessments of the others leads to appearance of uncertainty and clear sensitivity towards the others' behaviour reactions. This affirmation can be used in the explanation of unfavourably perceived working atmosphere which is connected with the tendency to sanction the colleagues' behavior if the focus on successes and group decisions is narrowed.

Exceptionally humane in its nature, the medical profession presumes altruistic behavior which was established by the study conducted. The study proved that health specialists have the need and desire for regular trainings, qualifications, stimulation of volunteering practises and attracting new personnel in the units with high work intensity [20; 18]. It is necessary, when further developing the research work, a connection to be demanded between the essential values and the apparent behavior [6]. This idea is underlying in the selection of the rest methodologies on the project.

In general, the researches in Bulgaria related to the psychical health and well-being of health specialists have concrete and focal nature and they are sporadic. The results of the study have a practical significance for psychodiagnostics and they aim at improvement of informal contacts and stimulation of labour motivation, stress prevention and optimization of management activities.

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