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Components of Job Motivation in Operating-Room and Anesthesia Staff

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Abstract

Background: One of the important strategies to provide quality care is to motivate healthcare workers.
Objectives: This study aimed to determine the components of job motivation among operating-room and anesthesia staff.
Methods: This cross-sectional study was performed on 152 operating-room and anesthesia staff working in Zanjan hospitals and by the convenience sampling method. Data were collected using demographic and job motivation questionnaire. Data were analyzed using SPSS 16 software and Pearson correlation coefficient and Mann-Whitney test.
***Results*:** The mean (SD) job motivation power was 25.2(11.9) which was relatively desirable. In the operating-room staff, the strongest relationship between the dimensions of motivation and total motivational power was related to the autonomy dimension (r=0.7), and the weakest relationship was associated with the identity dimension (r=0.3). In the anesthesia staff, the strongest relationship was associated with the dimensions of autonomy and feedback (r=0.6), and the weakest relationship was associated with the identity dimension (r=0.001) and total motivational power (P<0.001). Also, the mean (SD) skill variety dimension in operating-room staff was 3 (0.6), which was higher than that in the anesthesia staff was equal to 2.7(0.5) (P=0.015); but the mean score in other dimensions and the total score of motivational power between the two groups had no statistically significant difference (P>0.05).
Conclusion: Given the low score of the job identity dimension, it is better for policy-makers and managers of the health system to take measures to strengthen this dimension of job motivation as one of the priorities of the healthcare system.

Keywords: motivation, professional autonomy, operating room technicians, nurse anesthetists

Introduction

From the perspective of human resource knowledge, having a talent (capabilities) bank is particularly important to an organization. Therefore, attracting and retaining capable human resources in organizations is considered a vital matter today, and competition to attract and retain capable staff has increased sharply and has

become one of the main challenges for many organizations in a new arena of the labor market. The importance of human capital in organizations is such that in recent years, human resources have found a central place in organizations and are considered a strategic factor [1]. Job factors are among the most important factors influencing the success and backwardness of the system, and if ignored, they cause a waste of organizational resources [2]. In the meantime, when human resources have sufficient satisfaction and motivation for activity and job commitment, they can be fruitful and provide decent services to the organization [1]. Today, human resource management faces two important and fundamental challenges: One is job motivation and psychological empowerment [3], and the other is creating techniques that build the will and interest in work or job motivation in human resources working in the organization [4]. Therefore, in recent years, managers of organizations have been looking for ways to increase job satisfaction and create motivation in staff [1]. From the psychological perspective, motivation refers to the internal states of the organism that lead its behavior toward a specific goal [5]. In the perspective of human resource management, motivation refers to motivating staff to work and directing them to job satisfaction [6]. In this regard, Herzberg's two-factor theory of "motivation-health" is one of the complete theories of motivation that divides the factors affecting motivation into two categories of motivation and health. According to Herzberg, the provision of health factors leads to eliminating dissatisfaction, and the provision of motivational factors leads to creating satisfaction and motivation in the individual [7]. In general, motivation is considered the basis of human behavior. Acceptance of social changes, active participation in learning, proper management practices, and success in any action and behavior depend on the level of motivation and willingness existing in the individual [8]. Recognizing individuals' job motivations and paying attention to them as a bedrock and stimulus to increase the effectiveness and efficiency in providing optimal healthcare services can greatly help improve community health [9] and guide organizational behaviors so that individual and organizational goals are met [10]. Job motivation explains the staff's willingness to overcome job barriers and adapt to changing working conditions [11] and is one of the most important factors influencing the success and backwardness of the system, and if ignored, it will lead to wasting the organization's resources [12]. If staff motivation can be increased, job satisfaction and, consequently, the productivity of human resources will increase and ultimately will be associated with improved client satisfaction [13]. In order to prevent human resource loss (leaving the organization), better performance, and maintain and promote productivity, especially medical staff, recognizing the motivational factors and paying attention to their strengths and weaknesses are necessary and important for planning in the field of human resources [14,15]. The researchers emphasize that the components of job motivation and job satisfaction should be examined in a particular period of time, and their importance be measured to update information [16]. Research has been conducted in various organizations and industries to examine job characteristics that create motivation; however, it seems that less research has been performed on the job motivation of operating-room and anesthesia experts. It also seems in our country that when designing jobs, especially regarding the operating-room, necessary job characteristics have not been considered, and jobs have been designed in such a way that the hard work of this group of individuals has not been taken into account. Given the existing inconsistencies, it is necessary to evaluate and measure the factors affecting job motivation in order to discover the factors affecting the improvement of operating-room and anesthesia staff performance and increase the quality of services provided. Obviously, conducting research on measuring the components of job motivation in operating-room and anesthesia staff helps to be aware of the strengths and weaknesses of these components between them and, according to the identified problems, officials correct their management methods and take action to remove obstacles and issues in the organization so that, by applying appropriate behavioral patterns, they cause to create strong morale and motivation in their staff. Most research conducted in Iran has indicated the factors related to nurses' motivation, and less has examined the current situation regarding the

performance of the operating-room and anesthesia staff in playing this role. This study was designed and conducted to determine the components of job motivation among operating-room and anesthesia staff in the hospitals of Zanjan.

Methods

This cross-sectional study was conducted in educational hospitals of Zanjan from August to November 2019. The study population consisted of all operating-room and anesthesia staff working in Ayatollah Mousavi, Hazrat Vali Asr, Bahman, and Imam Hossein hospitals in Zanjan, Iran. In the present study, data were collected by the census method. The participants' characteristics included having at least an associate degree in operating-room and anesthesia, having at least 6 months of work experience, and not having managerial positions. Incomplete questionnaires were excluded from the study and were not analyzed.

The study population included 218 operating-room and anesthesia staff working in Ayatollah Mousavi (n=122), Hazrat Vali Asr (n=39), Imam Hossein (n=32), and Bahman (n=25) hospitals in the city of Zanjan, among which a total of 152 people participated in the study.

Data collection tools included a demographic information questionnaire and the standard Hackman and Oldham Motivating Potential Scale (MPS).

A demographic information questionnaire, including gender, age, marital status, education, work experience, and employment status, was used to obtain the participants' personal characteristics.

Hackman and Oldham's MPS was used to determine the level of job motivation. The validity and reliability of this questionnaire have been confirmed in several studies, and Cronbach's alpha coefficient has been reported to be more than 0.8 [17-19]. In the present study, the reliability was evaluated by the internal consistency method. Cronbach's alpha coefficient was estimated to be 0.71.

Job motivation was calculated based on the potential motivation indicator in this questionnaire. This indicator, designed based on the Hackman and Oldham model of job characteristics, is a unique index for predicting the individual's behavior and includes the main elements of the job, namely skill variety, identity, significance, autonomy, and feedback. This scale consists of 15 Likert four-point questions from "strongly disagree" to "strongly agree" (score 1 to 4). Questions 1, 6, and 11 are related to the skill variety dimension or the degree to which the job requires a variety of activities; questions 2, 7, and 12 are related to the identity dimension or the degree to which the job needs something; questions 3, 8, and 13 are related to the significance dimension or the degree of the job effect on life or work of others; questions 4, 9, and 14 are related to the autonomy dimension, and questions 5, 10, and 15 are related to the feedback dimension. Each dimension consists of 3 questions, and the mean total score in each dimension is between a minimum of 1 and a maximum of 4. Obtaining a score of less than 2.5 in each dimension indicates the job's enjoyment of that dimension at a low level, and a score higher than 2.5 indicates the job's enjoyment of that dimension at a high level. After calculating the scores related to each dimension, the potential motivational power score is calculated through the following equation:

$$\text{Autonomy} \times \text{Feedback} \times [3/ (\text{Significance} + \text{Identity} + \text{Skill Variety})] = \text{MPS}$$

The following is done to calculate the MPS score: In order to calculate the score obtained from questions 2, 4, 6, 8, 10, and 12, the score obtained from each question is subtracted from number 5. The scores of questions 1, 3, 5, 7, 9, 11, 13, 14, and 15 are equal to the score of the answer to each question. The range of scores obtained from the scale is between 1 and 125.

The potential motivational power scores based on the normal distribution obtained from the research are divided into three categories. Scores between 4 and 30 are considered low potential motivational power, scores between 31 and 57 are considered moderate potential motivational power, and scores between 58 and 83 are considered high potential motivational power [20].

The researcher went to the study settings to complete the questionnaires during morning, evening, and night shifts. After explaining the study objectives and emphasizing voluntary participation in the study, the questionnaire was provided to the participants in person. After obtaining written consent from the staff, the

questionnaire was provided to them, and the necessary explanations were given about how to complete it. It should be noted that the researcher used to go to the centers to collect data during hours when the participants were the least tired and busy. Finally, the questionnaires distributed by the researcher were collected.

After sampling and completing the questionnaires, the data were analyzed using SPSS 16 software; the descriptive statistics (including frequency, percentage, mean, and standard deviation) and the analytical statistics (including Spearman correlation coefficient and Mann-Whitney tests) were used. The significance level in the present study was considered less than 0.05 (P<0.05). The Kolmogorov-Smirnov test was used to evaluate the normal distribution of data. The results of this test showed that the studied quantitative variables had no normal distribution (P<0.05).

Results

Demographic findings were obtained in such a way that 30.9% and 69.1% of the study participants were men and women, respectively. Most participants were in the <30 years old age group (48.7%) and had a work experience of fewer than 10 years (38.8%). Other demographic findings are presented in Table 1. The frequency distribution of anesthesia and operating-room staff in the educational hospitals of Zanjan University of Medical Sciences in terms of the hospital showed that most participants (65.8%) were employed in Ayatollah Mousavi Hospital.

Table 1: The Frequency Distribution of Participants' Demographic Characteristics

Demographic Characteristics		N	%
Gender	Male	47	30.9
	Female	105	69.1
Age	30>	74	48.7
	30-40	49	32.2
	> 40	29	19.1
Marital status	Single	43	28.3
	Married	109	71.7
Education	Associate	34	22.4
	Bachelor	114	75
	Master	4	2.6
Employment status	Permanent	53	34.9
	Temporary-to-permanent	16	10.5
	Project	57	37.5
	Contractual	26	17.1
Work experience	1<	26	17.1
	3-5	43	28.3
	5-10	24	15.8
	10<	59	38.8
Work shift	Morning	107	70.4
	Evening	21	13.8
	Night	24	15.8
Rotation shift	Single-shift	9	5.9
	Double-shift	22	14.5
	Rotating	121	79.6
Hospital	Ayatollah Mousavi	100	65.8
	Hazrat Vali Asr	29	19.1
	Bahman	9	5.9
	Imam Hossein	14	9.2

Table 2: The Means and Standard Deviations of Job Motivation Score and its Components in Participants

Components of Job Motivation	Number	Mean (Standard Deviation)
Skill variety	152	2.9 (0.64)
Identity	152	2.5 (0.67)
Job significance	152	3 (0.68)
Autonomy	152	2.8 (0.66)
Feedback	152	3 (0.58)
Total score	152	25.2 (11.96)

The above table shows the descriptive statistics of job motivation and its dimensions, indicating that the most motivation is in the job impact dimension and the least is in the identity dimension.

Table 3: The Relationship Between the Mean Score of Job Motivation and its Dimensions

	Job Motivation	
	Correlation	Significance
Skill variety	0.57	0.0001
Identity	0.26	0.0001
Job significance	0.55	0.0001
Autonomy	0.73	0.0001
Feedback	0.63	0.0001

[*] **Spearman correlation coefficient**
[**] **Significance level p**<0.05

The results of the Spearman correlation test showed that there was a statistically significant relationship between the components of job motivation and motivational power, and the highest relationship was related to the autonomy dimension, and the least was related to the identity dimension

Table 4: Comparing the Means and Standard Deviations of Components of Job Motivation Among the Studied Groups

Job Motivation and Its Components	Operating-Room	Anesthesia	Significance
	Mean (Standard Deviation)	Mean (Standard Deviation)	
Skill variety	3.06 (0.65)	2.79 (0.59)	0.015
Identity	2.41 (0.7)	2.6 (0.63)	0.052
Job significance	3.11 (0.71)	3.04 (0.65)	0.517
Autonomy	2.91 (0.67)	2.73 (0.64)	0.209
Feedback	3.08 (0.61)	2.99 (0.56)	0.432
Total	27.01 (14.41)	23.25 (7.98)	0.307

The results of the Mann-Whitney test show that the mean score of the skill variety dimension in operating-room staff is higher than that in anesthesia staff, but there is no statistically significant difference between the two groups in other dimensions and the total score of motivational power.

Table 5: The Relationship Between the Dimensions of Motivation and Motivational Power by Study Participants

Motivation	Operating-Room		Anesthesia	
	*r	**Significance	*r	**Significance
Skill variety	0.610	0.0001	0.481	0.0001
Identity	0.390	0.0001	0.082	0.0001
Job significance	0.623	0.0001	0.458	0.0001
Autonomy	0.786	0.0001	0.691	0.0001
Feedback	0.665	0.0001	0.611	0.0001

***Spearman correlation coefficient**
****Significance level p**<0.0.5

The results showed that there was a statistically significant relationship between the dimensions of motivation and total motivational power, and the strongest relationship in the operating-room staff was related to the autonomy dimension, and the weakest was related to the identity dimension. In the anesthesia staff, the strongest relationship was related to the autonomy and feedback dimensions, and the weakest was related to the identity dimension

Discussion

In this study, the total motivational power score indicates the relatively good conditions of the study participants and shows that participants' motivation concerning skill variety, identity, job significance, autonomy, and feedback is relatively desirable.

Basically, when an individual chooses a job, he/she has no positive or negative attitude toward it. Motivational factors provide job satisfaction and replace the individual's indifference state with his/her positive attitude toward the job [7]. In addition to job satisfaction to flourish motivation, needs also play an important role, and in this regard, individuals have different needs, and the amount of these needs vary in staff; thus, as a dependent factor, the level of these motivations is constantly changing [9]. According to the author, although the motivational power was desirable in this study, we cannot judge definitively and just based on the numbers reported on nurses' job motivation in different areas; however, the mentioned mean scores provide the possibility of making an initial judgment about the nurses' job motivation status [21]. Therefore, it can be concluded that the existing working conditions have been relatively successful in satisfying the target group (operating-room and anesthesia staff). In future planning to maintain and promote the desired quality of motivational power, enhance patient satisfaction, and improve the current situation, it is necessary to pay attention to the needs and job satisfaction of this group. Given the confirmation of the main hypothesis of the research, it can be concluded that the components of job motivation between anesthesia and operating-room staff play an important role in individuals' motivational power. Therefore, it is better to provide the necessary context for the flourishing of motivational components in staff and, by using job motivation standards and criteria, necessary interventions are performed, and its impact on motivational power and attitudes are evaluated to achieve organizational goals.

Factors affecting job motivation status are different among nurses. Comparing Iranian nurses with nurses in other countries showed that factors such as income, salaries and privileges, officials' support, attention and value to the job, and communication with other members of the medical team were common factors between the two groups, and a factor such as society's attitude toward nursing was just mentioned in Iran as nurses' job motivational factors. The case mentioned in most foreign studies was "suitable working conditions, especially working hours," but in Iran, "high wages" mainly was mentioned as a motivational factor [22].

The reason may be due to the lack of discrimination between nurses and other healthcare workers in developed countries or the small number of studies reviewed by researchers [23].

In different studies, various factors such as responsibility, individuals' growth and progress in the position [16], occupational growth and development, specialized and professional services [24], job interest, good salaries and privileges, job security, job promotion, etc. have been discussed as factors affecting job motivation. From the perspective of newly-hired individuals, job security and for experienced staff, attention to the job and its identity have been reported as the most important factors creating job motivation [25,26].

Obviously, individuals are different in terms of motivational dynamics, and the reason is due to various factors such as environment, situation, or dependence, and just the person who does the work does not matter [27].

Managers and heads of organizations need to know which factors motivate staff and which factors are of greater importance. "If positive things are going to happen in an organization, it will occur thanks to the presence of motivated individuals so that the more of them, the better the organization's performance," states Spector [27].

Given the extensive changes in various areas of business, it is necessary to consider the components of increasing motivation among staff concerning the history and other important dimensions that play a significant role in clinical performance and workforce efficiency. In this study, skill variety, identity, job significance, autonomy, and feedback also have important effects on the motivational power of the study population, the greatest extent of which has been manifested in the autonomy dimension, and the least has appeared in the identity dimension. Factors influencing job identity of the operating-room and anesthesia staff from their own perspective and the literature review have been collected and used by senior managers and officials to strengthen job identity from the staff's perspective using practical and operational methods among the members of this group.

Evaluating the relationship between the dimentions of motivation and total motivational power based on groups also showed a statistically significant relationship, which is in line with confirming the significant relationship of the whole study population, not groups, and narrates the study population's view in such a way that this relationship is higher in the autonomy dimension and lower in the identity dimension. The results help managers and executives know how people think about specific issues and predict people's behaviors and performance. Given that from the perspective of individuals in the study population, there is a weak relationship between motivational power and job identity, this view can create challenges regarding job identity and, subsequently, cause negative feedback regarding motivational power. Therefore, the results of the present study can be a useful prescription for policy-makers and managers in order to carry out effective interventions to improve the job identity of staff. It should be noted that in organizations that cannot provide the necessary support, the conflict between the needs of individuals causes problems in the system, and if managers fail to detect such conflicts, they will experience increasing levels of demotivation of their staff, which over time will affect the growth, development, and performance of the organization. It seems that managers will be able to positively affect the growth and development of their staff by considering the conflicts between individuals and providing more support [28].

The results of prioritization from the study population's perspective concerning motivational power showed that job autonomy was the most important influential factor in this field, so it can be concluded that in the healthcare system, job autonomy has been created and has reached growth and development in this regard.

Autonomy leads to the psychological state of experienced responsiveness to work results, leading to outcomes such as high job effectiveness and high intrinsic job motivation [29].

Some studies have found the effectiveness of job autonomy on performance through the mediating variable of motivation [30]. Regarding the relationship between job autonomy and motivation, it can be said that this variable as a predictor factor in job motivation can have a significant effect on various aspects of individuals' jobs, including clinical performance, organizational success, and job satisfaction.

In comparing the motivational components between the two groups, the skill variety dimension was higher in operating-room staff than in anesthesia staff. However, there was no statistically significant difference in other

dimensions and the total motivational power score, which can be explained by the various fields and techniques of surgery, including orthopedics, neurology, gynecology, general surgery, plastic surgery, etc.

In this regard, evidence shows that one of the factors that affect job satisfaction is job enrichment, in such a way that by enriching the job, job tasks can be made more exciting and meaningful for staff; consequently, job satisfaction can be increased [31].

Of course, the satisfaction of operating-room staff in the variety dimension compared to anesthesia staff is debatable because gaining skills in various surgical fields are time-consuming among operating-room staff and requires more practice and concentration. Therefore, individuals are satisfied with skill variety in this field when they spend a particular time based on individuals' different learning power and acquire the required skills in this field. Therefore, it can be concluded that individuals' experience and history significantly impact predicting job motivation and, as a supplement, provide more realistic information to the researcher.

It should be noted that some limitations of the present study limit the generalizability of the results. The results of this study, similar to many other studies, face problems due to the limited number of the operating-room and anesthesia staff in Zanjan, as well as self-reporting tools in generalizing the findings to other communities.

Conclusion

Given that motivation is a dynamic force and an important factor in human mobility or action, it is suggested that the necessary infrastructures to increase motivation be created among staff and be at the top of managers' operational plans and the healthcare system so that by creating motivation between individuals, the system dynamics is maintained and the path of intervention and care is provided in emergency patients in a golden time and as soon as possible, and by using these methods and updating information, the ideal goals that both serve the community and lead to the development of work ethic and the formation of work conscience, are achieved. It is also recommended that necessary measures be followed in this field by using knowledge management concerning job motivation, especially the job identity dimension, by applying knowledge-based methods and measures so that job identity is turned from a potential to an actual status and the necessary motivation for creating work is provided. Also, the necessary context should be created for occupational progress in providing clinical services to patients by operating-room and anesthesia staff.

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Conflict of interest

The authors have no conflicts of interest to declare.

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