ISSN 1816-6075 (Print), 1818-0523 (Online)
Journal of System and Management Sciences
Vol. 13 (2023) No. 3, pp. 533-549
1. DOI:10.33168/JSMS.2023.0336
2.

Psychological Exhaustion and Motivation of Health Professionals in the COVID Era

Ntisiou Paraskevi, Sotiria Triantari

Department of Management Science and Technology, School of Economics,University of Western Macedonia, Greece

Abstract. Low motivation and lack of incentives is a serious challenge for a country's healthcare system. However, the COVID-19 pandemic has put increasing pressure on health professionals, leading to their physical and emotional burnout. The aim of the study was to investigates the views of health professionals in a Greek hospital in the Prefecture of Pella, seeking to address staff psychological exhaustion and the drivers of motivation to achieve organizational goals in a highly demanding environment due to COVID-19 pandemic. The research tool of the survey is the questionnaire. Each questionnaire contains 34 questions that are scored with the help of a 5-point Likert scale (1=Totally disagree... 5=Totally agree). Data was collected between May and July 2021 in the Health Units of Pella prefecture (Northern Greece). We employed convenience sampling to ensure the collection of data from the largest possible number of employees during an increased workload due to the COVID-19 pandemic. In conclusion, it can be said that health professionals working on the front line due to the pandemic face emotional exhaustion at high risk. During these extreme conditions, employee motivation by the state or the hospital administration to participate in educational activities is a demand. Further, providing an encouraging environment for health employees is critical as it can safeguard the provision of better services, lower the psychological and physical burnout, and reduce absenteeism.

Keywords: Motivation· employees· education· hospitals· Greece.

1. Introduction

In today's era, management realizes the importance of the human factor and the need for effective use of individual talents and the creative and critical thinking of every employee within the organization. Employee behavior is related to corporate climate and perceived organizational support (Berberoglu, 2018; Kim et al., 2016). Employee motivation is the driving force behind employee behavior and employee performance (Osborne & Hammoud, 2017).

Health professionals should constitute a motivated workforce so that the health system works effectively (Garcia – Prado, 2005; Rowe et al., 2005). On the other hand, a competent, productive, fair, and efficient health workforce should also experience increased work satisfaction. (Bayad & Govand, 2021).

Despite the range of significant technological advances that have taken place in all sectors of society, especially during the COVID-19 pandemic, human resources remain an asset for an organization towards the achievement of its goals (Sethi, et al., 2020; Windarwati, et al., 2021; Bashirian et al., 2020).

A few studies address employee satisfaction and motivation of health professionals in Greek hospitals (Adamopoulos 2022; Tsarouchas et al., 2022; Kitsios & Kamariotou 2021), but none of these studies addresses the impact of the COVID-19 pandemic on psychological exhaustion and motivation of health professionals.

The paper investigates the views of health professionals in a Greek hospital in the Prefecture of Pella, seeking to address staff psychological exhaustion and the drivers of motivation to achieve organizational goals in a highly demanding environment due to COVID-19 pandemic. The research aspires to fill the gap in the existing literature regarding psychological exhaustion and motivation in Greek hospitals in the COVID-19 era.

2. Literature Review

2.1 The concept of motivation

The concept of motivation is a critical factor that which identifies people's behavior and drives it in the desired direction to ensure the achievement of organizational goals (Barkoukis et al., 2008; Bjerneld et al., 2006). Atkinson (1964) defines motivation as the contemporary or direct influence on direction, vigor, and persistence towards an act, while Erven & Milligan (2000) argue that motivation is the internal power that guides human behavior. Therefore, motivation represents the inner strength or impulse that derives from one's needs and contributes to people's stimuli toward action. On the one hand, emotions lead people on a path to achieving goals, while on the other hand, motivation helps to determine how individuals perceive the environment around them and shape their desires and actions accordingly (Goleman, 2001).

A more complex definition of motivation treats it as a decision-making process that is based on conscious analysis since it should lead to results that are desirable, pleasant, or necessary for the individual (Bagozzi et al., 2003). According to Camilleri (2007), motivation is a basic psychological process, which is very important in understanding human behavior. Its complexity is also proven by the fact that fifteen related theories are mentioned in the literature, supported by thirty-two inferential variations. In this context, motivation is associated with a specific form of behavior manifested so that individuals can achieve specific goals (Ramadanty & Martinus, 2016; Chen, et al., 2013; Herzberg, 2017). Motivation reflects people's internal state and contributes to the mobilization and determination of their behavior toward a goal. Once the goal is attained, individuals derive a level of satisfaction related to their needs (Bostan et al., 2009). According to Durbin (quoting Saitis, 2007), "motivation is an effort to achieve results that come either from the individual or the Director of the organization, or the team. Individual motivation influences the start, direction, intensity, and perseverance of the effort, while motivation on the part of the manager is a process that leads individuals to achieve the objectives". Individual motivation affects the elements of the beginning, direction, intensity, and persistence in effort

(the person commits and takes initiative to achieve a goal, therefore feeling optimistic) (Triantari, 2020). Motivation from the manager is a process that leads individuals to achieve objective goals through developing a climate of respect and trust that promotes their self-worth and provides employees with the appropriate tools to develop within the organization (Triantari, 2020).

Hoy & Miskel (2008:176) interpret the concept of motivation as "the complex forces, motivations, need, situations of tendencies, or other mechanisms that act and maintain voluntary activity toward the attainment of individual goals." According to another definition, "motivation is the internal elements of a person's behavior, which are inherent or acquired, consciously or unconsciously, and constitute simple physical needs or a set of abstract ideas" (Bostan et al., 2009). Motivation is a process, or processes that explain the intensity, direction, and perseverance of a person's efforts to achieve his goals (Robbins & Judge, 2011).

The human resource theories developed by Maslow (1943) and Herzberg (1964) suggest that satisfied employees tend to be increasingly prolific and creative (Sekhar, et al., 2013; Lichtenberg, 2013; Reeve, 2018; Weiner, 2013; Pinder, 2014). Maslow (1943) claims that people need to satisfy physiological, security, social, self-esteem, and self-actualization needs in a hierarchical order The above needs serve as motivators only when employees seek to satisfy them. Hence, a need that is satisfied cannot act as a motive unless the individual is deprived of that need (Jerome, 2013, Kaur, 2013).

Herzberg (1964) defined hygiene factors – remuneration, relations, supervision, and working conditions – and motivation factors – accountability, aptitude, acknowledgement, reward, and success. Hygiene factors are exogenous to the employee related to the working environment, and employees cannot interfere to alter them. Motivation factors relate to individual feelings, insights, subjective methods, and ethics. They have to do with how the person views their job, position, workplace and work environment, colleagues and relationships with them, relationships with supervisors and management, and perceived organizational support.

2.2 The importance of the working environment in employee motivation

The working environment impacts employees profoundly, enabling them to perceive the relationship between the quality of working life and the working environment. Leadership styles, policies, and processes that facilitate the achievement of goals are prerequisites for maintaining a skilled workforce and a general organization that works in a constructive way for the organization (Krueger et al., 2002; Triantari, 2020).

The work incentives of people working in healthcare organizations are critical to enabling these professionals to respond to the growing challenges and demands. Motivation is a process that begins with an inspiration to perform a task action and maintains the employee's interest until the completion of the task. Inspiration is essential for individuals in order to achieve the intended goals (Ramadanty & Martinus, 2016; Chen, et al., 2013; Herzberg, 2017). Motivation is a complex and multidimensional concept that focuses on the intenseness that exists within the individual and influences or directs behavior. In this context, motivation describes the external situation that inspires a behavior and internal reactions that reveal this behavior (Sekhar, et al., 2013; Lichtenberg, 2013; Reeve, 2018; Weiner, 2013; Pinder, 2014).

Leaders and managers can motivate employees and strengthen their psychology. Specifically in labor-intensive industries like the health sector, management should demonstrate respect and trust to promote communication within the organization. Managers should take facilitate initiative-taking behaviors and provide employees with the appropriate means to put their initiatives into practice while cultivating their commitment to organizational goals (Triantari, 2020). Finally, as Triantari states (2020: 97) "as the orator motivates his audience to express, through his speech and morals, his feelings, his thoughts and to lead to decisions at the urging of the orator, so the leader must activate the employees, identify their needs and satisfy them, enable the employees to make the most of their strengths", thus,

highlighting the importance of the Managing Director.

2.3 Types of incentives

There are two different types of motivation: intrinsic and extrinsic. Intrinsic motivation is an internal force that leads employees to achieve personal and organizational goals, gain momentum in shaping their behaviors, and inspiration to assume responsibility without external repercussions (Franco, et al., 2002; Hee, et al., 2016; Muogbo, 2013; Kamanzi & Nkosi, 2011). In this context, intrinsic motivation derives from one's own pleasure for work or self-interest, without being pressured by others. In the health sector, intrinsic motivation links to self-satisfaction in taking responsibility and providing health services rather than working for an external reward (Roussel & Swanburg, 2009; Ryan & Deci, 2000). Extrinsic motivation is an external force that leads employees to achieve personal and organizational goals by meeting their responsibilities and seeking rewards, such as bonuses, fees, and various benefits. Other factors that drive extrinsic motivation are good employee relationships, good working conditions, and supportive management (Hee, et al., 2016; Muogbo, 2013; Kamanzi & Nkosi, 2011; Reiss, 2012).

Exogenous and endogenous factors determine extrinsic and intrinsic motivation, accordingly. Internal motives relate to employee desires to perform specific tasks on a case-by-case basis (Kontodimopoulos et al., 2009). In contrast, external motivation relates to environmental factors. In both cases, motivation helps employees to remain productive and provide better results, thus contributing to organizational success (Ryan & Deci, 2000).

3. Research Methodology

3.1 Purpose of research

The research purpose is to investigate the views of the employees of the hospitals of the prefecture of Pella regarding their burnout and their motivation in these difficult times due to the COVID-19 pandemic.

3.2 Data collection

We collected the data between May and July 2021 in the Health Units of Pella prefecture (Northern Greece). Following the distribution of 40 questionnaires, 30 were accurate, yielding a response rate equal to 75.0%. We employed convenience sampling to ensure the collection of data from the largest possible number of employees during an increased workload due to the COVID-19 pandemic.

3.3 Ethical dilemmas

During the data collection, the authors informed the participants about the purpose of the survey and their option to withdraw at any time without the obligation to explain their decision. In addition, with respect to the anonymity of the participants, no personal data or other personal information that could lead to their identification was recorded.

3.4 Research tool

The research tool of the survey is the questionnaire. Each questionnaire contains 34 questions that are scored with the help of a 5-point Likert scale (1=Not at all... 5=Too much). The reliability test could not produce accurate results as we observed identical scores in 20 out of 34 questions. Still, after removing these questions and four more with low volatility, we derived a Cronbach's alpha coefficient equal to 0.742 on ten items.

3.5 Sample description

The research sample comprises 24 female (N%=80%) and six male respondents (N%=20%). 40% of the survey respondents (N=12) belong to the age group between 36 and 45 years, and 30% is observed in the age groups 26-35 years and 36-45 years (N=9). 50% (N=15) of the participants belong to the

nursing staff, 23.4% (N=7) to the administrative staff, and 13.3% are medical and technical staff (N=4). 43.3% (N=13) of the participants have a working experience between 21 and 26 years, 33.3% (N =10) between 11 and 20 years, 13.3% (N = 4) more than 26 years, and 10% (N = 3) to 10 years of service.

3.6 Results

The survey results showed a consensus of opinion on several of the questions in the questionnaire. More specifically, in 16 of the 34 questions, the average value was equal to 5 (SD =0), showing absolute agreement of the survey participants. According to their answers, the survey participants showed a high degree of psychological stress (Q.1), the existence of nagging, fatigue, anxiety, and increasing demands from superiors due to increasing workload (Q2), unfair compensation compared to their efficiency (Q.3), exploitation (Q.4), low wages (Q.5), no working direction, (Q.6) their need for optimism on their job environment (Q.7) and that they feel that everything futile due to lack of encouragement from their superiors (Q.8). Participants agree that they have time, willingness, and psychology to participating in training programs for the development of their skills (Q.9). Furthermore, the hospital in which they work adopts innovations (Q.10), and university education can strengthen their skills, motivation, readiness, and experience (Q.11-17). Finally, all participants agreed that there is unequal pay distribution from the organization (Q.33) and a meritocratic selection of superiors with a guarantee of scientific competence (Q. 34). Finally, four questions demonstrate absolute disagreement (Mean=1, SD=0). In these questions, all respondents disagreed that management provides incentives for staff development (Q.13), that there is a stable strategy of work objectives, as well as lack of staff education and training in the treatment of young people in health care which can keep up with these new developments (Q.25, 27 and 28).

For the remaining 14 questions, the survey results showed that (see also Figure 1) there was a weak agreement (3 < Mean < 4) on question 19. "I have not been able to meet the need for a university education for economic reasons" (Mean=3.7, SD=1.685), 22. "I have not been able to meet the need for university education due to lack of free time" (Mean=3.63, SD=0.809), 21. "I have not been able to fulfill the need for a university education due to stress and burnout from my work" (Mean=3.4, SD=1.476) and 24. "I have not been able to meet the need for university education due to personal choice" (Mean=3.17, SD=1.02). Moderate views are found in question 23. "I have not been able to meet the need for university education because of age" (Mean=3.07, SD=0.64) and 31. "There is a lack of staff and development" (Mean=2.97, SD=0.928). Finally, participants disagreed with question 26. "I have not been able to fulfill the need for university education due to a work routine" (Mean=2.93, SD=1.552), 20. "I have not been able to meet the need for university education due to lack of motivation" (Mean=2.9, SD=1.125), 18. "I have not been able to fulfill the need for a university education for family reasons" (Mean=2.5, SD=0.861), 32. "Lack of staff cooperation" (Mean=2.4, SD=0.724), 11. "There is good communication between management and personnel" (Mean=2,3, SD=1,149), 12. "The hospital invests in the learning and training of staff" (Mean=2,27, SD=0.450), 29. "There is Psychological, moral, spiritual support from the administration in the midst of a pandemic, with professional psychologists or mutual aid programs" (Mean=2.07, SD=0.450) and 30. "There exists a lack of incitement factors" (Mean=1.47, SD=0.507).

The further investigation of employees' views with the help of non-parametric mean comparison tests showed that past service was the most frequent factor of differences as it was statistically significant in 12 questions. The next more frequent factor was job position (11 questions), age (10 questions), and gender (1 question).

3.6.1 Job position

Regarding job positions, there is a clear distinction between medical-nursing employees and administrative-technical staff. More specifically, the employees who have direct contact with their patients (medical and nursing staff) agreed more strongly that they agree more strongly that there is a good communication environment between management and staff, that they could not fulfill the need

for a university education due to a lack of motivation, to stress and burnout from their work and due to personal choice. Additionally, they disagreed, to a lesser extent, that they face a lack of motivation factors of subordinates where they work. Administrative employees agreed, to a greater extent, that they could not fulfill the need for a university education due to family and financial reasons and lack of time. They also agreed that there is a lack of encouraging factors for the upgrading and development of staff and a lack of cooperation between staff in their organization.

3.6.2 Experience

Regarding working experience, we found a clear distinction between employees with up to 20 years of working experience and employees with more than 20 years of experience. The employees with up to 20 years of working experience agreed to a greater extent that there is a good communication environment between management and employees. Further, they acknowledge that they could not fulfill their need for a university education due to a lack of motivation, stress, burnout from their work, lack of time, and personal choices. Employees with more than 20 years of work experience agreed to a greater extent that the hospital invests in employee learning and training. Also, they could not fulfill the need for a university education due to family, financial, and age reasons. They also acknowledge a lack of motivation for subordinates and employee development and a lack of cooperation between the employees. Finally, they agreed that there is psychological and moral support from the administration during a pandemic, with professional psychologists or mutual aid programs.

3.6.3 Age

In the case of age, no specific pattern was observed. Employees belonging to the age group of 26-35 years agreed to a greater extent that there is a communication climate of management-staff (Mean = 3.78, SD = 0.441), yet a lack of factors of incitement of subordinates (Mean = 1.78, SD = 0.441) and a lack of employee development (Mean = 3.56, SD= 0.527). Further, they could not fulfill the need for a university education due to a lack of motivation (Mean=4.22, SD=0), stress and burnout from their work (Mean=5, SD=0), and a lack of time (Mean=4.22, SD=0.441). Employees also reported that they were not able to fulfill their need for university education for economic reasons (Mean=5, SD=0), because of their age (Mean=3.42, SD=0.793) and a lack of cooperation between employees (Mean=3, SD=0.853). Finally, workers in the age group up to 25 agreed to a greater extent that they could not fulfill their need for a university education due to family reasons (Mean=3, SD=1).

6.3.4 Gender

In the investigation of differences between gender categories of employees, we found that female employees agreed (Mean=3.21, SD=0.884) to a greater extent that there is a higher lack of staff upgrading and development compared to their male colleagues (Mean=2, SD=0).

4. Discussion

4.1 Emotional burnout of health professionals

Burnout occurs in people who work in labor-intensive environments with excessive demands that discourage them physically and emotionally. Health employees deal with a rapidly technological evolution, care provision practices, and regulations that raise the risk of burnout (Tawfik et al., 2019). Therefore, nursing, especially during a pandemic, is one of the humanitarian occupations significantly affected by this painful syndrome. Güler et al. (2019) suggest that burnout syndrome is recurrent among health professional and has seen a rise in recent years, although there are variations depending on areas of expertise and business units. In all cases, however, burnout syndrome meaningly disturbs professional and social life.

Burnout is a state of physical or emotional exhaustion from constant stress. When a person is under pressure to invest energy beyond his resources and this burden continues over time, this person is at high risk of burnout. But there is also the case where individuals are emotionally exhausted, when

individuals undertake too much spiritual work without allowing their spirit to rest, process and develop (Tarcan et al., 2017; O'Connor et al., 2018; Leal-Costa, et al., 2015). Individuals must recognize and try to prevent emotional exhaustion because it clouds their judgment, drains their inner energy, and may lead to self-abandonment. Recognition begins by understanding the difference between the feeling of provocation and early signs of burnout (Al-Dubai et al., 2013).

Burnout can have critical implications as it leads to physical and mental health issues, lack of drive, absences, and low employee morale. Yet, it also primes a decline in the quality of healthcare services, resulting in negative consequences for patients. High levels of burnout in healthcare specialists drive lower patient care with safety implications (Dewa et al.2017; Hall et al. 2016). Also, emotional burnout can lead to a lack of motivation and motivation for further training so that they can develop professionally and personally.

4.2 Motivating employee training in the health sector

Dedicated and motivated workers in the health sector deliver more efficient and effective health services that will help improve the patient experience in healthcare. Kontodimopoulos et al. (2009) identify the important motivational factors in Greek hospitals and inquire whether there are differences between public and private hospitals. Their findings show that the highest motivation factor for doctors, nurses, and administrative staff is achievement. Within the subgroups, the motivations were similar with a sole difference between doctors and nurses compared to colleagues. Financial rewards were only a noteworthy enticement for managers at all levels. Finally, health professionals in private hospitals were significantly more motivated.

Our findings are consistent with existing literature. For example, Gaki et al. (2013) investigated the motivations of Greek nurses and the possible impact of demographic variables and labor factors. Their study focuses on the population group of health professionals as nurse motivation is vital for a efficient health care system. The authors used a similar questionnaire concerning job incentives, and their findings showed that achievements are the top motivating factor in the workplace for nurses. Job satisfaction, positions, and age were statistically significantly stimulating factors. The nurses emphasized incentives that are not firmly linked to financial rewards but can be seen as inherent and could contribute to their self-realization.

Belrhiti et al. (2020) studied the association between leadership and motivation of health professionals in Morocco. Research findings confirmed the significant contribution of leaders when they assume a suitable combination of transactional, transformative, and distributed leadership that complies with the mission, goals, organizational culture, and nature of the organization's tasks and the individual characteristics of the staff. The effectiveness of leadership depends on the degree of responsiveness to autonomy, aptitude, and relevance and the perceived organizational support. The leader is a critical determinant of health personnel motivation (Triantari, 2020).

At the European and global level, in recent years, the urgent need to investigate the phenomenon of participation, as well as the factors motivating health workers in a range of educational activities, is emerging as a top priority. Several studies on continuing education confirm its necessity for human resources development. Empirical findings in US hospitals investigating health personnel highlighted the positive correlation between continuing education and training concerning efficiency, effectiveness, and productivity in health services (Aiken et al., 2002; Cho et al., 2003· Flores, 2006· Association of American Medical Colleges & American Association of Colleges of Nursing 2010), and lower employee burnout (Jeung et al., 2018). Furthermore, other studies (Kane et al., 2007; Bamrah et al., 2011) concluded that continuing education of health professionals contributes to upgrading existing knowledge, skills improvement, and a better quality of health services.

The theoretical background supports the research findings as they both confirm that the health staff shows a psychological burden due to the increasing workload and non-rewarding of their efficiency, especially during the pandemic of COVID-19. Furthermore, nurse employees do not feel motivated to

achieve work goals, especially by the leaders of organizations, who have a critical role concerning motivation, encouragement, and support (Triantari, 2020).

5. Conclusions

In general, the results of this work show that concepts such as motivation or burnout are complex and driven by various components. Especially health professionals working on the front line due to the pandemic face emotional exhaustion at high risk. During these extreme conditions, employee motivation by the state or the hospital administration to participate in educational activities is a demand. The state should ensure the additional training of health workers and hospital administrations should support the employees in this direction by providing incentives towards achieving professional development of health workers and improving provided health services. Educational support can help hospital staff to reduce the risk of exhaustion. Also, the leadership should increase the human resources in the field of health, in all structures, to ensure the provision of better services, strengthen the psychological and physical condition of employees, and reduce absenteeism due to psychosomatic feedback. The data, in general, can be reflective of the stakeholders.

5.1 Research limitations and recommendations for future research

Critical research limitations are the small sample size and the absolute agreement or disagreement of the survey participants on 20 of the 34 questions, which inhibited the full investigation of the questions and the reliability test. The convergence of views can also be interpreted as a fact of the strong appearance of specific situations in the workplace of the survey participants, but this cannot be confirmed. In a similar future survey, the authors suggest using standardized questionnaires and a larger sample to avoid similar limitations.

5.2 Practical and theoretical implications

Human resources management in a nursing service is a highly demanding task because nursing work is a social function, offering treatment and health care to the patient and indirectly to the immediate family of the environment. Also, nursing work is not valued quantitatively and requires employees' continuous and conscious involvement in work. Nurses experience excessive pressure daily and are expected to perform their tasks under a demanding environment while demonstrating knowledge, expertise, and experience as decisive factors for the effective execution of work duties. Finally, nursing work requires a high level of trust either between management and staff or between patients and staff.

Taking into account the above observations and analysis of the theories of motivation and their application to the nursing staff of a public hospital, the motives that can be applied in a department and are realistic and efficient, that is, can be implemented and motivate nursing staff to work.

In general, incentives are not a panacea for work performance and efficiency. Especially in a labor-intensive environment like a hospital, providing incentives should consider staff knowledge, experience, and capabilities, willingness to acquire training, feelings of being appreciated and valued, perceived organizational support, and the human resource policy management wishes to implement.

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Tables and diagrams

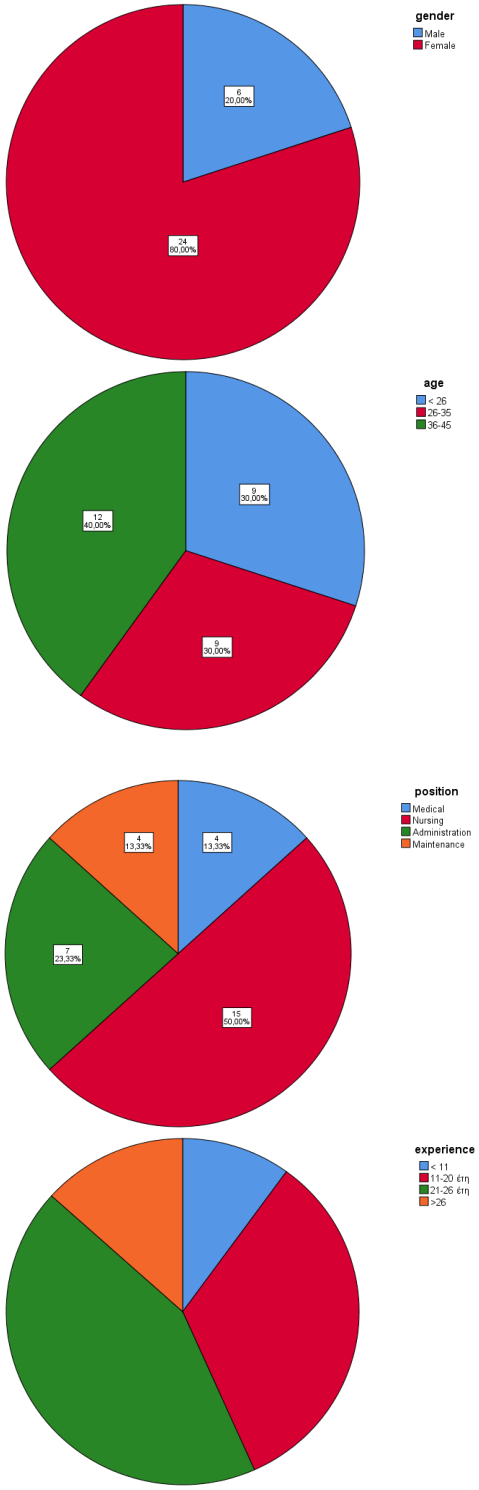

Figure 1. Pie charts of demographic characteristics gender, age, position and years of service

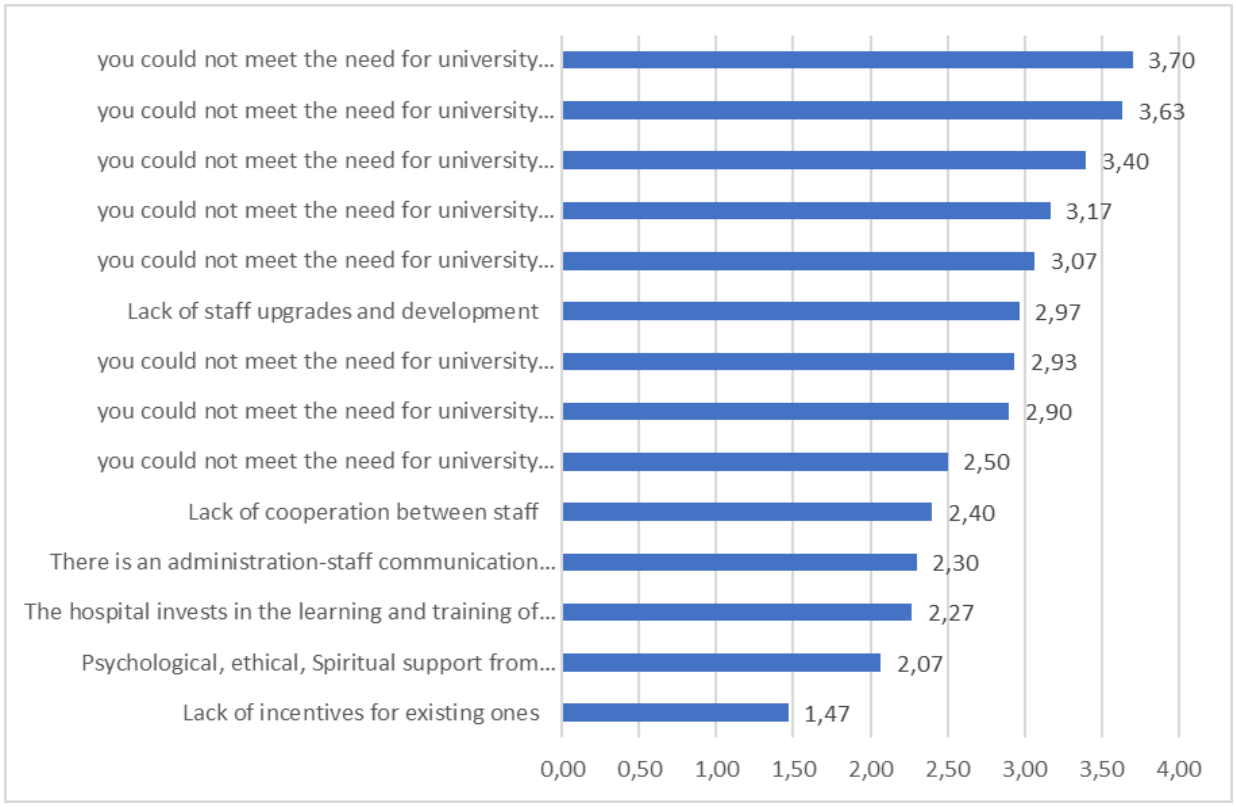

Figure 2. Average scores of questions in which there was no absolute agreement or disagreement among the participants in a descending average price layout.

Table 1. Statistically significant average price review results

	Sex		Age		Job position		Experience	
	U	**p**	**x^2 (2)**	**p**	**x^2 (3)**	**p**	**x^2 (3)**	**p**
11. There is a communication climate of management-personnel			20.31	< .001	8.61	0.035	18.90	< .001
12. The hospital invests in the learning and training of staff							9.32	0.025
18. You have not been able to meet the need for a university education for			6.33	0.042	10.05	0.018	18.38	< .001
19. You have not been able to meet the need for university education for			24.38	< .001	17.18	< .001	14.23	0.003
20. You have not been able to meet the need for a university education due to			16.25	< .001	15.64	0.001		
21. You have not been able to fulfill the need for a university education due			16.72	< .001	10.51	0.015	14.82	0.002
22. You have not been able to meet the need for a university education due to			13.18	0.001	20.56	< .001	19.79	< .001
23. You have not been able to meet the need for university education due to			7.55	0.023	13.90	0.003	14.22	0.003

24. You have not been able to meet the need for a university education due to					12.44	0.006	13.73	0.003
29. Psychological, moral, Spiritual support from the administration ... in the midst of a pandemic, with							11.30	0.010
30. Lack of existing motivating factors			11.63	0.003	10.25	0.017	11.68	0.009
31. Lack of staff upgrade and development	21. 000	0. 004	11.93	0.003	8.72	0.033	25.97	< .001
32. Lack of staff cooperation			15.44	< .001	19.07	< .001	18.04	< .001

Questionnaire

Demographics

Gender

Male	**Female**

Age

Less than 26	**26-35**	**36-45**	**46-55**	**> 55**

Position

Medical staff	**Nursing staff**	**Administrative staff**	**Maintenance**

Working experience

1-10	**11-20**	**21-26**	**More than 26**

MAIN QUESTIONS

Note the degree to which the following sentences represent you (1 = Not at all, 2 = A little, 3 = Enough, 4 = Very, 5 = Too much)

		1	**2**	**3**	**4**	**5**
1	I feel psychologically charged every day					
2	Is there whining, fatigue, stress, strain and increasing demand, pressure for more effort from superiors due to increasing workload?					
3	My efficiency is not rewarded					
4	Do you feel exploited and marginalized due to the difficult conditions of the pandemic?					
5	Do you think that you should be rewarded more for your daily efforts?					
6	Do you think that your work goals no longer matter?					
7	Is there anything that fills you with strength and optimism due to excessive fatigue?					

8	Do you think it is futile to try for something more than the moment when there is no practical understanding and support?					
9	There is time, will and psychology to participate in training programs to develop your skills					
10	The hospital adopts innovations					
11	There is an administration-staff communication climate					
12	The hospital invests in the learning and training of staff					
13	Management provides incentives for staff to evolve					
14	University education will strengthen the skills of the staff					
15	Motivation will be enhanced with university education					
16	University education will enhance employee preparedness					
17	University education will enhance the experience of employees					
18	You could not meet the need for university education for family reasons					
19	You could not meet the need for university education for financial reasons					
20	You could not meet the need for university education due to lack of motivation					
21	You could not meet the need for university education due to stress and burnout from your job					
22	You could not meet the need for university education due to lack of time					
23	You could not meet the need for university education due to age					
24	You could not meet the need for university education due to personal choice					
		1	**2**	**3**	**4**	**5**
25	You could not meet the need for university education due to job satisfaction					
26	You could not meet the need for university education due to "convenience" in the work routine					
27	Lack of a stable strategy of goals and their adjustment due to a pandemic?					
28	Lack of education in the treatment of new health data at the global and national level?					
29	Psychological, ethical, Spiritual support from management due to burnout in the midst of a pandemic, with psychologists or mutual aid programs					
30	Lack of incentives for existing ones					
31	Lack of staff upgrades and development					
32	Lack of cooperation between staff					
33	Unequal wage distribution from one public body to another					
34	Non-meritocratic selection of supervisors ensuring scientific competence					

I feel psychologically charged every day.
Is there whining, fatigue, stress, strain and increasing demand, pressure for more effort from superiors due to increasing workload?
My efficiency is not rewarded.
Do you feel exploited and marginalized due to the difficult conditions of the pandemic?
Do you think that you should be rewarded more for your daily efforts?
Do you think that your work goals no longer matter?
Is there anything that fills you with strength and optimism due to excessive fatigue?
Do you think it is futile to try for something more than the moment when there is no practical understanding and support?
There is time, will and psychology to participate in training programs to develop your skills.
The hospital adopts innovations.
There is an administration-staff communication climate.
The hospital invests in the learning and training of staff.
Management provides incentives for staff to evolve.
University education will strengthen the skills of the staff.
Motivation will be enhanced with university education.
University education will enhance employee preparedness.
University education will enhance the experience of employees.
You could not meet the need for university education for family reasons.
You could not meet the need for university education for financial reasons.
You could not meet the need for university education due to lack of motivation.
You could not meet the need for university education due to stress and burnout from your job.
You could not meet the need for university education due to lack of time.
You could not meet the need for university education due to age.
You could not meet the need for university education due to personal choice.
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Lack of cooperation between staff.
Unequal wage distribution from one public body to another.
Non-meritocratic selection of supervisors ensuring scientific competence.