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The relationship between hospital employees' achievement motivation and quality of working life with moderating role of job class: a multigroup analysis



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ABSTRACT

Background: Quality of working life results in employees' motivation of working and their demand to turn over and self-efficacy. This study aimed at determining the possible relationship between achievement motivation and the quality of working life with the moderating role of job class (therapeutic vs. non-therapeutic) among hospital staff working in some selected hospitals located in Mazandaran State, Iran.

Materials and Methods: This is a correlational study with a descriptively applied research conducted in 2016. The study population included all 2,927 hospital employees working in selected hospitals located in Mazandaran state, Iran. Using Cochran's sample size formula, 341 employees were selected as randomly using stratified sampling technique by their working hospital type. The research instrument was the Persian-versions of three standard questionnaires including Herman's Achievement Motivation questionnaire, Walton's Quality of Working Life Questionnaire, and

General Self-efficacy Questionnaire. Some descriptive and inferential statistics techniques were used for data analyses by applying AMOS and SPSS 19.

Results: Regarding therapeutic job group, the standard regression coefficient between achievement motivation and self-efficacy was statistically significant ($\beta = .58$, $t = 3.78$, $p = .0009$). In addition, the standardized coefficient between the quality of working life and self-efficacy was statistically significant in this job class ($\beta = .38$, $t = 3.77$, $p = .0009$). Considering non-therapeutic job group, the standardized coefficient between achievement motivation and self-efficacy was not statistically significant ($\beta = .22$, $t = 1.53$, $p = .125$).

Conclusion: The moderating effect of the job class was more powerful among non-therapeutic employees. Empowering hospital employees is needed, and some training opportunities need to be provided for them.

Keywords: achievement motivation, hospitals, quality of working life, self-efficacy, Iran

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INTRODUCTION

As one of the main administration parts in the health-care system, hospitals have a great role in developing and maintaining society's healthy state.¹ As well as heavy responsibility in humans' healthy life.² Human resources are the main part of organizations, and an organization's effective performance depends heavily on its human resources' effective performance.³ Employees are the most valuable resource of any organization that makes some decisions and solves many problems an organization encounters in various situations.⁴ When the performance of duties is difficult, employees' effort and effectiveness are affected by their self-efficacy.⁵ Self-efficacy depends on one's belief in effectively doing their appointed duties and has a main role in selecting a certain behavior or decision.⁶ Self-efficacy results in an attempt to succeed and consequently enhance their work and performance.² Self-efficacy has a main role in

determining individuals' approaches to their goals, duties, and challenges when encountering a problem⁷ and is conceived of as a powerful predictor of work establishment.⁸

Achievement motivation is the attitude to doing work better and more efficient than ever,^{2,9,10} In addition, quality of working life affects an employee's all performance levels.⁹ The quality of working life is a dimension of life quality and has a main role in attracting and maintaining employees in their affiliated workplace.^{10,13} The quality of working life plays a direct role in enhancing employees' work performance,¹⁴ their motivation¹⁵ and increased organizational effectiveness.¹⁶ Some factors, including among others, public welfare, job type, job satisfaction and commitment and workplace stress affect the quality of working life.¹⁷ The high quality of working life causes job performance, job satisfaction and organizational performance

to be improved. In contrast, the low quality of working life results in low work motivation and performance.²

Various studies have been conducted on the possible relationship between the quality of working life and self-efficacy as well as the possible relationship between achievement motivation and self-efficacy or its components. Some of these studies are Azizi Nejad and colleagues' study on the relationship between the quality of working life and importance of work performance among public health employees,¹⁸ Shen and colleagues' study on high-performance work systems and teachers' work performance and the mediating role of quality of working life,¹⁴ Almalki and colleagues' cross-sectional study on the quality of working life among primary health care nurses,¹⁹ Mensah and Lebbaeus' study on the influence of employees' self-efficacy on their quality of working life in Ghana,⁷ Pérez-Zapata and colleagues' study on the influence of organizational variables on quality of working life in a public health sector,²⁰ and Chinomona and Dhurup's study on the influence of the quality of working life on employees' job satisfaction, job commitment and tenure intention in the Small and medium-size companies.²¹ Another studies, Navidian and colleagues²² studied the correlation of quality of working life and job satisfaction in nurses of Kerman University of Medical Sciences, Alibabaie²³ conducted a study on the relationship between quality of working life, emotional intelligence and life satisfaction among students.

Considering these studies, there is not any study simultaneously investigating the relationship between achievement motivation and the quality of working life with self-efficacy and the moderating role of job class. Conducting such a study can provide some knowledge on the development and enhancement of achievement motivation and the quality of working life as main factors of developing self-efficacy and consequent achievement of organizational goals in health-care section and hospitals. This study aimed at determining the possible relationship between achievement motivation and the quality of working life with the moderating role of job class (therapeutic vs. non-therapeutic) among hospital staff working in some selected hospitals located in Mazandaran State, Iran.

PARTICIPANTS AND METHODS

This is a correlational study with a descriptively applied research conducted in 2016.

2.1. Study population, sample, sampling

The study population included all 2,927 hospital employees working in selected hospitals located in Mazandaran state, Iran (Imam Khomeini educational hospital of Sari, Shahid Zare's Hospital of Sari, Shefa Private Hospital of Sari, Hekmat Social Security Hospital of Sari, and Vali'asr Hospital of Ghaemshahr).

2.2. Inclusion criteria

The criteria for participation included consent to participate in the study, various gender, educational level and job classes.

2.3. Research processes and the sample selection process

Researchers with an introduction letter from the university were referred to hospitals, Using Cochran's sample size formula, 341 employees were selected with using stratified sampling technique by their working hospital type (Table 1). For managing possible fall-out, 400 questionnaires were distributed. In the end, 350 completed questionnaires were analyzed.

2.4. Data collection tools

The research instrument was the Persian-versions of three standard questionnaires including:

1. Herman's Achievement Motivation Questionnaire with 29 items scaled in 4-point Likert-type scale in which items 2, 3, 5, 6, 7, 8, 11,12, 13, 17, 18, 19, 21, 22, 24, 25 and 26 were reversely scaled. The content validity of the questionnaire was confirmed in the study by Nouhi and colleagues,²⁴ and its reliability was $\alpha=.94$ in our study;
2. Walton's Quality of Working Life Questionnaire with 27 items in 8 components (including) scaled in 5-point Likert-type scale. The content validity of the questionnaire was confirmed in the study Khaghanizadeh, and colleagues²⁵ and its reliability was $\alpha=.85$ in our study.
3. General Self-efficacy Questionnaire made by Sherer and colleagues in 1982 with 17 items in three components (including), each item was scaled in a 5-point Likert-type scale in which items 2, 4, 6, 7, 10, 11, 12, 14, 16 and 17 were reversely scaled. The content validity of the questionnaire was confirmed in the study by solemanifar and colleagues²⁶ and its reliability as internal consistency was $\alpha=.83$ in our study.

Some descriptive and inferential statistics techniques were used for data analysis by applying

AMOS and SPSS 19 with path analysis, Structural equation & t Test.

RESULTS

Based on the results of descriptive statistics, 237 persons (69.5%) of the subjects were female. 262 (67.8%), 46 (13.5%), 26 (7.6%) and 7 (2.1%) persons of the participants had BD, SD, MD and PhD, respectively. 53.7% of them were in the age range between 20-30 years old. Regarding the length of employment, 45% of the subjects had the employment length between 10-20 years. 175 (51.3%), 116 (34%) and 50 (14.7%) persons of the employees were working in educational, social affairs and private hospitals, respectively. Most subjects (about 70.7%) were working in the therapeutic job class.

The results of path analysis and standardized coefficients (Beta) have been depicted in Figure 1.

As shown in Table 2, the standardized coefficient between achievement motivation and self-efficacy was significant ($\beta = .49$, t -value = 4.57, $p = .0009$). In addition, the standardized coefficient between quality of working life and self-efficacy was significant ($\beta = .40$, t -value = 4.54, $p = .0009$).

In Figure 2 and Figure 3, the path analyses of the relationship of quality of working life and achievement motivation with self-efficacy have been depicted in the two studied job classes: therapeutic vs. non-therapeutic.

Regarding therapeutic job group, as Table 3 shows, the standardized coefficient between achievement motivation and self-efficacy was statistically significant ($\beta = .58$, t -value = 3.78, $p = .0009$). In addition, the standardized coefficient between the quality of working life and self-efficacy was statistically significant in this job class ($\beta = .38$, t -value = 3.77, $p = .0009$).

Considering non-therapeutic job group, as Table 3 shows again, the standardized coefficient between achievement motivation and self-efficacy was not statistically significant ($\beta = .22$, t -value = 1.53, $p = .125$). In addition, the standardized coefficient between the quality of working life and self-efficacy was statistically significant in this job class ($\beta = .57$, t -value = 3.20, $p = .001$).

In order to investigate the moderating role of the job class, a multigroup analysis of the two models for therapeutic vs. non-therapeutic job class was conducted, and the results showed that there was no significant difference in the relationship between

Table 1 The number of study population and sample by selected hospitals

Hospital type	Hospital Name	Population No.		Sample No.		Proportion%
		therapeutic	Non-therapeutic	therapeutic	Non-therapeutic	
Social Affaires	Hekmat	170	60	20	7	.079
	Vali'asr	556	216	64	25	.264
Educational-therapeutic Centers	Imam Khomeini	800	230	93	27	.352
	Shahid Zare'	270	200	32	23	.16
Private	Shefa	270	155	32	18	.145
Total			2927		341	1

Table 2 The results of path analysis for the explanation of the relationship between achievement motivation and quality of working life with self-efficacy among the studied employees

Factors	Standardized coefficients	t	p-value
Achievement Motivation → Self-efficacy	.49	4.75	.0009
Quality of working life → Self-efficacy	.40	4.54	.0009

Table 3 The results of path analysis for the explanation of the relationship between achievement motivation and quality of working life with self-efficacy among the studied employees by their job classes

Job group	factors	Standardized coefficients	t	p-value
Therapeutic	Achievement Motivation → Self-efficacy	.58	3.78	.0009
	Quality of working life → self-efficacy	.38	3.77	.0009
Non-therapeutic	Achievement Motivation → Self-efficacy	.22	1.53	.125
	Quality of working life → Self-efficacy	.57	3.20	.001

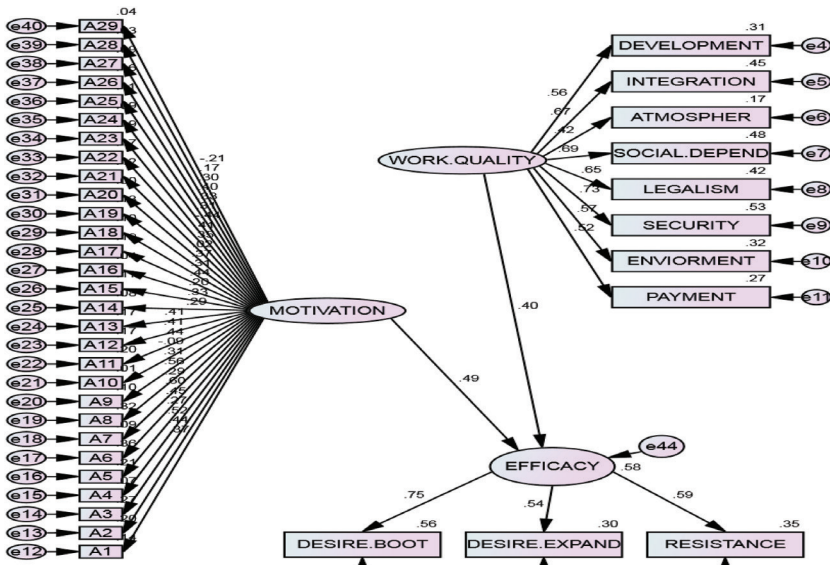


Figure 1 Study the main model with standard coefficients for selected hospitals

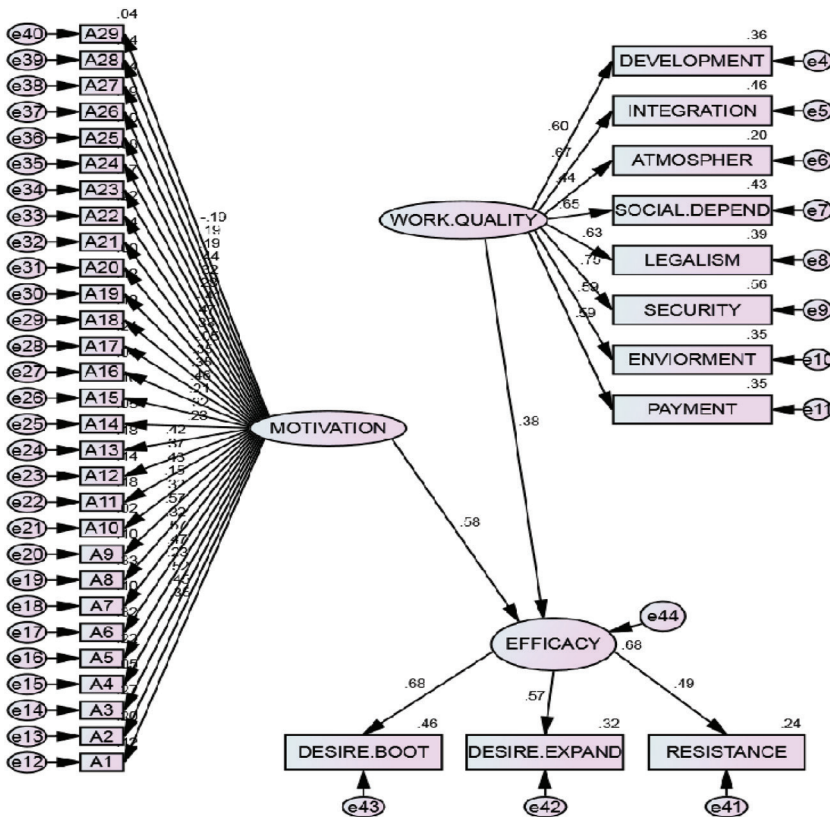


Figure 2 Study the main model with standardized coefficients for therapeutic employees in selected hospitals

these classes respecting achievement motivation and self-efficacy ($z = -1.08$). The difference was significant, however, in the relationship between these job classes respecting the quality of working life and self-efficacy ($z = 1.99, p < .05$). The moderating effect of the job class among non-clinical employees was more powerful than that of clinical employees.

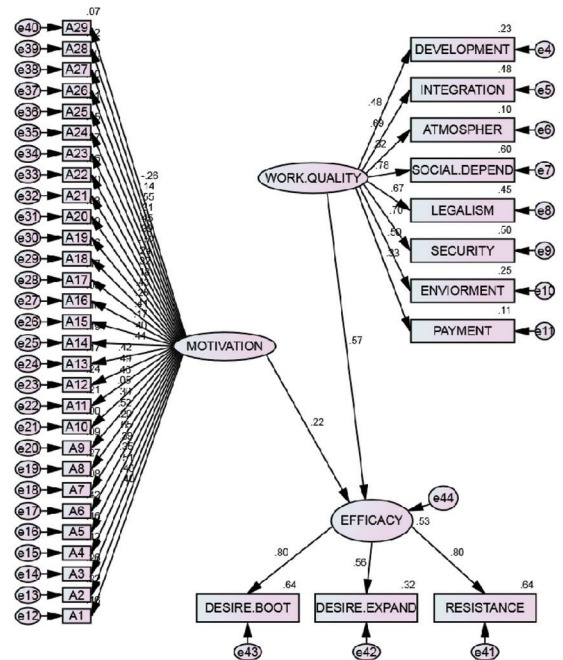


Figure 3 Study the main model with standardized coefficients for non-therapeutic employees in selected hospitals

DISCUSSION

It can be said that due to their special patients and customers, therapeutic employees have a special working life where they potentially experience some certain physical and mental disorders threatening their mental health. As a result, providing a high-quality working life and promoting the elements involved in an appropriate working life are needed to be designed in a long term plan. On the other hand, as the quality of working life depends on individual employee and him/his criteria, these factors may affect their satisfaction with the quality of working life. The feeling of dissatisfaction, lack of organizational justice, right, unjust payment, non-secured work environment, the feel of imbalanced personal, work life, and so on, cause employee not to try to achieve organizational goals and decrease their encounter with various problems and consequently, their self-efficacy.

No related study was found for comparing therapeutic and non-therapeutic employees.

The main condition for the development of each organization is the existence of some innovative and motivated employees who want to promote, innovate and improve their work. Such employees have high self-efficacy and self-assurance and prefer individual responsibility and tend to be aware of their work results.²⁷ If an employee realizes that his/her quality of working life has been improved by individual motivators and/or organizational policies, he/she is motivated to work better. The natural

result of such feeling is more efficiency and productivity in working life.

González and colleagues²⁸ found that the low rate of satisfaction from the quality of working life increases the rate of mental disorders and as noted by Meirmanov and colleagues,²⁹ healthy hospital environment, effective management, high-motivated staff and the domination of skillfulness and having a high-quality life are all of the factors affecting the quality of working life.

The study by Sadri and Goveas³⁰ showed that the quality of working life is very important to employees. Golkar³¹ showed that there is a significantly positive relationship between the quality of working life and job satisfaction. Mensah and Lebbaeus⁷ revealed that there is a significant relationship between the quality of working life and self-efficacy. Macias and colleagues found that there is a significant correlation between the quality of working life and the type of contraction in achieving occupational goals.³² Shen and colleagues¹⁴ showed that the quality of working life has a direct role in the relationship between teachers' high performance and work systems. Abbasianfard and colleagues³³ showed that self-efficacy has some relationship with achievement motivation in some dimensions. Zhang and colleagues³⁴ and Awan and colleagues³⁵ confirmed the relationship between achievement motivation and self-efficacy beliefs. Schoan³⁶ confirmed the effect of achievement motivation on innovation. Almalki and colleagues¹⁹ found the effect of the quality of working life on hospital employees' reflection on job satisfaction, work collaboration, job performance, and job engagement.

CONCLUSION

Based on the results, the relationship between therapeutic and non-therapeutic employees' achievement motivation and their self-efficacy was not statistically significant. However, the relationship between therapeutic and non-therapeutic employees' quality of working life and their self-efficacy was statistically significant in favor of non-therapeutic employees.

Empowering hospital employees is needed, and it is recommended that some training opportunities are provided for them. It is needed that hospital managers more consider their employees' quality of working life as a long-term and continuous event.

A limitation of this study was that some hospital managers and employees had a weak contribution in this study.

Since there is no similar study in the context of the hospital and health-care services, it is hopeful that hospital managers and administrators take into

account the quality of working life and achievement motivation among their employees and make scientific plans and decisions for the improvement of these factors. This, in turn, can increase employees' self-efficacy and consequent job performance.

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CONFLICT

There was no conflict of interests and the results directly extracted from the administrated questionnaires.

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