



RELATIONSHIPS BETWEEN MOTIVATIONAL ORIENTATION AND PERSONALITY CHARACTERISTICS IN PERSONS EMPLOYED IN THE HOSPITAL SPHERE

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ABSTRACT

Purpose: To investigate the interrelationships between motivational orientation and certain personality characteristics in persons working in a clinical environment.

Methods: Two test instruments were used, applied to 133 medical professionals from three multidisciplinary hospitals in the country from three multidisciplinary hospitals in Bulgaria. The Motivational Orientation Assessment Test contains 70 items to determine the motives: Achievement Orientation, Innovation Orientation, Leadership and Relationship Orientation. A Personal five-factor questionnaire containing 75 pairs of statements measures the indicators: Extraversion-Introversion, Attachment-Separateness, Self-control-Impulsivity, Emotional Resistance-Unsustainability, and Expressivity-Practicality. The SPSS package was used.

Results: Performance-oriented individuals have dominant self-control ($r=.418$, $p=.000$), are more prone to establishing attachment ($r=.277$, $p=.001$) and expressive ($r=.229$, $p=.005$). Innovation-oriented are self-controlling ($r=.341$, $p=.000$) and expressive ($r=.308$, $p=.000$). Leadership-oriented people tend to be preferred by characteristic extroversion ($r=.218$, $p=.000$). Interaction oriented individuals demonstrate attachment ($r=.435$, $p=.000$) and self-control ($r=.402$, $p=.000$).

Conclusion: Medical staff attests to relatively high levels of self-control and are oriented towards interacting interactions in the workplace. They would increase their motivation for achievement if they were given powers and autonomy, without demonstrating a clear aspiration for leadership.

Keywords: motivation, medical staff, personal factors

INTRODUCTION

Healthcare problems in Bulgaria in the last ten years have a persistent nature. Despite the measures taken to improve working conditions and increase financial resources for quality treatment, there is a shortage of medical staff, especially in state hospital structures.

One of the highlights related to staff shortages and turnover is placed on the motivational sphere (1, 2). The studies range from the application of freely structured surveys to the use of validated for Bulgarian conditions methodologies for illuminating the problems (3, 4) There are different conceptual models for determining the psychosocial factors regulating professional activity, including in healthcare (5). Some authors put the topic for analysis

already during the training (6-8). According to L. Perrot et al. (6) Motivation is seen as a function of individual differences or caused by situational constraints and middle factors. Our research (2007-2023) on the motivational sphere among students and active workers in the hospital sphere shows that highly motivated working students demonstrate resilience in cognitive dynamics, which in turn increases both the quality of university education and the quality of future professional activity (7, 9, 10). L. D'Arrieta and a team conclude that expectations of success and the value of a task are formed by a combination of factors that include individual characteristics - abilities, previous experience, goals, self-evaluation, beliefs, expectations, interpretations and environmental influences (11). For the authors, "it is not surprising that motivation is increasingly becoming a major area of interest in the education of highly skilled professionals. Healthcare surveys in a number of countries show that low motivation is seen as the second most important issue for healthcare workers after

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staff shortages (11). In parallel, the need for planning, training, permanent qualification, work organisation, pay, motivation, satisfaction (3, 12, 13) remains open. In the course of the studies, there was a need to clarify the relationship of the motivational sphere with the personal characteristics of health professionals, which has not been discussed so far.

MATERIALS AND METHODS

Purpose: To investigate the interrelationships between motivational orientation and certain personality characteristics in persons working in a clinical environment. This will allow for a reliable prediction of the behavior of medical personnel in a wide range of situations.

Methods: Two test instruments were used, applied to 133 medical professionals from three hospitals

in the country. The Motivational Orientation Assessment (MOA) test contains 70 attributes and evaluates the motives: achievement orientation, innovation orientation, leadership orientation and relationship orientation (14). A personality five-factor questionnaire containing 75 pairs of statements measures the indicators: extraversion-introversion, attachment-feature, self-control-impulsivity, emotional resilience-unsustainability, expressiveness-practicality (15). The results were processed with SPSS.

RESULTS

The average age of the health professionals surveyed was 49.59. Of these, 26 (20%) were doctors, 107 (80%) were health care professionals.

Table 1. *Distribution of distributed by level of education*

Class	Value	Frequency	Relative Frequency	Cumulative Frequency	Cum. Rel. Frequency
1	1	5	0,0376	5	0,0376
2	2	54	0,4060	59	0,4436
3	3	38	0,2857	97	0,7293
4	4	33	0,2481	130	0,9774
5	5	3	0,0226	133	1,0000

There are 5 persons with secondary education (4%), 54 persons with college (41%), 38 persons with bachelor's degree (29%), 33 persons with master's degree (25%) and 3 persons with a degree (2%) (**Table 1**).

Personal five-factor questionnaire

Based on the "Big Five" dimensions (Openness, Conscientiousness, Extraversion, Agreeableness,

Neuroticism) that are used to describe the personality, the second used Personality Five-Factor Questionnaire tool contains 75 bipolar pairs of statements on a 5-step Lyker scale measuring the indicators: extraversion-introversion, attachment-feature, self-control-impulsivity, emotional resilience-unsustainability, expressiveness-practicality (**Table 2**).

Table 2. *Groups in the Five-Factor Personality Test*

Extroversion-introversion	Attachment-separation	Self-control-impulsivity	Emotional stability-emotional instability	Expressiveness-practicality
Activity-passivity	Warmth-indifference	Accuracy-inaccuracy	Anxiety-carelessness	Curiosity-conservatism
Dominance-submission	Cooperation-rivalry	Perseverance-lack of perseverance	Tension-relaxation	Inquisitiveness-realism
Sociability-introversion	Trustfulness-suspicion	Responsibility-irresponsibility	Depression-emotional comfort	Artistry-lack of artistry
Seeks-avoids impressions	Understanding-misunderstanding	Self-control-impulsivity	Self-criticism-self-sufficiency	Sensitivity-insensitivity
Manifests-avoids guilt	Respect for others-self-respect	Foresight-carelessness	Emotional lability - emotional stability	Plasticity-rigidity

Figures 1-5 show the distribution of results by the five factor groups.

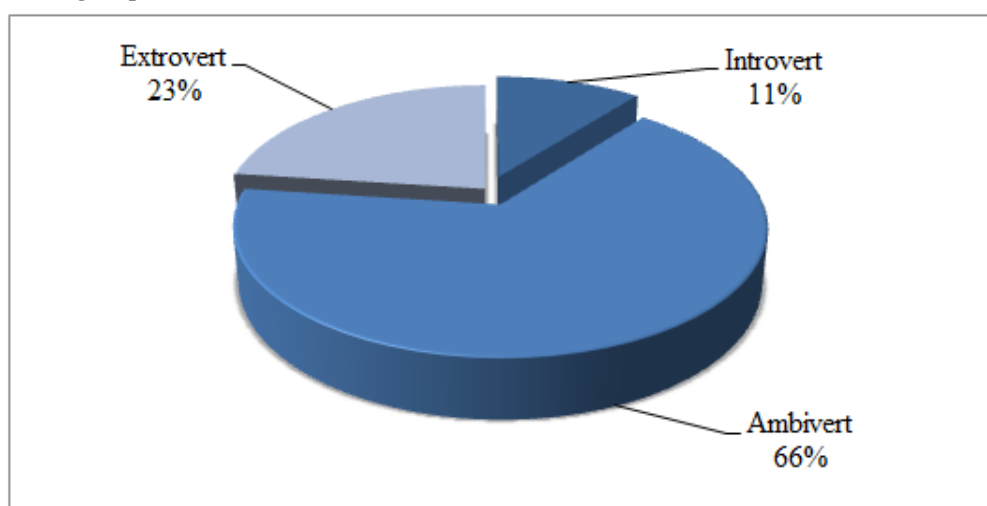


Figure 1. Distribution in % by indicator Extraversion-introversion

Extraverts accounted for 23% of the persons surveyed, introverts for 11% and 66% for ambiverts (**Figure 1**). It can be concluded that more than half of the respondents have formed a flexible personality structure that allows easy adaptation to new conditions, changes and the presence of built mechanisms for responding to

middle stressors. The relative share of persons who have a low score on the commented characteristic is small. It is valid for them that they demonstrate pronounced difficulties when working with people, they have difficulty overcoming stressors and their job satisfaction is low.

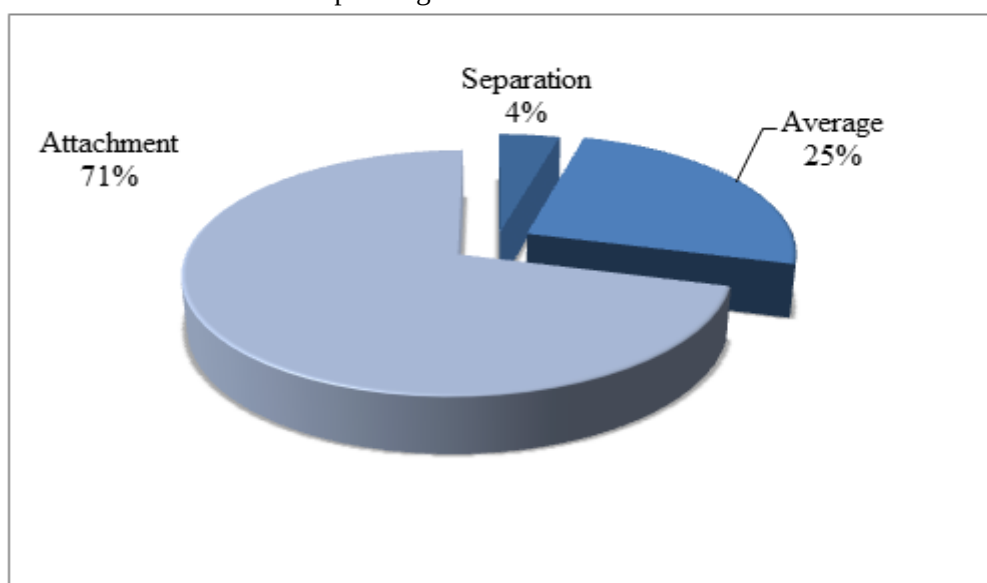


Figure 2. Distribution in % by indicator Attachment-separation

Figure 2 illustrates a high percentage (71%) among the health staff surveyed, showing a dominance of attachment-prone individuals. The question of the ability to maintain personal boundaries or the question of unmet needs may be raised. As can be seen in **Figure 3**, 81% are self-controlled. The demonstrated tendency to establish closer relations with others apparently

resists under the influence of high self-control. Which in turn makes it possible to formulate the hypothesis of persistent unresponsive need for closeness, trust, sharing. The nature of work in a health institution definitely does not allow impulsiveness in work and in making professional decisions (16).

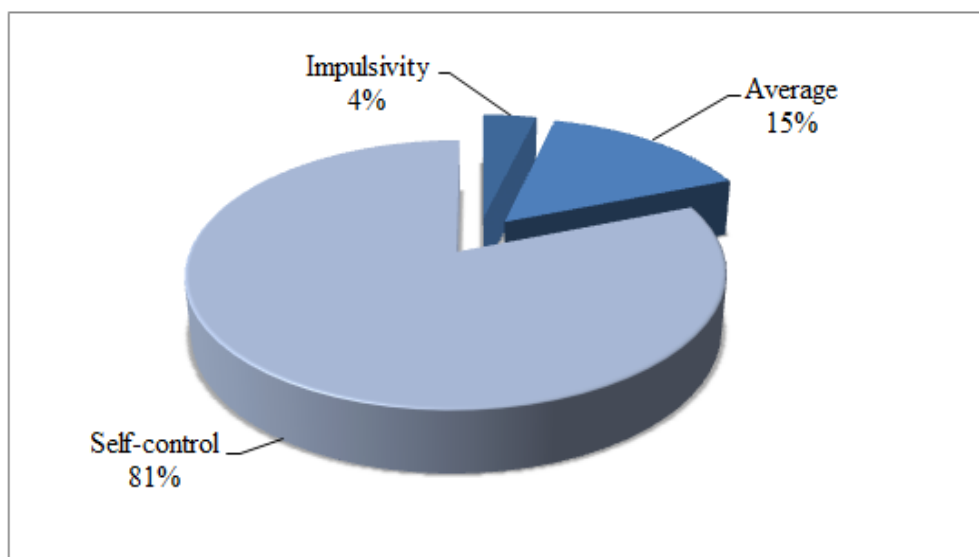


Figure 3. Distribution in % by indicator Self-control-impulsivity

Similar to the results of the extroversion-introversion indicator (**Figure 1**) are those of the expressiveness-practicality indicator: 59% had an average score, followed by expressiveness at 36% (**Figure 4**). Only 5% have the 'practicality' characteristic. Individuals with an expressiveness profile are

usually focused on material benefits; be curious and prone to explore different aspects of life; take their own development goals and labour outcomes insufficiently seriously and responsibly; more often intuitive, with a variety of interests and a tendency to psychological games.

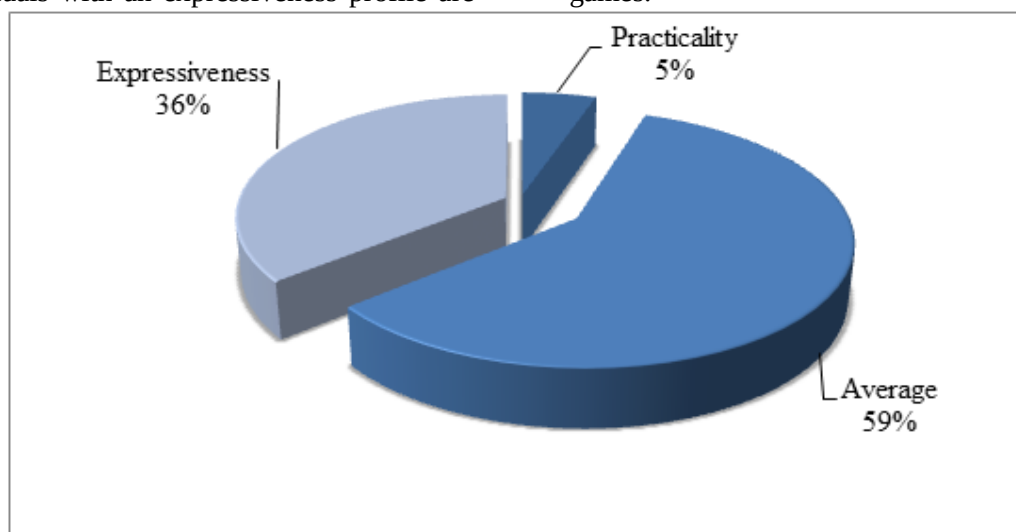


Figure 4. Distribution in % by indicator Expressiveness-practicality

Half of the health workers surveyed (53%) showed emotional flexibility (**Figure 5**).

Emotionally resilient 26% and emotionally unsustainable 21%. Emotionally resilient people are focused mainly on the assumption, performance, quality and outcome of the activity carried out; are well adapted to the

working environment; Understand the requirements of the work process; retain self-control in risky and critical situations. Emotionally unstable people find it difficult to control their emotions and reactions. are subject to doubts, anxiety and depression; Responsive to criticism and criticism (17).

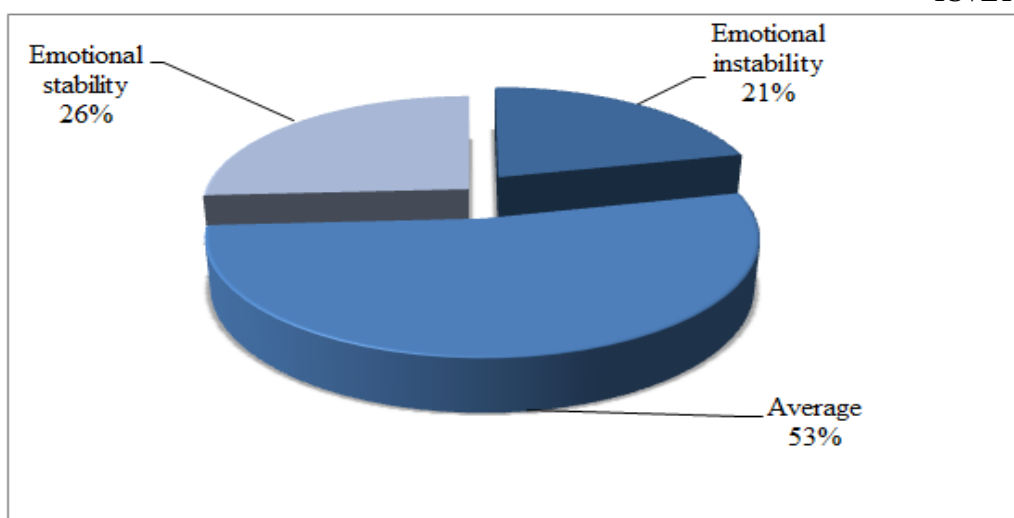


Figure 5. Distribution in % by indicator Emotional stability-instability

Motivational Orientation Assessment Test (MOAT)

The test is based on theories of McClelland's needs and Burlein's activation (13). According to the authors, the test makes it possible to predict preferences for different types of professional tasks and roles and to plan career development of staff defining important career decisions.

Results show that low and low achievement oriented are 61 (46%), medium oriented - 31 (23%), high and very high - 41 (31%). Highly innovation-oriented are 42 (32%). Average oriented - 37 (28%), poorly oriented are 54 (41%). Highly leadership-oriented are 51 (38%) and an average of 48 (36%). There are 42 (32%) with a high relationship orientation, with an average orientation of 53 (41%). Low – 38 (29%) (**Figure 6**).

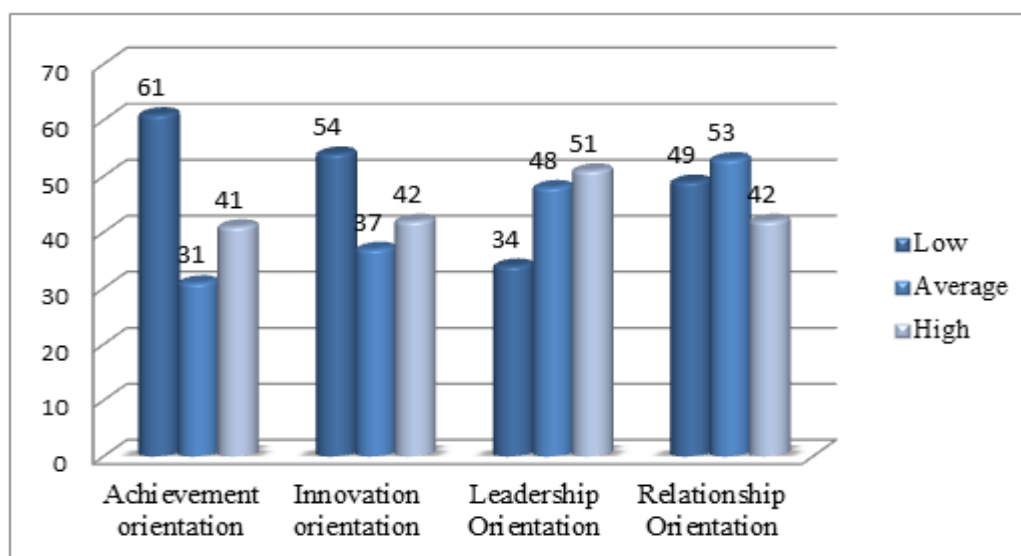


Figure 6. Distribution of results across the four motivational groups (TOM)

Approximately half are poorly performance-oriented (46%), innovation-oriented (41%); medium-oriented leadership (36%); The average relationship-oriented rate is 41%. There is no motivation group with drawn range of results to high and very high ball, as well as priority to low ball (**Figure 6**).

Approximately half are weakly oriented towards achievements (46%), towards

innovations (41%); moderately oriented towards leadership (36%); moderately oriented towards relationships are 41%. No motivational group stands out with a polygon of results drawn towards a high and very high score, as well as primarily towards a low score (Figure 6).

DISCUSSION

Analysis of the results of statistical processing. The dimensional indicator *expressiveness-practicality* is positively correlated with: Extroversion-introversion ($r=.670$, $p=.000$); Respect for others-self-respect ($r=.516$, $p=.000$); Attachment-separation ($r=.622$, $p=.000$); Curiosity-conservatism ($r=.731$, $p=.000$); Inquisitiveness-realism ($r=.742$, $p=.000$); Artistry-lack of artistry ($r=.737$, $p=.000$); Sensitivity-insensitivity ($r=.699$, $p=.000$); Plasticity-rigidity ($r=.568$, $p=.000$); Emotional liability-emotional stability ($r=.414$, $p=.000$); Warmth-indifference ($r=.486$, $p=.000$); Manifests-avoids guilt ($r=.487$, $p=.000$).

Thus, the profile of individuals who are expressive will include personality traits such as extraversion, respect, affection, curiosity, inquisitiveness, artistry, sensitivity, flexibility, warmth, and connection with a sense of guilt. Expressiveness-practicality is related to all other characteristics of the methodology used, which is why we emphasize it.

A link was sought between TOM results by group and some demographic indicators such as education, age, work experience. Statistical analysis shows that the educational level does not affect the type of work motivation. Age positively correlates with: innovation orientation ($r=.266$, $p=.002$) and interactions with others ($r=.201$, $p=.02$). Years of work experience increase the willingness of healthcare workers to adopt innovative working approaches ($r=.275$, $p=.002$).

Leadership oriented are aimed at achieving professional success ($r=.641$, $p=.000$) and innovation ($r=.624$, $p=.000$), some of which are influenced by motivation to build relationships ($r=.235$, $p=.005$). In addition to increasing motivational interest in innovation, this motivational block is positively influenced by motivations for achievement ($r=.817$, $p=.000$) and relationship building ($r=.640$, $p=.000$). **Table 3** shows a correlation between the results of the two methodologies used.

Table 3. Correlation between the results of the two methodologies used

		Extroversion - introversion	Attachment-separation	Self-control-impulsivity	Emotional stability-instability	Expressiveness-practicality
TOM Achievement Orientation	Correlation Coefficient	.178*	.277**	.418**	-.0162	.229**
	Sig. (2-tailed)	0.041	0.001	0.000	0.062	0.008
	N	133	133	133	133	133
TOM Innovation Orientation	Correlation Coefficient	0.162	.271**	.341**	-.174*	.308**
	Sig. (2-tailed)	0.062	0.002	0.000	0.045	0.000
	N	133	133	133	133	133
TOM Leadership Orientation	Correlation Coefficient	.218*	0.039	0.050	-.0136	.172*
	Sig. (2-tailed)	0.012	0.656	0.569	0.117	0.048
	N	133	133	133	133	133
TOM Relationship Orientation	Correlation Coefficient	-0.069	.402**	.435**	0.082	0.058
	Sig. (2-tailed)	0.432	0.000	0.000	0.351	0.505
	N	133	133	133	133	133
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						

A positive correlation has been established between motivational achievement orientation and self-control impulsivity ($r=.418$, $p=.000$), attachment-attachment ($r=.277$, $p=.001$) and expressiveness-practicality ($r=.229$, $p=.008$). Innovation orientation has a statistical relationship with 'self-control-impulsivity' ($r=.341$, $p=.000$), with 'expressivity-practicality' ($r=.308$, $p=.000$), with 'attachment-attachment' ($r=.271$, $p=.002$).

Leadership-oriented people tend to be influenced by characteristics such as 'extraversion-introversion' ($r=.218$, $p=.012$) and 'expressivity-practicality' ($r=.172$, $p=.04$). A positive statistical relationship has been established between interaction orientation and 'attachment-attachment' ($r=.402$, $p=.000$) and 'self-control-impulsivity' ($r=.435$, $p=.000$).

CONCLUSION

The study found moderate to high correlations between the indicators in both applied methodologies. Some of them have been commented on in this article. Representing a specific professional community, hospital health workers demonstrate individual and group characteristics that are influenced not only by personal constructs, but also by administration, organization, regulatory mechanisms and the nature of work, in which human health is a focus. Medical staff demonstrate relatively high levels of self-control and are more oriented towards controlled interactions in the workplace. They would increase their motivation for achievement if they received delegated autonomy and respect for their competencies without demonstrating a strong aspiration for leadership. Motivational orientation towards innovation positively and positively influences the pursuit of success, generates efforts to build emotional, professional and positive interaction with colleagues and stimulates leadership aspirations, valid for approximately half of the health professionals surveyed.

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