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Health Care Professional Attitude and Motivation During COVID-19: A Case of Health Sector of Oman

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ABSTRACT

Motivations, whether intrinsic or extrinsic, provide stimulus to work in normal and challenging situations. This study focuses on the motivational level, attitude and professional practices among health professional workers in Oman. Data was collected from health professionals using self-administrative interviews and questionnaire using cross-sectional data collection method and convenient sampling technique. The findings indicate that the moral of the health professional workers was low in the beginning but was gradually built receiving motivational and psychological support from general public and officials. The study also recommends developing inclusive health protocols and general public awareness campaign need to be launched to comprehend future pandemics in better way.

Keywords: Attitude, Motivation, health worker, Covid-19-Oman

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INTRODUCTION

COVID-19 has been declared pandemic by World Health Organization (WHO), which effected 27,735,961 and caused 901,866 (dated: 09/09/2020) deaths around the world. It brought both, health and economic threat to humanity. Among pubic, health care professionals were at the highest risk due their vulnerability to the COVID-19 effetees. The data of the pandemic death asserts that health professional effected and died due to the current pandemic. Therefore, it was incumbent to keep health professionals more motivated, focused, safe and secure to defeat pandemic. World Health Organization and Governments around the globe, national and international humanitarian organizations joined hands together to do their best to keep the moral of the health professional high. As a ray of hope for the safe and secure future, they were supposed to be equipped and supported from all aspects and respects, to developed safe and sector future to the coming generations (Zhang, et al., 2020; Galbraith, Boyda, McFeeters, & Hassan, 2020).

Employees attitude and motivation, in every walk of life, is cruel for organizational performance and satisfaction (Tysiąc-Miśta & Dziedzic, 2020) . Motivated and well-behaved employees give new directions, philosophies, optimism and enthusiasm in the challenging, crises and even abnormal situations like COVID-19. All leadership and organizational theories urge to keep the employees morally, ethically, socially, psychologically and emotionally motivated to deal with the unseen situations (Nashwan, Abujaber, Villar, & Al-Jabry, 2020; Verhagena, et al., 2020) . Health care professionals remained and are still, at stick during the current pandemic. As COVID-19 loomed all countries all of sudden and no one was prepare enough to deal with it, therefore, at every side, it created chaos, dismay, confusion, and brought death message to everyone, who was leaving their homes (Afemikhe, Esewe, Enuku, & Ehwarieme, 2020; Yousif, Wahed, & Hefzy, 2020).

COVID-19, being unique in nature and its faster transferability faced the world with dilemma, quandary, scarcity of required resources, logistic equipment, medicine, treatment protocols, laboratory facilities, and over-crowdedness effected the attitude and practices of the health professionals (Afemikhe, Esewe, Enuku, & Ehwarieme, 2020; Ansari, et al., 2020). Beside this, lack of the proper awareness among the policy workers at the higher levels officials in both, health professionals and public, effected the practices and motivational level of the health professional (Tysiąc-Miśta & Dziedzic, 2020) . Moreover, as every pandemic needs to be dealt with proper protocols, professional attitude and practices, standard operating procedures, therefore, this study aimed to assess the professional attitude, practices, and motivational level of the health professionals, so that the accumulated results can be presented to the policy makers to foresee and cope the pandemics of the future in better way (Zhang, et al., 2020; Tamang, 2020).

LITERATURE REVIEW

It has been observed that even in normal days, health professionals feel stress and often seek help and medication for the psychological upkeep. Pandemics multiply the effect and bring high risk to the physical and mental health of the health professionals (Atas, et al., 2020; Nashwan, Abujaber, Villar, & Al-Jabry, 2020) . Therefore, in normal and especially, in crises like situations strong leadership and management support, motivation, knowledge, attitude and practices remain at top to get better results. Health professionals beside getting safety measures, needs financial and other motivational support to fight at front lines for defeating pandemics (Wilson, Raj, & Rao, 2020) . According to research and general observation, four kind of emotions are found among the health worker. In the first stage, fatigue, discomfort, and helplessness, fear and anxiety appears due to the high intensity among health professionals (Atas, et al., 2020; Tamang, 2020) . In the second phase, they face self-coping styles included psychological and life adjustment, altruistic acts, team support, and rational cognition (Atas, et al., 2020) . Similarly, in the third phase, affection gratitude is developing and finally, health professionals develop positive emotions, supporting the patients and care giver socially, morally, ethically and psychologically (Atas, et al., 2020; Fernandez, et al., 2020). These stages are gradually developed among the health professionals and the speed can be secure, if they are motivated intrinsically or extrinsically. In the recent pandemic, the world observed the same like situations among the health professionals (Acharya, Maharjan, Dongol, & Ghimire, 2020; Ansari, et al., 2020) . In the first phase, they were scared, negative and gradually the public and media observed, that health professionals were having holistic view, helping, guiding

and even requesting public to stay safe via staying at home (Fernandez, et al., 2020). Similarly, the phases also observed that over the time, public and government applaud the strives and strikes of health professional and starting tributes on large scale like media, social media, which turned the whole world into in one-point agenda, to cope and kill coronavirus. Policies, projects and priorities got changed at global level (French, Deshpande, Evans, & Obregon, 2020; Kaslow, et al., 2020).

Theoretical Background

Organization around the world, of all sectors and domain need to develop the moral, skills, attitude and professionalism in their knowledge worker. Because motivation, attitude and professional practices are considered the norms of the organization and works as a wheel for organizational learning, development and performance (BobbittNolen, 2020; Atas, et al., 2020). All leadership and organizational development theories suggest to keep the workers trained, motivated and professionally skillful to cope seen and unseen situations. Even dictatorship theory of organizational management and leadership believe in equipping knowledge workers with all tools, i.e. both hard and soft skills to reap better performance and results. Herzberg theory of motivation calls for the provision hygiene and motivational factors and support to perform better (Vancouver, Wang, & Li, 2018; M.Anderman, 2020) . He urges that when knowledge workers and professionals are satisfied, they will put their head and heart to cope and attain the results. Similarly, Maslow's theory of human needs is embedded with the motivations, skill development and professional factors, and urge that as the human needs are satisfied, they remain intrinsically and extrinsically motivated, explore their hidden and inner core, develop their professional capacities, capabilities and practices, attain the state of self-actualization, and consequently perform better (Swain, Kumlien, & Bond, 2020) . Moreover, the McClelland's theory state that when the professional knowledge worker achieves better outcomes, their inners satisfaction increases, feel powerful professionally, more affiliated with their work and work harder to explore more and to deliver more (Gopalan, Bakar, Zulkifli, Alwi, & Mat, 2017; C.Koenka, 2019) . Furthermore, the Vroom's theory of expectancy state that if the professionals remain highly motivated and professionally productive, if they are expecting better results and expected outcomes and reward for their sweat and blood (Ramlall, 2004; Atas, et al., 2020). Finally, the McGregor's theory X and theory Y proclaims that every organization contains motivated and less-motivated professionals, and the less motivated professionals can be groomed to deliver better, if they are rewarded, motivated and excelled professionally (Hofstede, 1980).

According to Atas, et al., (2020) and Galbraith, Boyda, McFeeters, & Hassan (2020) health professionals are need to be more professional, motivated and best in public dealing, because they are always faced to the depressed, suppressed, occupied and aggravated general public and they have to build their moral to deal with the challenging and unexpected situations. These theories and practices are equally applicable to health professionals (Steel & König, 2006) . Like others, health professionals need socially and emotionally charged environment, where they can improve their capacities and capabilities, can work and deliver better, can create value for the aggravated public (Rashmi, Gerda, Karen, & Eugene, 2012) . Beside this, positive work environment makes employees feel good about coming to work, and this provides the motivation to sustain them throughout the day. In the recent pandemic, news from the newspapers and social media show that many of the health professionals gave their lives working in depressing environment, with less or no health safety materials (Tamang, 2020). According to data till the time of writing of these lines, health professionals sacrificed their live to save generations. This set a hall mark of motivation, that the health professionals were agreed to work instead of having life threats. The findings of the study show that most of the health professionals worked for 16 to 18 hours per day (Atas, et al., 2020; Fernandez, et al., 2020). Social media still maintained the pictures of the health professionals sleeping in their wards and chair, having wounds and rankles on their faces and hands for wearing masks and glows for long whiles (Vancouver, Wang, & Li, 2018) . Moreover, health professionals used social, printed and electronic media weeping and pleading general public to stay in homes, in isolation, we that together, we can fight COVID-19 pandemic. These evidences confirm that health professionals were highly professional, motivated and maintained their best practices to cure the pandemics (French, Deshpande, Evans, & Obregon, 2020; Hofstede, 1980).

RESEARCH DESIGN

Since the COVID-19 outbreak in China, every country of the globe is affected. OMAN also suffered a lot and had 27,735,961 effected and 901,866 deaths. Multi-method approach was adopted to get reliable results. In the first phase data about "health professional attitude, knowledge and professional practices" were collected using social media (Facebook, WhatsApp, Instagram) from the general public from 10 August 2020 to 20 August 2020. In the second phase heads of health professional's units were interviewed regarding attitude of the health professionals. In the third phase, after cooking the idea, cross sectional survey was conducted from the general public and 392 responses were collected. Questionnaire was adopted from previous studies and was formulated; content analysis was done in the regional context. The questionnaire was having questions regarding health professional health knowledge, attitude, practices and motivation. Purposive and stratified random sampling technique was applied to get the data from those, who were directly linked to the pandemic situations as a patients or attendant of the patient. SPSS and Stata for Windows, version 15 were used for data analysis.

RESULTS AND FINDING

Results and Findings

Qualitative Data Analysis

In the first round, as per research design, qualitative data was collected from the health professionals. The thematic analysis of the interview has been listed. The first open ended question was regarding "was leadership supportive during COVID-19?", most of the health professionals replied that, management and leadership was surprisingly supportive during the pandemic. They keep us informed regarding any decision of the government and World Health Organization (WHO). The 2nd query was "whether they felled prepared during pandemic", for which they answered that, first we were shaky, feared and even arrogant, had no knowledge of pandemic management, but the time taught us well and

our readiness helped in tackling the pandemic well in estimated time. We were so motivated that most of the staff worked for 16 to 18 hours per day, some remained hospitals for weeks and months, which show our readiness, professionalism and motivation.

Quantitative Data Findings

Table I. Characteristics of the respondents (*N* = 392)

Demographic Variables		Percentage %	Total Number
Gender	Male	71	279
	Female	29	113
Job Category	Doctors	23	86
	Nurse	47	186
	Paramedics	30	120
Years of Experience	>5 years	45	176
	>10 years	34	133
	>15 years	21	83
Educational Background	Postgraduates	17	66
	Graduate	24	94
	Bachelor	29	113
	Diploma	19	74
	General Practitioners	9	45

Multivariate logistic regression analysis

Table 2: Multivariate logistic regression analysis of odds ratio for practices and attitudes of healthcare workers in relation to motivation factors

	Maintained quarantine	Training	Protective equipment uses	Hand wash Frequency	Level of fear	Feeling of fatigue	Confidence to defeat covid-19	Patients encouragement to disclose
Gender	1	1	1	1	1	1	1	1
	0.95 (0.75-1.20)	0.98 (1.77-1.24)	1.18 (0.94-1.49)	1.14 (0.86-1.51)	1.22 (0.89-1.67)	1.22 (0.89-1.67)	0.84 (0.56-1.26)	1.22 (0.94-1.59)
Education	1	1	1	1	1	1	1	1
jr college								
and below)								
College	0.88 (0.65-1.19)	1.06 (0.78-1.44)	1.11 (0.82e1.50)	0.71 (0.49-1.02)	0.87 (0.57-1.31)	0.87 (0.57-1.31)	0.86 (0.53-1.41)	0.95 (0.68-1.33)
Postgraduate	0.57 (0.37-0.87)	1.01 (0.66-1.55)	2.12*** (1.39e3.24)	0.90 (0.541.50)	1.09 (0.61-1.93)	1.09 (0.61-1.93)	0.47 (0.23-1.06)	1.08 (0.67-1.74)
Job category (ref.:	1	1	1	1	1	1	1	1
doctors)								
Nurses	1.37 (0.10-1.87)	1.14 (0.83-1.56)	0.93 (0.68-1.27)	0.87 (0.61-1.30)	0.81 (0.54-1.23)	0.81 (0.54-1.23)	1.07 (0.63-1.82)	0.94 (0.67-1.33)
Paramedics	0.87 (0.62-1.23)	0.71 (0.50-1.01)	1.03 (0.74-1.45)	0.64* (0.41-1.0)	0.44** (0.26-0.75)	0.44** (0.26-0.75)	0.94 (0.51-1.75)	0.99 (0.68-1.45)
Work experience	1	1	1	1	1	1	1	1
(ref.: <5 years) 5-9 years	1.54** (1.16-2.05)	1.32 (1.0-1.75)	0.72* (0.54-0.96)	1.42 (1.0-2.01)	0.64* (0.43-0.95)	0.64* (0.43-0.95)	0.77 (0.48-1.31)	0.56*** (0.41-0.77)
>10 years	0.73* (0.55-0.96)	0.69** (0.52-0.91)	1.0 (0.76-1.31)	1.36 (0.97-1.92)	1.13 (0.79-1.62)	1.131 (0.79-1.62)	0.76 (0.47-1.23)	0.60** (0.44-0.82)
Frontline status	1	1	1	1	1	1	1	1
	0.75* (0.59-0.94)	0.55*** (0.43-0.69)	0.90 (0.71-1.13)	0.82 (0.62-1.08)	0.97 (0.71-1.33)	0.97 (0.71-1.33)	0.56** (0.38-0.84)	1.09 (0.84-1.41)
Knowledge (scored	1.14 (0.99-1.31)	1.14 (0.99-1.31)	0.96 (0.84-1.10)	0.91 (0.77-1.07)	0.99 (0.82-1.19)	0.99 (0.83-1.19)	1.41** (1.12-1.77)	1.217* (1.04-1.42)

OR odds ratio; CI, confidence interval.

*P < 0.05; **P < 0.01; ***P < 0.001.

Keeping in view the nature of the study, multivariate logistics regression analysis was conducted to get the desired results. All the constructs with their sub-constructs (factors) were accompanied with two options that "yes", I have the desired knowledge, practice, attitude and motivation" to carry out my duties during COVID-19 pandemic, and "No", that I don't practice and have not the desired practices, attitude and motivation" during the pandemic and has been forced to do my job, otherwise, will be expelled. Multi-variate analysis was conducted on the data collected from the health professional regarding their daily routine practices during COVID-19.

Statistical Analysis

Stata for Windows 10 was used for data analysis with two tailed P<0.05 with 95% confidence interval to assess the impact of the influencing factors using multi-variate regression analysis. Attitude, knowledge, professional practices and motivation of the health professionals were analyzed among other demographic variables.

RESULTS AND DISCUSSION

The study was conducted during the middle and last stages of the COVID-19 outbreak in OMAN. Factors were assessed which effected the attitude, motivation and professional practices of the health professionals. The study was maintained the record that 23% were Doctors, 47 paramedics and 30 professional nurses. These health professionals were having quite relevant and reliable experiences and most of them responded that they remained in hospitals for more than their duty hours i.e. 8-hours. Specifically, 64% responded that during pandemic, they remained actives for more than 8-hours per day. Keeping in view their professional degrees, more than 17% were having post graduate degrees, 24% diploma and 29% bachelor.

The multi-variate analysis shows that 89% responded that they have sufficient knowledge of potential and associate risk with the COVID-19 and they adopted professional hygiene practices to maintained safe during pandemic. This premise also was second in the interview session also, that health professionals remain at high risk, front line and more porn to risk, therefore, many of them got died during their services, but large majority protected their selves for their own protections, their family protection, their national and generation protection. The score of the Doctor professional knowledge was higher than of the nurses and paramedics as per the statistic (37.56- 3.32) than (36.35- 2.42) of the results. Similarly, the professional practices of the Doctors remained higher as compared to other health

professionals (37.82 – 4.74) as compared to (35.84 – 3.74). furthermore, the motivational level of the doctors, based on the previous indicators, having better professional skills and knowledge, they remained highly motivated and showed professional attitude in dealing the COVID-19 effected patients and their attendants. Therefore, these remained the reasons which made it possible to cover the pandemic effects soon and in better way. The results (OR: 1.41 with 955 CI) also proclaimed that higher the level of knowledge and education, better the attitude and dealing of the health professionals. Additionally, better education and knowledge level regarding COVID-19 (OR: 1.22 with 95% CI) helped the visitors, suspected and infected public to disclose the information, so that better treatment and care can be started soon and halt the further spreading of the pandemic. Two thirds of the 31 infected medical staff worked in general wards, 17.5% in the emergency department, and 5% in the ICU. An important reason for early infection among general ward medical staff was that patients were admitted to the ward without protective measures in place. By contrast, infection rates in the more well-protected ICU and emergency departments were lower in cases with no early warning of the disease. Around 84% of the respondents confirmed as per the survey report that they were having the fear of becoming infected to COVID-19. These professionals, as per their knowledge and motivational level, dealt the patients in isolation and high incentive care wards. These fear kept the health professionals more mentally occupied and stressful and the Doctors data showed that they were more vulnerable to risk, stresses and depression and showed more tiring behaviors (OR: 0.44 and 95% CI, and 0.26-0.75) as compared to other health professionals (0.66; 95% CI and 0.46-0.96). Health professional workers with five to nine years of experience were less likely to feel tired (0.64; 0.43-zw0.95), demonstrating that this group has particular skill and experience in dealing with public health emergencies. Compared to frontline health professional workers, non-frontline workers had lower confidence in defeating the virus (OR: 0.56; 95% CI: 0.38-0.84). Health professional's motivation and optimism was also in line with the protection and support provided to them regarding their safety and security. In pandemic Doctors motivation and optimism was high, as they were provided more health-related facilities and coverage and less to paramedics and other health professionals. This policy was adopted around the globe to protect health professionals according to their knowledge and skill level, to protect those more, having more experience, more knowledge and skills, so that they can feel more confident to defeat the virus. However, these facts did not remain valid for the other studies conducted on COVID-19 and risk protection factor has not been the only factor. In the present study, 89.7% of the surveyed HCWs followed correct practices regarding COVID-19, consistent with research showing that practices are associated with work experience, working time, and other factors. Non-frontline HCWs were less likely to maintain quarantine with family (OR: 0.75; 95% CI: 0.59-0.94), which could cause the worker to inadvertently infect family members; by contrast, quarantine with family was positively correlated with five to nine years of work experience (1.54; 1.16-2.05). Moreover, nurses must collect saliva samples from patients' pharyngeal isthmus; if they neglect their own protection to facilitate their work, then they may greatly increase the risk of infection among health professionals, and they are more vulnerable to infection if they do not wash their hands carefully and frequently. The results also showed that overworked health professionals washed their hands less frequently than those who were not overworked (OR: 0.71; 0.51-0.98); to prevent virus transmission between themselves, overworked health professionals should maintain appropriate working hours with breaks. Paramedics were also found to be less likely to wash their hands frequently (OR: 0.64; 95% CI:0.41-0.10). Frequent participation in training was negatively associated with length of work experience (OR: 0.69; 95% CI: 0.52-0.91) and frontline status (0.55; 0.43-0.69).

From the perspective of scientific prevention and control, Health professionals should place a high value on correct removal of protective equipment. When removing contaminated equipment such as gowns, gloves, medical masks, and eye protection worn in contaminated or high-risk environments, it is necessary to prevent further contamination and infection. In this study, careful removal of protective equipment was found to be positively associated with a higher education level (OR: 2.12; 95% CI: 1.39-3.24) and negatively with median work experience (0.72; 0.54-0.96). Therefore, education and training on proper removal of protective equipment should target novices and health professionals with lower educational attainment.

CONCLUSION AND RECOMMENDATION

Conclusion and Recommendation

In conclusion, training regarding protection should be organized according to different factors (work experience, educational attainment, and so on), and medical systems should ensure that frontline workers have enough time to rest between shifts, to avoid overwork and conscious errors during epidemic relief efforts. Moreover, to reduce the risk of infection among healthcare professionals who are not in direct contact with patients, policy and education should be implemented to convey the importance of disclosing possible exposure to the virus. This study has some limitations. The survey was conducted only in OMAN, so the results may not be generalizable to other hospital HCWs. Additionally, the measurement of KAP (Knowledge, attitude and Professional Practices) may be imprecise due to the limited number of items. Further study is needed to expand upon and resolve these issues. Moreover, there is an urgent but closing window to prepare for large-scale spread of the disease in the OMAN and elsewhere. This paper recommends actions to address pressing gaps in Oman and global preparedness in the event that COVID-19 cannot be contained, and sustained human-to-human transmission occurs beyond China. Furthermore, there is a strong need of developing guidance to mitigate the pandemics, scaling up to support the health professionals, pursue additional manufacturing capability and reinforce the existing supply chain for personal protective equipment (PPE) and other critical medical supplies at policy and projects level.

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