ABSTRACT

Introduction: Motivational deficiencies and the low quality of working life significantly reduce employees’ work performance and consequently their efficacy (effectiveness and proper performance in doing a task or specific tasks). Aim: The aim of this study was to determine the relationship between achievement motivation and quality of working life with self-efficacy among staff working in Mazandaran hospitals, by taking organizational ownership as a mediator variable. Materials and Methods: This study was an applied descriptive-correlation. Research population consisted of all staff working in selected hospitals of Mazandaran Province, Iran. 341 employees were selected with randomly-stratified sampling as the statistical sample. Three valid questionnaires were used for data collection. Data were analysis based on structured equations and path analysis with SPSS19 and AMOS. Results: In private hospitals, there was a significant relationship between the quality of working life and self-efficacy (p<0.001). In relationship between achievement motivation and self-efficacy, there was no significant differences between university hospitals and social security hospitals, but relationship between the quality of working life and self-efficacy was significant (p<0.05). Considering achievement motivation and self-efficacy in private hospitals and university hospitals, a significant differences was observed (p<0.05). Conclusion: The hospital ownership has a moderating role in relationship of achievement motivation and quality of working life with self-efficacy. Staff’s empowerment courses for university hospitals and improvement in the overall space of job, increase in job security, reducing salary differences is suggested for private hospitals.

Keywords: motivation, self-efficacy, hospital medical staffs, hospitals.
type, job satisfaction, job commitment and work stress all affect the quality of working life (7). As vital and competing organizations related to human health, hospitals have a main role in providing health-related services (1). In addition, employees working in organizations, including hospitals are valuable resources in organizational decision-making and problem-solving (8). As achievement of hospitals’ objectives heavily depends on their staff’s better performance, researchers in health-related fields have tried to scientifically identify and practically improve the factors affecting health-service staff’s performance and the quality of working life, including among others, their self-efficacy (11).

Self-efficacy relates to individuals’ belief in effectively doing a job or certain duty and has a main role in their selection and decision (9). High self-efficacy helps employees in trying to succeed and consequent better performance (10). Many people resist change in work as they do not believe doing new works and accepting new changes. Self-efficacy has a main role in individuals’ accepting changes and encountering new situations and challenges as well as their approaches to objectives and duties. As a result, self-efficacy is a powerful predictor of effective work and better performance (11).

In Iran, some studies have been conducted on the possible relationship between the quality of working life and/or achievement motivation and self-efficacy and its components. Azizi Nejad and colleagues conducted a study on the relationship between the quality of working life and improvement of performance among faculty of public health department in Urmia city (12). Soltani and Dastani studied the quality of working life and its effect on performance (13).

Shen and colleagues investigated the high performance work systems and teachers’ work performance and the moderating role of the quality of working life (4). Almalki and colleagues studied the quality of working life among primary health care nurses (14). Mensah and Lebbaeus studied the influence of employees’ self-efficacy on their quality of working life in Cape Coast, Ghana (10). In another research, Pérez-Zapata and colleagues studied the influence of organizational variables on the quality of working life of officials in public health sector (9). Chinomena and Dhurup investigated the influence of the quality of working life on employees’ job satisfaction, job commitment and tenure intention in the SME sector in Zimbabwe (16). As can be seen, there is not any study in Iran considering the synchronous effect of employees’ achievement motivation and the quality of working life on their self-efficacy and the moderator role of the kind of hospital ownership. The results of such a study can provide some knowledge about motivating factors at work in hospital staff’s work development and achievement motivation and consequent improvement in their quality of working life as well as their achieving organizational goals, beneficial to planning better approaches to organizational development.

| Kind of Ownership | Name                  | Number of population | Number of sample | Number of population | Number of sample |
|-------------------|-----------------------|----------------------|-----------------|----------------------|-----------------|
|                   |                       | Therapeutic          | Non-therapeutic | Therapeutic          | Non-therapeutic |
| Social Security   | Hekmat of Sari        | 170                  | 60              | 20                   | 7               | .079            |
|                   | Vali' Asr of Ghaemshahr| 556                  | 216             | 64                   | 25              | .26             |
| Medical Sciences  | Imam Khomeini of Sari | 800                  | 230             | 93                   | 27              | .35             |
| (University)      | Shahid Zare' of Sari  | 270                  | 200             | 32                   | 23              | .16             |
| Private Sector    | Shefa of Sari         | 270                  | 155             | 32                   | 18              | .14             |
| Total             |                       | 2927                 | 341             |                      |                 | 1               |

Table 1. The number of population and sample based on the kind of ownership of the studied hospitals

2. MATERIAL AND METHODS

This applied research is a descriptive correlational cross-sectional survey. Research population included all 2927 employees working in selected hospitals located in Mazandaran Province, Iran (Social Security Hospital of Hekmat of Sari, Social Security Hospital of Vali' Asr of Ghaemshahr, Imam Khomeini of Sari Educational Hospital, Burn Hospital of Shahid Zare' of Sari, Shefa Private Hospital of Sari). Among these employees of different genders, age groups, job classes and educational degrees, 341 employees were selected as sample by applying Cochran sampling formula (Table 1). This was a cluster sample based on the kind of the ownership of the studied hospitals. For removing possible missing items, 400 questionnaires were distributed that of them, 350 questionnaires were completed and returned.

Research instruments included three questionnaires:

a) Hermens’s Achievement Motivation Questionnaire with 29 items of a 4-pointed Likert type scale (1= very low, 4= very high) in which items 2, 3, 5, 6, 7, 8, 11, 12, 13, 17, 18, 19, 21, 22, 24, 25 and 26 were reversely coded. The validity of the questionnaire was confirmed in the study by Nouhi and colleagues (17). Its reliability in our study was α = .94.

b) Walton’s Quality of Working Life Questionnaire with 27 items and 8 components in a 5-pointed Likert-type scale (1= very low, 5= very high). The validity of the questionnaire was confirmed in the study by Soltani and Dastani (13). Its reliability in our study was α = .85.

c) General Self-efficacy (GSE) Questionnaire designed by Sherer and colleagues in 1982 with 17 items in 3 components in a 5-pointed Likert type scale (4= completely disagree, 5= completely agree) in which items 2, 4, 6, 7, 10, 11, 12, 14, 16 and 17 were reversely coded. The validity of the questionnaire was confirmed in the study by Askarnejad and colleagues (18). Its reliability in our study was amounted to α = .83.

Data were analyzed by using descriptive and inferential statistics in SPSS19 and AMOS.

3. FINDINGS

Descriptive statistics showed that 69.5% of subjects were female, 67.8%, 13.5%, 7.6% and 2.1% of them had MD, BD, MS and Doctoral degrees, respectively. Of the subjects, 19.1%, 53.7%, 22.0% and 5.2% were in the age range of >30, 30-40, 41-50, and <50 years old, respectively. Regarding employees’ working length, 42.1%, 44.9% and 12.6% of studied employ-
The structured model of standard coefficients for the selected social security hospitals of Mazandaran

Figure 1. The structured model of standard coefficients for the selected social security hospitals of Mazandaran

employees had working length of <10, 10-20, and >20 years. 70.1% of the subjects had therapeutic posts. Considering the kind of ownership, 34.0%, 51.3% and 14.7% of employees were working in social security, university (educational) and private hospitals, respectively.

In the following figures (Figures 1-3), the relationship between employees’ quality of working life and achievement motivation and their self-efficacy has been depicted in the form of structured models based on the kind of hospital ownership.

As Table 2 shows, in the social security hospitals, there was no significant relationship between achievement motivation and self-efficacy (r= .35, t= 1.7, p= .089). However, the relationship between the quality of working life and self-efficacy among these hospitals was significantly positive (r= .75, t= 4.29, p<.001). As the table shows, in the university (educational) hospital, there was a positive significant relationship between achievement motivation and self-efficacy (r= .73, t= 4.61, p<.001). However, the relationship between the quality of working life and self-efficacy was not significant in this case (r= -.07, t= -.72, p= .47).

As the Table 2 shows again, in the private hospital, there was no significant relationship between achievement motivation and self-efficacy (r= -.003, t= -.019, p= .98). However, the relationship between the quality of working life and self-efficacy was significantly positive (r= 1.17, t= 3.56, p<.001).

Table 2. The results of regression analysis of the relationship of achievement motivation and quality of working life with self-efficacy based on the kind of hospital ownership

| Group        | Factors                       | Standard Coefficients | t     | p-value |
|--------------|-------------------------------|-----------------------|-------|---------|
| Social security | achievement motivation→self-efficacy | 0.35 | 1.70   | .089   |
| Social security | quality of working life→self-efficacy | 0.75 | 4.29   | *<.001 |
| University   | achievement motivation→self-efficacy | 0.73 | 4.61   | *<.001 |
| University   | quality of working life→self-efficacy | -0.07 | -0.72 | .47    |
| Private      | achievement motivation→self-efficacy | -0.003 | -0.019 | .98    |
| Private      | quality of working life→self-efficacy | 1.17 | 3.56   | *<.001 |

There was a significant difference between the quality of working life and self-efficacy in favor of the social security hospital when the kind of ownership taken into account as a moderator variable (z= 3.86, p<.05). In the case of social security vs. private hospitals, there was no significant difference between achievement motivation and self-efficacy on the one hand and the quality of working life and self-efficacy on the other hand.

There was a significant difference between achievement motivation and self-efficacy in private vs. university hospitals (z= 3.35, p<.05). In addition, there was a significant difference between the quality of working life and self-efficacy in favor of the university hospital (z= -3.55, p<.05). In this case, the kind of hospital ownership is at work as a moderator variable.

4. DISCUSSION

The according to the findings, there was no significant relationship between employees’ achievement motivation and self-efficacy in social security hospitals. However, there was a significant relationship between employees’ quality of working life and self-efficacy in these hospitals. In university hospital group, there was a significant relationship between employees’ achievement motivation and self-efficacy. However, there was no significant relationship between employees’ quality of working life and self-efficacy in this case. There was no significant relationship between employees’ achievement motivation and self-efficacy in private hospitals. However, there was a significant relationship between employees’ quality of working life and self-efficacy in this case.

The existence of innovative and creative employees is a main condition for any organization’s development. Empowerment of employees’ achievement motivation results
in directing their behavior and needs toward valuable and certain objectives. Ones with high achievement motivation try to improve their work and have high self-efficacy and confidence. They prefer personal responsibilities and want to obviously know about their performance and output (19).

There was a significant relationship between the quality of working life and self-efficacy among the employees working in social security and private hospitals. This relationship was not significant in case of university hospitals. It can be said that if an employee thinks that his/her working life has been improved due to his/her performance and/or organizational policies, he/she starts to work better and his/her performance increases more than ever. In university hospitals, some factors such as low occupational security, managers’ negative attitudes to employees and disregard of the principle of competency and specialty are at work in low quality of working life among the staff. Low quality of working life can increase the risk of mental diseases (20). Mensah and Lebbaeus (20) confirmed the significant relationship of the quality of working life and self-efficacy. Fernandez and colleagues (21) found a significant relationship between the quality of working life and the kind of contraction in achieving occupational objectives. Shen and colleagues (4) showed that the quality of working life has a direct effect on relationship between high-performance systems and teachers’ work performance. Abbasiardfard and colleagues (22) found a significant relationship between the components of self-efficacy and achievement motivation. In line with our findings, such a relationship was confirmed in the studies by Zhang and colleagues (23), Ghaleb and colleagues (24), and Rifat-Aan-Nis and colleagues (25). Schoen (26) showed the effect of implicit achievement motivation on creative performance. Almalki and colleagues (14) confirmed the effect of the quality of working life on the different positive reactions (e.g. job satisfaction) of hospital employees.

The main limitation of the study was low participation made by some hospital managers and employees. The findings of the study have no conflict of interests with any studied hospitals and were directly extracted from the collected data.

5. CONCLUSION

Considering the moderator role of the kind of hospital ownership the relationship between achievement motivation and self-efficacy was not significantly different in social security and university hospitals. However, being a social security hospital and university hospital has a moderator role in relationship between the quality of working life and self-efficacy in favor of social security hospitals. Holding short-term training and educational sessions can improve this relationship among employees working in university hospitals. The relationship between achievement motivation and self-efficacy was not significant in case of private vs. social security hospitals. So was in case of the relationship between the quality of working life and self-efficacy. There was no significant difference between the achievement motivation and self-efficacy in employees working in private vs. university hospitals. However, in relationship between the quality of working life and self-efficacy, the kind of hospital ownership (private vs. university hospitals) had a moderating role in favor of university hospitals. Improving work space, increase in occupational security, and increase in income can improve the situation in private hospitals.

- Research Restrictions: Number of personnel of selected hospitals were initially refusing to complete the questionnaire, which the researcher attempted to minimize this limitation by providing explanations on the necessity of implementation and the objectives of the study.
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- Conflict of Interest: The authors declare that they no conflict of interest.

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