



CODEN [USA]: IAJPBB

ISSN : 2349-7750

## INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

Available online at: <http://www.iajps.com>

Research Article

### FACTORS ENHANCING MOTIVATION AMONG PHYSIOTHERAPISTS WORKING IN LAHORE

Muhammad Shehzad<sup>1</sup>, Sehrish Riaz<sup>2</sup>, Zaib Un Nisa<sup>3</sup>, Dr Marium Hina<sup>4</sup>,  
Dr Maina Nasir<sup>5</sup>

<sup>1</sup>TDPT, University of Health Sciences, Lahore/ Clinical physiotherapist District Headquarter Hospital Bhakar, <sup>2</sup>TDPT, University of Health Sciences, Lahore/ Senior lecturer Government College University Faisalabad Sub campus Layyah, <sup>3</sup>PPDPT, MSOMPT, Clinical physiotherapist, <sup>4</sup>PPDPT, Consultant Physiotherapist Bhakhtawar Amin Medical College, <sup>5</sup>TDPT, University of Health Sciences, Lahore/ Civil Physiotherapist CMH Bahawalpur.

**Article Received:** November 2020    **Accepted:** December 2020    **Published:** January 2021

**Abstract:**

*Background: Job satisfaction is a critical issue in health care. Stress mounts when job satisfaction wanes and staff retention may be adversely impacted and patient outcomes may suffer as well*

*Objective: To determine the factors enhancing motivation among Physiotherapists working in the locality of Lahore*

*Methods: This study was observational cross-sectional survey in which 100 physical therapists were enrolled in it from various clinical and academic settings across Lahore. Data was collected regarding the work motivation of physical therapist using a standardized questionnaire. Data was entered in SPSS 16 and analyzed.*

*Results: The main results regarding subscales of motivation showed that mean and standard deviation of score of different subscales of workplace motivation. The mean score of Intrinsic Motivation, Integrated Regulation, Identified Regulation, Introjected Regulation, External Regulation and Amotivation was 4.0667±1.66, 3.9700±1.58 3.9433±1.33, 4.0100±1.72, 4.0533±1.094 and 4.0933±1.064.*

*Conclusion: The physiotherapists showed a mixed picture of motivation pattern irrespective of their job setting, gender or age. Most of the physical therapist were intrinsically motivated, introjected regulated and external regulated.*

**Keywords:** *Work Place Motivation, Job Satisfaction, Physical Therapists*

**Corresponding author:**

**Muhammad Shehzad**

TDPT, University of Health Sciences, Lahore

Clinical physiotherapist, District Headquarter Hospital Bhakar

Phone number: +92-3040146071,

Email: [muhammadshahzadqadir28@gmail.com](mailto:muhammadshahzadqadir28@gmail.com)

QR code



Please cite this article in press Muhammad Shehzad *et al*, *Factors Enhancing Motivation Among Physiotherapists Working In Lahore.*, *Indo Am. J. P. Sci*, 2021; 08[1].

**INTRODUCTION:**

This study of work motivation originates from the study of people's job attitudes at work. After decades of development of work motivation theories, there are many versions of its definition. Pinder states that "work motivation is a set of energetic forces that originate both within as well as beyond an individual's being, to initiate work-related behavior, and to determine its form, direction, intensity, and duration". Motivation can be defined as the reason, cause, desire, or willingness of human behaviors. Traditional studies of motivation focus on the selection, activation, and regulation of behaviors. Similarly, work motivation can be generally defined as "the process by which behavior is energized, directed, and sustained in organizational settings". Or simply put, work motivation is the desire or willingness to achieve work-related goals. As work provides workers with both satisfaction and grief, it is natural for the researchers to examine the individual attitudes workers have toward their jobs, the factors behind those attitudes, as well as the consequences of those attitudes. Ambrose summarizes work motivation as "the set of internal and external forces that initiate work related behavior, and determine its form, direction, intensity, and duration" and she attributes work motivation as a middle-range concept that deals only with events and phenomena related to people in a work context.[1-3]

The traditional theories of work motivation are grounded largely on the study of individual psychology and organizational behavior with emphases on "individualistic-hedonistic assumptions". Many theories are built on the assumptions that individuals are inclined to seek maximum rewards within organizations, though some researchers turn to the perspectives of social environment and personality to account for dispositional and situational factors. In the following paragraphs, eight of the more influential classic theories of work motivations are discussed.[4, 5]

Traditional theories of work motivation are based on the study of employees' social needs regarding their work and work environment. After integrating previous motivation studies of the "causes, correlates, and consequences of job attitudes" with their own research on engineers and accountants, Herzberg and his fellow researchers in 1957 hypothesized that the causes of positive and negative job attitudes are different and that job satisfaction could not be viewed simply as the opposite of job dissatisfaction. Herzberg's theory is generally referenced as the motivator hygiene theory. The intrinsic factors are the

motivators, or a certain pattern of motives such as achievement, recognition, nature of work, and responsibilities that are commonly seen as related to job satisfaction. On the other hand, the extrinsic factors are the environmental factors in the work settings, such as company policies and administration, employment relationship, technical demands, and working conditions which are related to the context of the work. Furthermore, Herzberg's two-factor theory proposes that the two sets of human needs are basic survival and growth. Survival refers to people's basic physiological needs, and growth relates to people's psychological needs for achievements and successes.[6-8]

Empirical studies have documented Herzberg's two factor theory is positively related to successful quality improvement management as management can use the two-factor theory to change and improve the design of work, work environment, and other factors such as recognition, pay, status, and job security [e.g. , total quality management, and quality improvement, etc.] Goal-setting theory, or feedback theory, states that individuals make deliberate considerations and decisions about their desired objectives. Many researchers regard goalsetting theory as "an elaboration of expectancy theory". This theory states that once individuals determine the goals they intend to achieve, these goals and intentions direct, reinforcement theory, or consequence influence behavior theory, provides three rules for influences and it proclaims that behavior is controlled through reinforcements, so any positive or negative outcome that happens after a response will either increase or decrease the likelihood that the behavior will be recurring for the individual. Motivate, and determine the individuals' efforts to attain them. The objective of this study was to determine the factors enhancing motivation among physiotherapists working in the locality of Lahore.[9-12]

**METHODS:**

It was a Cross sectional study design in which a sample size of 92 physiotherapists practicing was taken by using value of  $p=0.40$ ,  $Z=1.96$  and margin of error  $d=10\%$  in the following formula. Non probability convenient sampling method was used in this study.

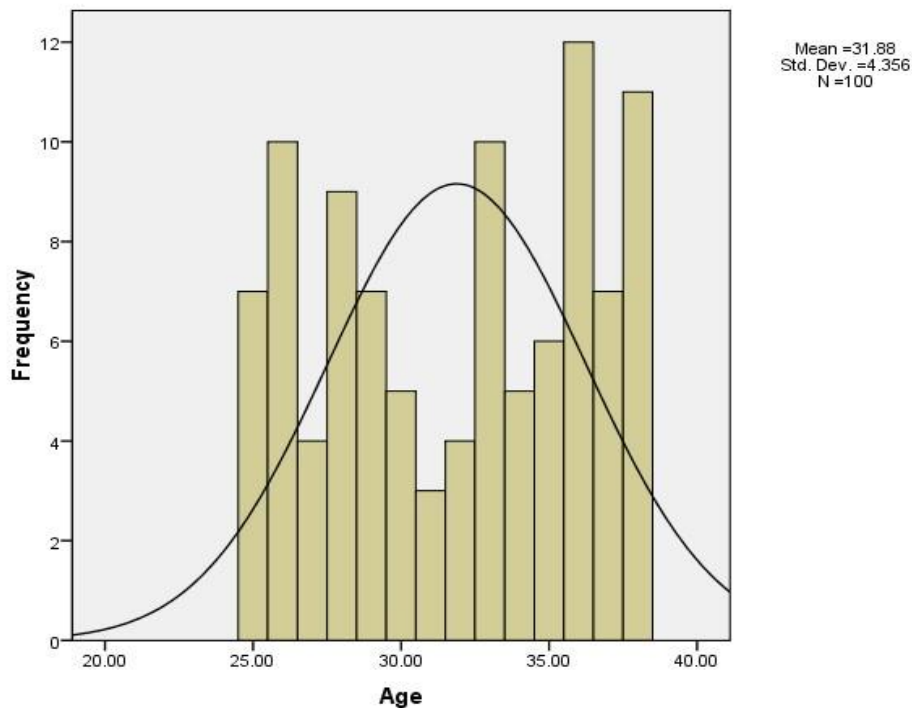
Both the male and female physiotherapists working in clinical or academic settings and willing to participate in the study were selected. While the undergraduate students, physiotherapists not working in the field were excluded. Data was collected from different hospital settings and academic settings where physiotherapists were working in Lahore.

Total 100 physiotherapists who fulfilled the selection criteria were considered in the study. Before taking any information written informed consent was acquired from each individual participant in the study. Data collection was done with questionnaire distributed among participants. Data was analyzed via SPSS version 20.0. All qualitative data was presented in the form of mean and standard deviation. Data presentation was done with the help of graphs, charts and tables.

### RESULTS:

The results showed that the working status of the individuals that participated in this study. Out of 100

participants there were 28% [n=28] participants working in academic settings, 34% [n=34] participants were working in clinical setting and 38% [n=38] participants were working in both clinical and academic setting. Furthermore, the results regarding subscales of motivation showed that mean and standard deviation of score of different subscales of workplace motivation. The mean score of Intrinsic Motivation, Integrated Regulation, Identified Regulation, Introjected Regulation, External Regulation and Amotivation was  $4.0667\pm 1.66$ ,  $3.9700\pm 1.58$ ,  $3.9433\pm 1.33$ ,  $4.0100\pm 1.72$ ,  $4.0533\pm 1.094$  and  $4.0933\pm 1.064$ .



| Working Status | Frequency | Percent |
|----------------|-----------|---------|
| Academic       | 28        | 28.0    |
| Clinical       | 34        | 34.0    |
| Both           | 38        | 38.0    |
| Total          | 100       | 100.0   |

| <b>Workplace Motivation</b> |        |                |
|-----------------------------|--------|----------------|
| Subscale of Motivation      | Mean   | Std. Deviation |
| Intrinsic Motivation        | 4.0667 | 1.16631        |
| Integrated Regulation       | 3.9700 | 1.15867        |
| Identified Regulation       | 3.9433 | 1.13317        |
| Introjected Regulation      | 4.0100 | 1.17250        |
| External Regulation         | 4.0533 | 1.09454        |
| Amotivation                 | 4.0933 | 1.06477        |

### DISCUSSION:

This study surveyed 100 physical therapists working in different settings to determine their motivation factors. The mean score of intrinsic motivation was 3.98 of physical therapist working in academic settings compared to 4.08 working in clinical settings. Similarly the mean score of integrated regulation was 3.45 in academic settings compared to 3.97 in clinical settings. The mean score identified regulation was 4.27 compared to 3.64 in clinical settings. The mean score of Introjected regulation was 3.71 in academic settings compared to 4.49 in clinical settings. The mean score of external regulation was 4.11 in academic settings compared to 4.33 in clinical settings. The mean ammotivation score was 4.04 in academic and 4.03 in clinical settings. The mean score of intrinsic motivation was 4.16 of male physical therapist compared to 3.95 of female physical therapist. Similarly the mean score of integrated regulation was 3.94 in males compared to 3.99 in females. The mean score identified regulation was 3.96 in females compared to 3.91 females. The mean score of Introjected regulation was 3.84 in males and compared to 4.17 in females. The mean score of external regulation was 4.02 in males compared to 4.08 in females. The mean amotivation score was 4.26 in males and 3.91 in females. There was no significant difference in mean score of different subscales across male and female gender and different workplace settings with  $p$  value  $< 0.05$ .

Leadership is critical to achieving high quality productivity and outcomes across disciplines. management and leadership are pivotal to staff satisfaction. Kouzes and Posner state that leadership is the art of mobilizing others to want to struggle for shared aspirations". They assert that leadership is not reserved for a few charismatic individuals, it is a process ordinary people use when they are bringing forth the best from themselves and others.[9-11]

The recently released IOM Report, The Future of Nursing, Leading Change Advancing.

Health echoes Kouzes and Posner's belief that leadership is inclusive of many individuals. The report states that leadership at all levels, from bedside to boardroom, is paramount to ensure that nurses can be deployed actively and emerge as strong partners in the health care team. Espousing leadership as an essential role of nursing at all levels is a paradigm shift for many in nursing, as often nurses do not begin their career with thoughts of becoming a leader. [12-15]

Nursing leadership research often examines the relationship between leadership behaviors/style and patient outcomes [patient satisfaction and patient safety] and employee outcomes [job satisfaction, intent to stay and retention]. Positive employee outcomes, inclusive of job satisfaction and decreased nursing turnover were identified when nurse managers practiced transformational leadership. utilized a nonexperimental, predictive design to investigate the relative influence of RN [n = 90] attitudes, context of care and structure of care on RNs' job satisfaction and intention to leave. The convenience sample included RNs working in a 450-bed university medical center in West Virginia. Results supported the influence of nurse's attitude on job satisfaction, emphasizing the importance of a work milieu where participatory management and psychological empowerment thrives. Predictors of empowerment were found to be hardiness, transformational leadership style, nurse/physician collaboration, and group cohesion. Application of these results is limited due to the homogenous and non-random sample. There conducted a study with nurses in 16 Belgian hospitals concluding that providing rewards and transmitting a sense of mission to employees contributes positively to retention of employees. Generalizability of this study's findings to the United States may be limited

due to the potential cultural differences in Belgium.[16, 17]

A study by found similar results; identifying a positive relationship between transformational leadership, supportive work environments, and nurses' intention to stay in their current positions. The utilization of transformational leadership behaviors in health care organizations, as demonstrated in these studies correlate positively to employee outcomes, such as job satisfaction and negatively to employee outcomes such as burnout. Rosengren, Athlin and Segesten's findings demonstrated that the leader being available and present was a key behavior correlating to positive patient outcomes. This behavior is reflective of Bass' description of individual consideration and idealized influence, relevant to transformational leadership.[13, 15]

An association between compensation and perceived quality of care and job satisfaction was established that provides significant evidence that wages increase retention. The studies examining compensation in a long-term care setting examined the DCW specifically. For example, the examined the use of a Medicaid wage pass through program to increase the salaries of DCWs. They concluded that states that initiated these programs increased salaries by 12% and improved retention. However, Baughman and Smith caution that this increase in pay may not be sufficient to remedy issues of DCW shortage and retention in the nursing home market due to the complexity of the issue. Medicare and Medicaid, in a report to Congress in 2001, indicated that nurse aide salaries would have to increase 10 – 25% to ensure adequate staffing. Given the state of the federal deficit in 2011, this is not likely. would purport that salary is a dissatisfier and not a satisfier. Thus, salary increases may prevent job dissatisfaction but not necessarily improve job satisfaction. This creates a need to examine other influences related to the retention of staff in long-term care settings. [18, 19]

### CONCLUSION:

The physiotherapists showed a mixed picture of motivation pattern irrespective of their job setting, gender or age. Most of the physical therapist were intrinsically motivated, introjected regulated and external regulated.

### REFERENCES:

1. Park J, Esmail S, Rayani F, Norris CM, Gross DP. Motivational Interviewing for Workers with Disabling Musculoskeletal Disorders: Results of

- a Cluster Randomized Control Trial. *J Occup Rehabil.* 2018;28[2]:252-64.
2. Kota M, Kudo H, Okita K. Factors affecting physical therapists' job satisfaction: questionnaire survey targeting first-year physical therapists. *J Phys Ther Sci.* 2018;30[4]:563-6.
3. Alkassabi OY, Al-Sobayel H, Al-Eisa ES, Buragadda S, Alghadir AH, Iqbal A. Job satisfaction among physiotherapists in Saudi Arabia: does the leadership style matter? *BMC health services research.* 2018;18[1]:422.
4. Zarei E, Najafi M, Rajaei R, Shamseddini A. Determinants of job motivation among frontline employees at hospitals in Tehran. *Electronic physician.* 2016;8[4]:2249.
5. Ranasinghe C, Sigera C, Ranasinghe P, Jayawardena R, Ranasinghe AC, Hills AP, et al. Physical inactivity among physiotherapy undergraduates: exploring the knowledge-practice gap. *BMC sports science, medicine and rehabilitation.* 2016;8[1]:39.
6. Davies J, Edgar S, Debenham J. A qualitative exploration of the factors influencing the job satisfaction and career development of physiotherapists in private practice. *Manual therapy.* 2016;25:56-61.
7. Bacopanos E, Edgar S. Identifying the factors that affect the job satisfaction of early career Notre Dame graduate physiotherapists. *Australian Health Review.* 2016;40[5]:538-43.
8. Alva R, Lobo ME. Job and career satisfaction among Indian physiotherapists: A preliminary survey. *International Journal of Therapy and Rehabilitation.* 2016;23[2]:75-80.
9. Aalbers T, Qin L, Baars MA, de Lange A, Kessels RP, Olde Rikkert MG. Changing Behavioral Lifestyle Risk Factors Related to Cognitive Decline in Later Life Using a Self-Motivated eHealth Intervention in Dutch Adults. *J Med Internet Res.* 2016;18[6].
10. Wilson NA. Factors that affect job satisfaction and intention to leave of allied health professionals in a metropolitan hospital. *Australian Health Review.* 2015;39[3]:290-4.
11. Synnott A, O'Keeffe M, Bunzli S, Dankaerts W, O'Sullivan P, O'Sullivan K. Physiotherapists may stigmatise or feel unprepared to treat people with low back pain and psychosocial factors that influence recovery: a systematic review. *Journal of physiotherapy.* 2015;61[2]:68-76.
12. Edgar S. Identifying the influence of gender on motivation and engagement levels in student physiotherapists. *Medical Teacher.* 2015;37[4]:348-53.

13. Djordjević DB, Petrović D, Vuković D, Mihailović D, Dimić A. Comparative Analysis of Motivation Factors and Job Satisfaction of Health Workers in Serbia and Scandinavian Countries. *Vojnosanitetski pregled*. 2015;72[8].
14. Cole JA, Tully MA, Cupples ME. "They should stay at their desk until the work's done": a qualitative study examining perceptions of sedentary behaviour in a desk-based occupational setting. *BMC Res Notes*. 2015;8[683]:015-1670.
15. Andersen K, Bogenschutz MP, Bühlinger G, Behrendt S, Bilberg R, Braun B, et al. Outpatient treatment of alcohol use disorders among subjects 60+ years: design of a randomized clinical trial conducted in three countries [Elderly Study]. *BMC Psychiatry*. 2015;15[280]:015-0672.
16. Ries AV, Blackman LT, Page RA, Gizlice Z, Benedict S, Barnes K, et al. Goal setting for health behavior change: evidence from an obesity intervention for rural low-income women. *Rural Remote Health*. 2014;14[2682]:1.
17. Ibikunle P, Kalu M, Useh U. Professional motivation and plan amongst graduating Nigerian physiotherapy students. *Journal of Human Ecology*. 2013;44[2]:203-6.
18. Gupta N, Joshi S. Predictors of job satisfaction among physiotherapy professionals. *Indian Journal of Physiotherapy and Occupational therapy*. 2013;7[3]:146.
19. Campbell N, McAllister L, Eley DS. The influence of motivation in recruitment and retention of rural and remote allied health professionals: a literature review. 2012.