The Impact that the Necessary Changes due to COVID-19 had on the Motivation of Allied Health Professionals within a Public Hospital

Charmaine Caruana,* Robert Vella**
Corresponding Authors: Charmain Caruana and Robert Vella, caruc015@gmail.com & Robert.Vella@mcast.edu.mt
*Cardiology Department, Mater Dei
**MCAST Gozo Campus

Abstract: The objective of this research focuses on the impact that the necessary changes due to the COVID-19 pandemic had on the motivation of a specific cohort of healthcare workers within a public hospital in Malta (Mater Dei Hospital).

The changes introduced by the local public healthcare system, which were necessary to cope with the increased stress caused by the pandemic, were: staff relocations, changes in work practices, and changes in working hours. The study explored in depth the impact of these changes on allied health professionals’ (AHP) motivation, acknowledging the importance of the self-determination theory. During analysis, autonomy, relatedness, and competence were the three domains of motivations explored.

The hypothesis focuses on the effect of the specified changes on these three domains of motivation. The study will therefore validate whether there was an impact, or not, on each of these motivational aspect of allied health professionals by the necessary changes due to the COVID-19 pandemic within a public hospital. The ultimate purpose is to discover relations and variables—which are scientifically measured—between these implemented changes and affected motivation aspects. The aim is that healthcare management takes preventive measures in future pandemic recurrences to reduce negative impacts on motivation.

Keywords: Covid-19; motivation; autonomy; relatedness; competence

Introduction

When the COVID-19 pandemic reached the shores of the Maltese islands on the 7th of March 2020, it became the main talking point for months to follow. The precautionary measures needed soon after to limit its rapid spread affected all aspects of society, in particular social, economic, and cultural ones. The health services of the country were heavily impacted, raising the stress levels of professional health workers above normal coping abilities. More than two years have passed since that first case. At the time of writing this article (September 2022), over one hundred and fourteen thousand persons have contracted the COVID-19 virus (or any of its variants) and there have been over eight hundred related deaths (https://www.worldometers.info/coronavirus/country/ma...) As shown in Figure 1, the number of active cases from March 2020 to April 2022 reached a peak of over fifteen thousand in January of 2022 (Times of Malta 2022).
A nation-wide vaccination programme was introduced in January 2021, which administered over 1.2 million doses in fifteen months. These included the first and second dose, as well as the booster. Even with this aggressive vaccination programme, which was also implemented globally, concern still remained on the long-lasting effects, especially with the onset of new variants.

Research Question

The premise of this research was to study the impact that the necessary changes due to the COVID-19 pandemic had on the motivation of AHPs within a public hospital. The research evaluated three of the necessary changes which had to be introduced within Mater Dei Hospital (MDH) so that the healthcare system would cope with the impact of the pandemic. These were: AHP staff relocations, changes in work practices, and changes in the working hours. The research studied how these changes affected the three domains of motivational self-determination theory, namely: autonomy, relatedness, and competence.

Setting of the Study

The COVID-19 pandemic had an extraordinary impact on all strata of Maltese society over the past two years, as it had on the rest of humanity. The high transferability rate of the COVID-19 virus and the various life-threatening effects on human beings presented the world with a dilemma. Awareness of the severity and high transmission of the COVID-19 virus increased when the World Health Organisation (WHO) declared its spread as a pandemic on 11th March 2020 (Cucinotta and Vanelli 2020). Most countries were placed in a complete lockdown and all the work which could be accomplished online was quickly transferred to the digital realm.

Essential duties needed to be physically performed by the frontliners, not least of which were healthcare workers. The pandemic pushed hospitals into insufficiency of required
supplies and logistical equipment. It brought up the need for new and updated protocols and an increase in the number of laboratory facilities, with these changes affecting the attitude and practices of the health professionals (Al Abri and Rusinah 2020). The morale of healthcare workers plummeted to concerning low levels in the initial stages of handling the COVID-19 pandemic, particularly due to the lack of experience and practice.

Healthcare systems needed to cope with new challenges imposed by this unexpected pandemic and some countries were collapsing or at a breaking point as the number of cases surged (Joseph 2020). Various media reported about the state of the healthcare systems and what authorities were saying. The Maltese healthcare system showed resilience in these challenging times (Cuschieri et al. 2021). The special 'Incident Command Group' (ICG) was initiated to cope with the pandemic and included specialists from various organisations. This was one of the proposals from the European Centre for Disease Prevention and Control.

Public health services and the Mater Dei Hospital management worked together in order to manage the situation well. In Malta, there is only MDH as a general public hospital. This required staff training, preparation for surging patient numbers, and the evaluation of outsourcing for out-patients clinic and minor operations. These were all included in the Maltese healthcare COVID-19 pandemic escalation plan.

![Staff canteen repurposed into a ward (Grech 2020)](image)

In order to cope with 600 COVID-19 patients concurrently, there was the challenge of adding three hundred beds to the hospital (Grech 2020). For this reason, the hospital section, including the staff canteen (as seen in Figure 2), had to be converted into a general non-COVID-19 ward, meaning that staff had to be relocated.
Literature which Inspired this Research

This research required an in-depth literature review, especially with regard to similar experiences of other healthcare systems worldwide due to the developing situations, and subsequently comparing them to recent years when the world had to deal with similar but smaller pandemics. In 2007, Levin, Gebbie, and Qureshi studied whether the healthcare system could meet the challenges of a pandemic flu and, together with a group of researchers, they studied the possibility of H5N1 virus mutation becoming a pandemic. Healthcare systems were aware of pandemic effects. On the hundredth anniversary of the influenza pandemic, there was a study about the progress within healthcare systems throughout these years following various pandemics (Jester et al. 2018). In this research, they mentioned their findings of important requirements to fight a pandemic and protect the healthcare system. These included proper and adequate protective equipment, sufficient respiratory equipment, together with trained personnel on their use, ensuring that hospitals are well-prepared and an efficient vaccination strategy.

Another influence on this research was a study of various sources on the behaviour and motivation of healthcare workers during crises. It was revealed that healthcare workers were reluctant to work in such critical situations and needed some motivational tools to help them (Valdes and Nichols 2013). Their main concerns were the fear for their own health, putting their family at a higher risk, fear of getting infected, and childcare issues.

Exploration Method

This study was performed amongst AHPs who agreed to answer a digital questionnaire. This self-prepared questionnaire was piloted and tested for reliability purposes. The questionnaire was distributed among AHPs working within the public hospital through the Directorate so as to ensure data protection.

This was a quantitative study and the Cronbach alpha was used to check the variance and ensure validity and reliability, these being essential components in the assessment of measurement works (Tavakol and Dennick 2011). Validity refers to the extent to which an instrument measures what is projected to be quantified, while reliability refers to the ability to measure consistently.

This research took a deductive approach, where the researcher produced various hypotheses (Figure 3). Data collected from the questionnaire was analysed to infer whether these hypotheses were supported or otherwise rejected (DeCarlo 2018).

Figure 3: Deductive Research (DeCarlo 2018)

Analysis and Outcomes

This research sought to identify how AHPs were affected by the three variables in terms of relocation (personal or as a whole unit), changes in working hours, and changes in procedures. It studied the impact of these changes on the motivation of AHPs.
This research studied the relationship between relocation, changes in working hours, and changes in work practices on the motivation of AHPs. Figure 4 is a visual representation of the research question as it was presented.

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<th>Study of the Impact of the selected three necessary changes due to the COVID-19 pandemic on the motivation of AHPs</th>
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<th>How did these changes affect the following motivation aspects of the self-determination theory?</th>
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*Figure 4: Visual explanation of research study*

**Literature Review**

*History of Allied Health Professionals*

In recent years, both locally and abroad, there was a positive change in the healthcare sector to involve AHPs more. In 2010, the Allied Healthcare Services Directorate was set up in Malta to regulate and control the healthcare services offered by AHPs in Malta (Ministry for Health 2021). Compared to the other healthcare professionals, such as doctors and nurses, this directorate is quite recent and works towards promoting AHPs on social media, make them more visible, and encouraging more people to choose such careers. The directorate coordinates AHP services, fosters teamwork, and increases inter-disciplinary communication at strategic levels. It sets up taskforces on staff development, quality, and outreach.

In 2012, the organisation of International Chief Health Professions Officers (ICHPO) produced a consensus statement which described AHPs as a distinct group of healthcare professionals who apply their expertise to diagnose, treat, and rehabilitate people of all ages and all specialities. The AHP section is so large that, according to the ICPHO, it can make up to sixty percent of all healthcare professionals in certain countries.

Within the AHP sector in Malta, there are various qualifications, ranging from diploma and degree level, up to masters and even doctorate specialisations. Courses are available both at the Malta College of Arts, Science and Technology and the University of Malta. The directorate links together a number of different Allied Health (Ministry for Health, 2021), namely: audiology services, clinical perfusion services, dental hygiene services, dental technology services, dietetics, medical imaging (radiographers), medical physics, occupational therapy services, ophthalmic support services, orthotics & prosthetics, pathology (laboratory) services, physiological measurement technician (ECG), physiotherapy, podiatry, psychology, radiotherapy, social work, and speech & language.
The AHP Directorate has worked hard to improve the outlook of AHPs and attain the recognition they deserve as other healthcare professions have. During the COVID-19 pandemic, the difference in recognition was more visible since decisions involving and affecting them were at times taken without their direct participation and this caused frustration.

Challenges for Healthcare Systems During Pandemics

A recent health crisis the world faced was the severe acute respiratory syndrome (SARS). Influenza, which is a yearly challenge for healthcare systems, can affect up to 20% of the population and, in March 2019, the WHO came up with a new global strategy to decrease its spread (WHO 2019). The Director General of the WHO, Dr Ghebreyesus, explained that the aim of the strategy was to build stronger country facilities for disease surveillance, preparedness, and response. This was done to have better control and prevention of influenza spread, to develop better detection tools amongst countries, and to have effective vaccine programmes accessible worldwide.

A study by Valdes and Nichols (2013) compared different crises and how they impact healthcare workers (HCWs). Their study reviewed healthcare workers’ motivation when working in crises. They used the expectancy theory and the Victor Vroom formula to explore valance, expectancy, and instrumentality as measures for employee motivation at their workplace. Their study revealed that a high percentage of healthcare workers prefer to stay at home during time of crises and they would need motivational tools to help them provide their routine daily services. Seventy-two percent of the participants replied that they were willing to continue providing their service, which increased to eighty-four percent in the affirmative if the vaccine was available to all employees. The percentage decreased if personal protective equipment was not available (Valdes and Nichols 2013).

Figure 5: Expectancy Theory (O’Reilly 2021)

Nickell et al. (2004) showed that a consistent concern of healthcare workers during a health crisis was their personal safety and that of their loved ones. They also felt the need to be supported by their peers and their superiors. Furthermore, healthcare workers often found themselves secluded from society and stigmatized because of the nature of their jobs (Nickell et al. 2004).
Using the expectancy theory, in 2006, Luomo showed that for healthcare workers to be increasingly motivated, they need to have clear job expectations, be equipped with updated training, and feel secure by using the adequate equipment. The study showed that personnel performance was an outcome of motivation, emphasising the importance of valance, self-efficacy, and expectancy. Valance measured the individual’s perception of work and, leading on to self-efficacy, which measures the perception of success, which leads to the worker’s expectancy of recognition. An interesting outcome was that although motivation is internal, it can easily be influenced by external changes at the workplace (Luomo 2006).

Imai et al. (2009) studied factors which related with motivation and reluctance to work during the crisis of H1N1 in Japan amongst healthcare workers. Their study examined whether hospital workers were challenged with the crises of H1N1 and explored what needed to be addressed in order to preserve the hospital function well during future pandemics. It studied those factors of motivation which increased or decreased the willingness of healthcare workers to work during such a tense time. Amongst various conclusions, the study revealed that high priority should be given to the factors that increased motivation and controlled hesitation (Imai et al. 2009).

**HCW Motivation**

A local report by Bartolo and colleagues investigated the challenges that HCWs had to overcome during the COVID-19 pandemic. It pinpointed that HCWs had to take care of patients and at the same time ensure their own safety. They had to use additional personal protective equipment with a minimal number of breaks, thus increasing their distress. Whilst healthcare systems were bombarded with a high influx of patients and ongoing media reports on the severity of the situation, managers were taking the necessary precautions to keep their staff safe. They needed to maintain the right amount of human resources and provide the training needed to address the changing circumstances. (Bartolo et al. 2021)

Some hospitals recruited retired personnel to make up for the shortage of staff during the pandemic (Romero and Bhatt, 2021). A key aspect which helped personnel to keep motivated was to see safe working conditions which reassured their wellbeing. Adequate training, effective communication, ongoing updates, assistance, and encouragement were valuable (CDC 2021).

Altindis (2011) examined whether job motivation and organisational commitment among the HCWs affected each other and the type of relationship between the two. The organisational dedication levels of the healthcare workers were explored with regard to the three aspects of emotional, continuance, and normative commitment. The motivation levels of the healthcare professionals were examined in the intrinsic and extrinsic dimensions. The results showed that the intrinsic motivation of healthcare workers was described by the affective and normative commitment which was stronger than the continuance commitment. The study also revealed that the normative commitment was the most valuable factor on extrinsic motivation among these professionals. The structural equation modelling was used to analyse the findings (Beren and Violato 2010).

A study conducted by Matthysen and Harris (2018) measured the readiness of employees to change and their work engagement within the business. The research showed that there needs to be readiness for change to be successful as this would decrease the resistance to change and employees would be committed to the goals of the organisation. This study provided key required factors so that personnel would be ready to make the move. The variables for change and attributes for satisfaction through the change included the...
following: method of involvement, backing by supervisors, communication and attitude by management and, fourthly, the characteristic of change communication. The outcome was that the more people were engaged and ready to change, the more the change was successful.

Self-Determination Theory

Babenco performed a study in 2018 which described the three important aspects of motivation, namely autonomy, competence, and relatedness as the three basic physiological needs. The study emphasises that physicians need autonomy, relatedness, and competence in their professional life satisfaction, in their work-related engagements, and in their work-related exhaustion (Babenco 2018). This study focused on the wellbeing of physicians together with their satisfaction. It concluded that the need for satisfaction at work serves as an important part of professional wellbeing and those who experienced it expressed a more positive work engagement.

Autonomy

Autonomy is one of the aspects in the self-determination theory (SDT) and describes the need that individuals feel to be in control of their own actions and targets. This perception that one can make a straightforward action that will result in real change forms an important part in helping a person feel self-determined (Cherry 2021).

Healthcare is very demanding, and pressure continued to increase during the COVID-19 pandemic. This high workload often results in professionals taking more sick leave, vacancies being left open, and even professionals searching for different careers. In a review by Galvin in 2021, it was stated that eighteen percent of healthcare workers quit their jobs during the pandemic (Galvin 2021). The SDT explains that job autonomy is an important aspect for work commitment and the wellbeing of workers. This is because it fulfils the basic need for autonomy, as illustrated in Figure 6.

Figure 6: Conceptual model (Van Dorssen-Boog et al. 2020)

The self-determination theory states that people have this primary psychological need for autonomy which they want to gratify, and that this satisfaction allows people to make their own choices. Being autonomous gives people the energy to bring activities by the organisation in line with their own values and interests. This would eventually lead them to intrinsic motivation, vivacity, personal growth, and keeping healthy as they would be more capable of coping with mental stress.
In their study, Van Dorsee-Boog et al. (2020), citing Hall (1968), agreed that job autonomy empowers committed healthcare professionals to self-regulate their job duties in a responsible way. They stated that even though the SDT has the supposition that the gratification of the need for autonomy forms an important part in the work engagement and health of personnel, it does not define policies on how people can autonomously regulate the motivational process. In fact, they continue to state that SDT presumes that the gratification of the need for autonomy naturally leads to autonomous performing and intrinsic motivation.

Competence

A study conducted by Shahrbabaki, Rafat, and Sarabi (2020) concluded that competence was an expected requirement for HCWs since they carry important responsibilities in community health. They need to attain the latest medical and professional knowledge and skills in addition to motivation and interest. They also need to have critical thinking in order to make the right decisions when faced with crises and health problems.

The research pointed out that HCWs need to be self-actualized in order to empathize with patients. They need to be part of a cycle, as per the illustration in Figure 7, and serve with patience, resilience, and proper interaction. It showed that training competent healthcare professionals would increase service quality and efficiency, which would in turn improve community healthcare. The study suggests that competence should be considered as a first-class standard for the growth and brilliance of healthcare workers. Therefore, those responsible for running healthcare systems should constantly consider ways of improving competence and training.

Relatedness

Relatedness is the need for a person to feel the sense of belonging and proper bond to other people. The relatedness aspect, especially with respect to staff relationships, tends to be taken for granted or neglected. Yli-Rämänen et al. (2019) confirmed the importance of relatedness as described in SDT where nurses confirmed that collaboration amongst them was linked to job satisfaction and work performance. The findings from this study
suggest that workload, salary, and adequate staff numbers were related with the working wellbeing of nurses, work setting, and decision-making. It also revealed that wellbeing could be affected by the professional development process and that their competence was improved by autonomy and decision-making. The respondents saw and learnt skills from each other beyond the work framework. This study confirmed that healthcare organisations need effective communication structures and good governance strategies (Ylitörmänen et al. 2019).

Relatedness focuses on the need of belonging and how even small talk about normal everyday issues is important. Interaction amongst workers increases motivation on a daily basis and helps them flourish at work. A study amongst nurses highlighted the importance of being and feeling understood as well as perceiving a sense of equality, respect, and security (Ahlstedt et al. 2020). Another relatedness aspect was studied which referred to the importance of having well-functioning teamwork amongst specific healthcare cohorts and with other professions. Such teamwork was essential to increase patient safety (Alenius et al. 2014). Barriers to effective teamwork consist of a ranked structure between different professionals and when different cohorts have varying expectations on how work should be performed (Weller et al. 2014).

The self-determination theory (as illustrated in Figure 8) shows how the combination of autonomy, relatedness, and competence give self-satisfaction at work and therefore enhances motivation.

![Figure 8: Self-determination theory (Deci and Ryan 2012)](image)

Conclusion

Healthcare systems depend on the readiness of motivated healthcare workers for the best services to be provided to their patients (Buetow 2007). When faced with unplanned situations such as the pandemic—which caused a lot of stress on HCWs—public healthcare systems depend on the effective and high-quality services given by healthcare professionals. They need to be highly motivated to continue delivering the same type of excellence in performance for the system to achieve its health goals (Temsaha et al. 2020).

In studying motivation within a healthcare environment, taking the SDT viewpoint was significant for this research. It evaluated explorations which were published while the COVID-19 pandemic was unfolding.
The AHP section is constantly developing, evolving, and increasing in significance. So much so that the UK National Health Service published a plan of action for 2016/17 to 2020/21 entitled “Using Allied Health Professionals to transform health, care and wellbeing.” Although this was published before the COVID-19 pandemic, it still listed important aspects such as stress, family, and personal lives which need to be taken care of to ensure AHPs’ wellbeing (Chief Allied Heath Team 2017).

**Research Methodology**

*Methodology Selection*

Methodology has distinct steps whereby the research objective is clearly extracted from the research question. The research process goes beyond gathering and identifying information or documenting evidence; it is the process of collecting data systematically, analysing it, and interpreting the outcome to understand the phenomenon being studied. The most common research paradigms are the quantitative, qualitative, and mixed methods. The selection is affected by the nature of the research question, the type of data to be collected, and processing in order to produce relevant findings on the research question (Leedy and Ormrod 2001).

The hypothesis studied was the impact of the necessary changes required due to the COVID-19 pandemic on the motivation of AHPs. Although there were studies linking the impact of change in work to employee motivation, these were not specific to the cohort being studied, nor to the research question, and surely not during the COVID-19 pandemic. This research question was kept in focus throughout the approach.

*Research Design and Process*

The research design for this study took the deductive approach, better known as a confirmatory analysis. The researcher analysed the impact that the necessary changes due to COVID-19 pandemic had on the motivation of AHPs. This approach meant that the study explored whether this hypothesis was null or otherwise (Dudovskiy 2022). Deductive research gives the possibility to clarify pivotal relationships between concepts and variables. It gives the opportunity to calculate hypotheses quantitatively and the possibility to evaluate the research results. A deductive study is usually associated with scientific investigations and the researcher refers to similar past studies to compare the findings (Sheppard 2020). This research study compared past studies on similar pandemic situations and the effects on healthcare, particularly the motivational response of the healthcare workers.

A questionnaire was distributed amongst AHPs who work within a public hospital to measure the role of autonomy, competence, and relatedness in their motivational aspects during the pandemic. This study contained three variables that could affect the three aspects of SDT motivation. The variables were: relocation of professionals, changes in working hours, and changes in work practices. The Statistical Package for the Social Sciences (SPSS) was used to test relations (or not) between key areas of motivation and how these were affected by the three variables.

Statistical two-tail testing was performed to determine the outcome of the study. Descriptive statistics were used to explain the data, including charts and graphs as appropriate. These statistical methods aided the researcher to organise the collected data and present them clearly. Inferential statistics were used to get predictions from the data collected for this research study.
**Research hypothesis**

Researchers may have assumptions which still need to be confirmed. When there are no predictions on the outcome, research needs to be conducted with an open-minded desire to explore the subject and develop a hypothesis for later testing. Sheppard (2020) stated that a hypothesis is a statement which describes the researcher’s probabilities regarding predicted findings. In this study, the researcher came out with three hypotheses to answer the research question. The null hypotheses were $H_{01}$, $H_{02}$, and $H_{03}$, while the alternative hypotheses were $H_1$, $H_2$, and $H_3$, respectively.

- $H_{01}$ – There is NO impact on the Autonomy aspect of motivation amongst AHPs within the public service due to changes during the COVID-19 pandemic.
- $H_{1}$ – There is AN impact on the Autonomy aspect of motivation amongst AHPs within the public service due to changes during the COVID-19 pandemic.
- $H_{02}$ – There is NO impact on the Relatedness aspect of motivation amongst AHPs within the public service due to changes during the COVID-19 pandemic.
- $H_2$ – There is AN impact on the Relatedness aspect of motivation amongst AHPs within the public service due to changes during the COVID-19 pandemic.
- $H_{03}$ – There is NO impact on the Competence aspect of motivation amongst AHPs within the public service due to changes during the COVID-19 pandemic.
- $H_3$ – There is AN impact on the Competence aspect of motivation amongst AHPs within the public service due to changes during the COVID-19 pandemic.

The researcher studied whether the hypothesis was null or not and which variables affected the motivation aspects of allied health professionals involved in this research.

**Testing the Hypothesis**

There are a number of tests that the researcher can use to check the questionnaire. In this case, the researcher used the T-Tests and the two-tail testing (Salkind 2010). This statistical type of testing is used to evaluate the null hypothesis versus the alternative hypothesis. Confirmation concerning the null hypothesis is acquired from the two-tailed statistical test. Using illustrative statistics and central groupings helped the researcher improve the interpretation of the findings by relying on visual representations used in diagrams provided by SPSS.

The t-test noted the likelihood that any difference in conditions could be due to sampling error, assuming the null hypothesis is true. This involved testing whether two groups were different from each other. When the direction of difference is insignificant, the researcher would operate in a two-tailed environment. This is because the significance may occur in either the left tail or the right tail. If the researcher is using a low significance level of, for example, 0.05, in a two tailed t-test, half of this level is attributed to one direction whilst the other half is attributed to the other direction. In simpler terms, a 0.025 level of significance is in each tail of the distribution. In this hypothesis testing, the researcher used the two-tail testing to be able to check the possibility of difference in both directions, as seen in Figure 9, where the readings at both ends can be rejected.
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The Questionnaire

The questionnaire was inspired by general structures from other personal motivational questionnaires which were combined with the self-determination theory for motivation. Since the researcher was investigating current circumstances which were still fluctuating, the questionnaire was carefully adapted for the study. This was done to determine whether there was any relationship, or otherwise, between the three variables of relocation, changes in working hours, and changes in work practices due to the COVID-19 pandemic and the three motivational aspects of autonomy, competence, and relatedness.

Ethical Implications

Ethical implications in research require the application of moral principles throughout the process to ensure participant protection from any type of harm (Sieber 1992). It entails making provisions to support respect and fairness (Renzetti and Lee 1993). It necessitates keeping human factors in perspective throughout (Borg and Gall 1979). Questionnaires should give participants the freedom to pull out without the researcher ever knowing because informed consent implies consent refusal (Cohen et al. 2018).

During this research process, including the distribution and analysis of the questionnaires, the researcher was careful to maintain these principles and all ethical implications were given utmost importance. Participants were free to pull out at all times. This could easily happen since the questionnaire used an online digital platform and the researcher had no data on who started replying to it and then stopped for any reason whatsoever. Through its consent part, it ensured data protection, confidentiality, anonymity, and freedom to participate. It had full adherence to the Gathering of Data Protection Regulations (GDPR) and the Malta Data Protection Act 2018.

To ensure protection from moral harm, questions were carefully set so as not to affect minorities and particular care was taken to respect the participant’s cultural, spiritual, and psychological diversities. Replies were used only for the purpose of the hypotheses of this particular study and the researcher, together with the supervisor, were the only ones who reviewed these.

Data Collection

This distribution had to follow a series of instructions as requested by the data protection section within Mater Dei Hospital. Once the data protection process was finalised and the researcher was granted permission, the Allied Health Professionals Directorate was
involved in order to distribute the questionnaire through the leads of the various sections and professions.

The researcher ensured that the data collected through the questionnaire was representative, reliable, and scientific as this would determine the accuracy (confidence level), together with the margin of error of the data (Karras 1997). Deductive research is confirmatory and researchers need to use a rational decision-making approach. This is a methodical approach in which data which was obtained through observation, statistical analysis, or modelling is used in long-term decision making.

**Data Analysis Methods**

During data assessment, the variance was identified and the relationships between the variables defined.

Data collection is a crucial process in research and exceptional care is required to ensure that the best participants are selected for the study (Etikan et al. 2016). The researcher discussed this matter with the AHP Directorate representative who said that the total number of AHPs at Mater Dei Hospital was that of six hundred and thirty-two.

The researcher aimed to have the lowest margin of error but this was difficult to achieve since the questionnaires were distributed through an intermediary, without any control, follow-up, or direct reminders. Nevertheless, a huge effort was made to achieve at least a twenty percent response from the total AHP population.

**Findings and Analysis**

Throughout this study, the researcher sought to fulfil the assertion laid out by Winter, Griffiths, and Green (2000: 30), which stated that at the heart of a scholarly research there lays the search for better questions and “once found, these form part of the outcome of research rather than its starting point.”

**Those Impacted by the Changes**

The study showed that a third of the AHP sector was impacted by relocation, while 55% experienced changes in their working hours. On the other hand, when asked about the changes in work practices, 70.9% of the participants said that they had to adhere to such changes.

The biggest change in AHP work practices was the use of the mask and the visor, where 94.9% of the respondents had to use them as this became mandatory. Another high percentage was related to the awareness of personal safety, with 93.7% replying in the positive. This was closely followed by 86% who had to adopt a change in hygiene practices. Another change was the use of personal protective equipments (PPEs), gloves, and aprons, which affected 76.6%, 83.5%, and 72.1% respectively.

Another required change was related to AHP relationships where they had to work with less staff, to which one hundred and twenty-four (78.5%) replied in the positive whilst hundred and twenty-three (77.8%) had to increase their communication with other professionals. This response is congruent with the one where AHP awareness for personal safety increased,
which implies that they had to have better communication, both with their peers and with other professions. Teamwork is essential for better safety, as confirmed by Anjara et al. (2021: 8) who found that healthcare workers became more aware of the need of teamwork and stated that: “The shared goal and challenge of responding to COVID-19 encouraged staff to ‘pull together’ which increased compassion and the sense of ‘solidarity’ in teams.”

With regard to relationships with patients, seventy-six (48%) respondents experienced a decrease in contact with patients. This was probably because they worked on an out-patients basis and not in wards or in emergency. Sixty-nine (43.6%) responded that this was not applicable, which might be due to the nature of their work. For example, those who work in the emergency department would have varying number of patients, whilst those in a laboratory would not have any contact with patients at all. As for patient prioritizing, ninety-five (60%) replied in the affirmative. On the other hand, ninety-two (58.2%) experienced an increase in patients not turning up for appointments. This resulted in many appointments being lost and increasing waiting lists for particular procedures.

**The Impact of Change on AHP Wellbeing**

In this section the researcher was mindful to explore whether there was an impact on AHPs’ motivation due to the required changes and, if so, to what extent. Staff relocation is generally an issue, especially when it affects specialised personnel (Donnelly 2012).

In this research, only forty-six (30%) respondents were relocated. Of those, only 46.9% were negatively affected, 28.6% were not affected, and 24.9% were positively affected. This could mean that a quarter of relocated AHPs felt either safer or more comfortable in the new location. A study performed by Estes, Varghese, Jacques, and Naidu (2021) showed that relocation affected 44% of those surveyed, 79% of whom felt that they were not adequately trained for this change, while 25% said that the relocation was done fairly. These findings compare well to the responses of this study since 66% of those relocated knew about it or were directly involved.

Regarding changes in working hours, eighty-five (54.5%) AHPs were impacted. In addition, 92.3% were affected with less time for family, 97.4% suffered tiredness and exhaustion, and 96.7% suffered from fatigue and burnout during the peak of the COVID-19 pandemic.

Studying the effect of change in work practices, it was found that 95.6% of the respondents experienced anxiety at the workplace. This corresponds to the finding by Estes et al. (2021)— quoted earlier—where 80% experienced the same anxiety.

With respect to subjecting one’s family to the disease, 123 (77.9%) respondents developed this worry. This compared strongly to the findings by Estes et al. (2021), where 80% of their respondents were concerned on this matter. Estes et al. (2021) also affirmed that 53% of respondents felt a deficiency in management and administration support. This contrasts with the local findings where it was found that 45.5% of the respondents saw that their management worked hard to safeguard the safety of their staff; this increased their motivation and professional commitment during this demanding time.

Figure 10 shows that 19.2% of the staff were not affected while 22.9% were affected negatively, which is less than half of that in the research by Estes et al. (2021).
Figure 10: Commitment from management towards HCW safety

Since healthcare workers were faced with the pandemic for the first time, a key element was that of receiving adequate training to know how to cope with such a situation while caring for patients and at the same time keeping safe. The replies related to this are illustrated in Figure 11. During the COVID-19 pandemic, the media was constantly reporting daily increases of the spread, including related deaths. This brought the fear of the unknown for humanity in general, particularly healthcare workers—including myself.

The study revealed the position of AHPs regarding the training they were receiving since the beginning of this pandemic. The outcome was that the majority felt that the training was negative or adequate—and this surely affected AHP assurance. The most positive result was related to briefing sessions which were organised by the infectious disease unit. Likewise, the fact that regular procedural updates were given was positively acknowledged.

Figure 11: Training preparation for COVID-19
A clear observation was whether AHPs felt safe while performing their work and whether this was a reason for them to feel stressed. It can also be observed that the ‘adequate’ reply was the highest and that this can be assessed as negative as it may indicate that AHPs expected something more.

**Analysing the Impact of Change on Motivation**

Figure 12 illustrates that almost half of the participants (46%) were not sure whether the changes affected their motivation. 39% felt negatively affected, thus experiencing a decrease in their motivation, and only 15% felt an increase in motivation. In a study by Honarmand et al. (2022) on the impact of the COVID-19 pandemic on hospital workers, respondents classified prospects to better address communication, training, and assistance. The study identified training as a key attribute, as was highlighted in this analysis. The study by Honarmand et al. (2022) highlighted similar findings to this study, such as that collaboration and an updated protocol increase the autonomy factor of motivation. This is because these aspects reassure AHPs in terms of personal safety due to exposure to COVID-19 infected patients.

![Impact of Changes on Motivation](image)

**Figure 12: Impact of changes on motivation**

**Impact of Change on the Autonomy Factor**

The autonomy factor of motivation relates to a person’s ability to decide by oneself, to perform work well, to progress with initiative, and to work with self-determination. Motivation goes beyond one’s autonomy, especially during the pandemic since it required healthcare workers to operate outside of their comfort zone and deal with situations they never dealt with before. This research showed that when AHPs felt safe at their workplace, they were motivated, and when they did not feel safe, their motivation decreased—as can be seen in Figure 13.
This concurs with the findings by Honarmand et al. (2022) on personnel safety where several healthcare workers were afraid of falling ill and of the greater risks associated with exposure to COVID-19-positive patients. The same study exposed the concerns of healthcare workers as regards their family and personal safety, so much so that over a third were not comfortable to share with their family about the daily high risks to which they were exposed.

Analysing this situation further, it became clearer that these new practices had a positive effect on the autonomy factor of motivation, where ninety-seven participants (62.2%) experienced increased motivation by having new protocols to safeguard colleagues. Eighty-one participants (51.9%) responded similarly on the usage of PPEs and ninety-five participants (60.9%) felt more motivated with updates on new information and discoveries about the COVID-19 virus transmission and its control, as seen in Figure 14.
Impact of Change on the Relatedness Factor

The relatedness factor of motivation relates to the effect on one’s motivation according to relationships. It is when workers feel that they have substantial and supportive social relationships. This relatedness factor is affected by relationships with the management, colleagues, and patients, all of which are different types of relationships.

Figure 15 charts relatedness with respect to management. These confirmed what was already found in the autonomy aspect. Eighty-five participants (54.5%) felt that safeguarding their personal safety increased their motivation. It was observed that safety affects both the autonomy and the relatedness aspect of motivation.

![Analysis of Relatedness factor (Q17 items 1, 5, 8)]

Communicating with different professions affects motivation positively and only eighteen participants (11.5%) responded to this inversely. Healthcare workers at all levels needed to work together to ensure each other’s safety. Figure 15 also illustrates the importance of management commitment towards AHP personal safety, where seventy-one (43%) participants reported that it increased their motivation.

The management is responsible to keep the staff safe, as stated by the Health Worker Safety Charter (WHO 2020). WHO’s General Director stated: “No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe” (WHO 2020: Pg. 42). In this charter, the WHO documented the needs for healthcare worker safety, especially during pandemics as this factored in other studies.

Figure 16 charts three other aspects associated with the relatedness factor with respect to collegial relationships. It shows that these relationships were a significant factor during the COVID-19 pandemic. It was found that a total of sixty-three (40.4%) participants’ motivation was highly affected by colleagues abiding to protocols. Ninety-seven (62.2%) respondents’ motivation increased due to dependency on each other.
Figure 16: Analysis of relatedness factor

Appreciation by patients was another aspect of relatedness. Out of the 132 applicable respondents, seventy-nine (59.9%) AHPs experienced increased motivation as a result of it. Furthermore, there was positive increase in motivation in AHPs when they received encouragement by peers, superiors, and patients. This shows the importance of positive relationships.

Impact of Change on the Competence Factor

The analysis of the impact of changes on the competence factor relates to acquired abilities and the influence on AHP motivation. Participants were asked on the effect of relocation, as per Figure 17; the impact of working hours, as shown in Figure 18; and how work practices affected the competence factor, as per Figure 19.
Figure 17 shows that the majority of the respondents were either not affected by relocation or experienced an increase in motivation. Those who were negatively affected by relocation amounted to fifty-eight (25.2%).

The results show that relocation actually had a positive effect on motivation as related to competence. Out of the four factors, new responsibilities were the most positive, followed by moving around in different wards, or flexibility.

![Working hours and competence factor](image)

**Figure 18: Working hours and competence**

Figure 18 shows that only 20% of the respondents (thirty-eight out of the applicable 190) were affected negatively by changes in working hours. Changes in working hours produced increased motivation and this could be due to increased salary through overtime. A decrease in working hours can result in a decrease in salary and consequently a decrease in motivation. In this respect, motivation has both intrinsic and extrinsic components with limiting factors due to fatigue on one hand or heavily reduced income on the other.

![New practices and the competence factor](image)

**Figure 19: New practices and the competence factor**
Figure 19 shows that changes in work practices had a positive outcome in general. This was expected after reviewing the responses on the importance of safeguard AHP safety. Acquiring new skills to stay safe was a change welcomed by professionals. Similarly, approximately 60% of applicable respondents had their motivation positively affected by learning to use new equipment, having changes in protocols, being given adequate information, learning the donning and doffing processes of PPEs and even by the new challenges. The lowest number of positive responses came with respect to having to learn new procedures in a short span of time, with sixty-two (48.1%) of the respondents experiencing an increase in motivation due to it.

**Analysing the Hypotheses**

The three hypotheses explored the three aspects of motivation as identified by the self-determining theory. These are the autonomy, competence, and relatedness factors of allied health professionals’ motivation. This analysis investigated whether or not these aspects were affected by the necessary changes due to the COVID-19 pandemic.

**Impact on Autonomy Factor of Motivation**

The hypothesis was whether there was an impact on the autonomy aspect of motivation amongst AHPs within the public service due to the changes during the COVID-19 pandemic. The null and alternate hypotheses, $H_{01}$ and $H_1$ respectively, could have one of two outcomes, as per below:

- $H_{01}$ – There is NO impact on the autonomy aspect of motivation amongst AHPs.
- $H_1$ – There is AN impact on the autonomy aspect of motivation.

The responses shown in Table 1 show that an average of 80.7% of the respondents who were affected by relocation experienced an impact on the autonomy aspect of motivation. The results show that the effect on motivation was a positive one.

<table>
<thead>
<tr>
<th>Relocation &amp; autonomy</th>
<th>NA</th>
<th>Greatly Reduced</th>
<th>Reduced</th>
<th>No Effect</th>
<th>Increased</th>
<th>Greatly increased</th>
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</thead>
<tbody>
<tr>
<td>New challenges</td>
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<td>5</td>
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<td>15</td>
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<td>4</td>
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<tr>
<td>Decrease personal safety</td>
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<tr>
<td>Working together</td>
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<td>5</td>
<td>13</td>
<td>23</td>
<td>85</td>
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</tr>
<tr>
<td>Increased protocols</td>
<td>43</td>
<td>4</td>
<td>11</td>
<td>22</td>
<td>60</td>
<td>16</td>
</tr>
</tbody>
</table>

**Table 1: Relocation impact on the autonomy aspect**

The same can be said on the impact that new practices due to COVID-19 had on the autonomy aspect of the AHPs - Table 2. It can be observed that 79% of the respondents were impacted positively with respect to their autonomy factor of motivation by changes in work practices.
The Impact that the Necessary Changes due to COVID-19 had on the Motivation of Allied Health Professionals within a Public Hospital

<table>
<thead>
<tr>
<th>New Protocols &amp; autonomy</th>
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<th>Reduced</th>
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<th>Increased</th>
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</thead>
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<tr>
<td>Increased protocols</td>
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<td>13</td>
<td>33</td>
<td>77</td>
<td>20</td>
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<tr>
<td>Usage of PPEs</td>
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<td>12</td>
<td>18</td>
<td>27</td>
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<td>31</td>
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<tr>
<td>Keeping updated</td>
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<td>26</td>
<td>67</td>
<td>28</td>
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<tr>
<td>Telemedicine</td>
<td>91</td>
<td>8</td>
<td>13</td>
<td>20</td>
<td>17</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2: New practices and their impact on autonomy

The third change explored the impact of working hours on the autonomy factor. The results in Table 3 show that 67.7% of AHPs were impacted by the change in working hours. Likewise, it was observed that the impact was a positive one and their motivation increased.

<table>
<thead>
<tr>
<th>Working hours &amp; autonomy</th>
<th>NA</th>
<th>Greatly Reduced</th>
<th>Reduced</th>
<th>No Effect</th>
<th>Increased</th>
<th>Greatly increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased hours</td>
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<td>Staff support</td>
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<td>5</td>
<td>5</td>
<td>30</td>
<td>71</td>
<td>14</td>
</tr>
<tr>
<td>Monthly salary</td>
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<td>5</td>
<td>37</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>New practices</td>
<td>40</td>
<td>3</td>
<td>18</td>
<td>34</td>
<td>54</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 3: Working hours and their impact on autonomy

The results confirm that relocation, changes in working hours, and changes in work practices did have an effect on the autonomy aspect of motivation and that it was positive.

Impact on Relatedness Factor of Motivation

The second hypothesis explored the impact on the relatedness aspect of AHP motivation within the public service due to the necessary changes during the COVID-19 pandemic. The null and alternate hypotheses, \( H_0^2 \) and \( H_2 \) respectively, could have one of two outcomes as per below:

- \( H_0^2 \) – There is NO impact on the relatedness aspect of motivation amongst AHPs.
- \( H_2 \) – There is AN impact on the relatedness aspect of motivation.

It investigated three distinct relationships, namely that amongst colleagues, that with the management, and the one with patients. The relationship with management had a positive outcome as seventy-one (51.8%) respondents had increased motivation through the knowledge that management made personal safety a priority. On the other hand, sixty-six (50.8%) respondents experienced a decrease in motivation due to colleagues not adhering equally with protocols to ensure safeguarding safety.

Impact on Competence Factor of Motivation

The hypothesis was whether there was an impact on the competence aspect of motivation amongst AHPs within the public service due to the changes during the COVID-19 pandemic. The null and alternate hypotheses, \( H_{03} \) and \( H_3 \) respectively, could have one of two outcomes as per below:
• $H_{03}$ - There is NO impact on the competence aspect of motivation amongst AHPs.
• $H_{3}$ - There is AN impact on the competence aspect of motivation.

Table 4 shows that Relocation produced an impact on the competence factor of the motivation of AHPs. A total of 68% of the respondents who were affected by relocation experienced a positive effect on their motivation. This change required AHPs to move out of their comfort zone while working under pressure and at the same time keeping safe.

<table>
<thead>
<tr>
<th>Relocation &amp; competence</th>
<th>NA</th>
<th>Greatly Reduced</th>
<th>Reduced</th>
<th>No Effect</th>
<th>Increased</th>
<th>Greatly increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving around wards</td>
<td>92</td>
<td>2</td>
<td>11</td>
<td>23</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>Out of my comfort zone</td>
<td>95</td>
<td>7</td>
<td>13</td>
<td>17</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>115</td>
<td>3</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>New responsibilities</td>
<td>89</td>
<td>4</td>
<td>8</td>
<td>22</td>
<td>29</td>
<td>4</td>
</tr>
</tbody>
</table>

**Table 4: Relocation impact on the competence factor**

Table 5 indicates that 60.5% of the AHPs were impacted by the change in working hours. Even in this case it can be observed that the majority answered that the impact was a positive one and their motivation increased.

<table>
<thead>
<tr>
<th>Working Hours &amp; competence</th>
<th>NA</th>
<th>Greatly Reduced</th>
<th>Reduced</th>
<th>No Effect</th>
<th>Increased</th>
<th>Greatly increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working hours and rest</td>
<td>71</td>
<td>7</td>
<td>20</td>
<td>22</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Decrease in working hours and salary</td>
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<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Increase in working hours and overtime</td>
<td>91</td>
<td>1</td>
<td>2</td>
<td>29</td>
<td>27</td>
<td>6</td>
</tr>
</tbody>
</table>

**Table 5: Working hours impact on the competence factor**

Table 6 shows that these new practices left a positive impact on the competence aspect of AHP motivation since 74.9% respondents replied affirmatively.
The Impact that the Necessary Changes due to COVID-19 had on the Motivation of Allied Health Professionals within a Public Hospital

<table>
<thead>
<tr>
<th>New Practices &amp; competence</th>
<th>NA</th>
<th>Greatly Reduced</th>
<th>Reduced</th>
<th>No Effect</th>
<th>Increased</th>
<th>Greatly increased</th>
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</thead>
<tbody>
<tr>
<td>Moving around wards</td>
<td>92</td>
<td>2</td>
<td>11</td>
<td>23</td>
<td>23</td>
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<td>Out of my comfort zone</td>
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<tr>
<td>Telemedicine</td>
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<td>10</td>
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<td>2</td>
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<tr>
<td>New responsibilities</td>
<td>89</td>
<td>4</td>
<td>8</td>
<td>22</td>
<td>29</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 6: New practices impact on the competence factor

The results show that relocation, changes in working hours, and changes in work practices had a positive effect on the competence aspect of AHP motivation.

Conclusion

The analysis of the hypotheses and additional investigations confirmed that the impact of the necessary changes due to the COVID-19 pandemic was significant for allied health professionals. Although little could be done in the midst of situation itself, the findings show that the negative impact on the motivation of AHPs could be controlled to a lesser degree with increased communication between multi-disciplinary staff and their management.

Conclusions and Recommendations

Study Outcome and Significance

The results obtained from this research verified the hypothesised impacts on AHP motivation due to the necessary changes related to the pandemic. Whilst 45.7% of the respondents were not sure of the effect of these changes on their motivation, 39.1% reported a negative effect on their motivation, while only 15.2% were affected positively.

When considering the effect of relocation on AHPs’ motivation, 46.9% of the respondents who were relocated expressed a negative outcome. This is an important issue to be considered when adjusting during a pandemic situation. A decrease in motivation due to necessary relocation should be counteracted by other motivators to ensure the ongoing safety of both personnel and patients.

This study explored the autonomy, competence, and relatedness factors of motivation and how these were affected by the changes brought about by the pandemic.

The results showed a negative impact stemming from the relocation of AHPs. The reason for this could be that the workers felt that such a relocation was imposed on them. One can understand that, during such extraordinary times, it was quite difficult for the management to discuss changes. On the other hand, changes in procedures and new protocols to safeguard physical wellbeing had a positive effect on motivation.

The relatedness aspect links directly with the effect of different relationships on the motivation aspect. The study showed that healthcare workers saw that the management was taking practical decisions in favour of their safety. This had a positive impact on AHPs. This also confirms the importance of working together for a common goal and good
relationships between management, staff, and patients, thereby ensuring the wellbeing and safety of all. The relationship aspect between colleagues was very relevant. The findings of the study showed that when colleagues worked in unison, motivation increased. Conversely, when some did not abide with the protocols, motivation decreased. In such situations, it is recommended that responsible units, such as the infection control unit, send regular memos to ensure that the staff abide with protocols.

The relationship with patients was also explored and a surprising result was obtained, with only 24% of the respondents affirming that appreciation by patients affected their motivation positively. This indicates that the professionals’ priority was to take care of the patients and, even though words of affirmation were appreciated, they did not depend on them. However, when fatigue and exhaustion started to creep in, appreciation from the public became an extra motivator for healthcare workers.

Relevance and Contribution

The AHP section within the public hospital is a big sector and carries vast responsibilities. This study revealed that the respondents worked under pressure, at times with a decreased number of staff.

This study has also revealed the importance of teamwork, not only amongst the AHP cohort but also with other professionals. This is because many sections at Mater Dei Hospital are made up of multi-disciplinary teams and the different cohorts within them need to work together. This study showed the importance of working together as one team, especially during the COVID-19 pandemic which, on a positive note, brought down certain barriers in favour of safety and teamwork. Professionals depended on each other during the pandemic and this lesson should be practiced on a regular basis and in normal circumstances as well. Another important finding concerned the management and staff relationship. During the pandemic, the staff became more aware of the decisions taken by the management to safeguard their physical wellbeing. This was one positive outcome of the pandemic.

Motivation can be measured in many different ways as was outlined in this research. This study revealed that, during a crisis, a primary motivator for AHPs was their personal safety and the safety of their loved ones. Motivation decreased when they felt that this was neglected by other colleagues and that lives were being put at risk. On the contrary, motivation increased when they felt safe. The study showed that the protocols put in place to safeguard personnel’s health, such as the availability of masks, visors, gown, and PPEs had a positive effect on motivation.

Limitations

The new data protection regulations within Mater Dei made it difficult to ensure an even distribution of the questionnaire amongst all AHPs. It limited the number of responses received. Since the researcher could not physically distribute the questionnaire, there was no way to encourage participation or control the sampling methods because distribution depended completely on third persons. Because of this, there were four sections from which no replies were received, possibly because the questionnaire was not distributed amongst them.

Recommendations and Research Prospects

This research was purposely focused on AHPs and similar future studies could be performed on other healthcare workers. In this way, the whole local healthcare profession
could be studied. This would create the opportunity to compare the effects of changes on the motivation and wellbeing of various healthcare professions.

Another research study could be conducted to evaluate the psychological and physical wellbeing of all healthcare workers. Future research can also explore post COVID-19 effects, focusing on the mental health of healthcare professionals.

As a continuation to this research, one could study whether the multi-disciplinary teams created during the pandemic have continued to function and generate benefit for the various cohorts.

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recorded-88-in-hospital.949711 (accessed 22 April 2022).

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health%20workers%20safe (accessed 21 March 2022).

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10 November 2022).
