

## **The satisfaction of psychological needs among healthcare professionals during epidemics: From the perspectives of the Erg theory and the Achievement motivational theory**

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### **Abstract**

The first novel corona virus infections in the 21st Century was recorded during SARS in 2002, and the second, was MERS in 2012; COVID-19 is the third of such kind. In contrast with SARS and MERS, COVID-19 was more contagious and apparently spread faster with higher fatality during the first wave. Besides, there is still much that the scientific community does not know about COVID-19. The present study aims to document health-care professionals' satisfaction of psychological needs during the COVID-19 pandemic from the perspective of ERG Theory and the Achievement Motivational Theory. The study adopts a qualitative descriptive design, and ten healthcare professionals were selected using a purposive sampling technique. An interview schedule is used for collecting the data, and the data were analysed in the light of the theories mentioned earlier. The results confirm that the need for power, achievement, and affiliation was very well satisfied during epidemics spread leaving the health-care professionals to contribute better in caregiving. In contrast, healthcare professionals could only partially fulfil the existence needs and relatedness needs. Besides, there they were not able to meet their growth needs by way of knowledge regarding management and strategies, for-

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mulating psychological first aid, etc. in COVID management, which needs to be addressed by the health authorities.

**Key Words:** epidemic, health-care professionals, satisfaction of needs, care-giving

Epidemics impose high burden on health-care professionals. Adverse psychological reactions are 'higher' among healthcare professionals' during epidemics, than everyday situations (Lee et al., 2007). The increased workload, mental and physical exhaustion, inadequate personal protective equipment kits, nosocomial transmission, and the need to make ethically tricky decisions on the rationing of care may dramatically affect mental health of professionals (Liu et al., 2020). They experience extraordinary stress, burnout, and secondary trauma, given the high risk of infection, stigmatisation, understaffing, and uncertainty (Maunder et al., 2003). Besides, they risk carrying the infection from the hospital to their loved ones at home. Moreover, they have to compromise by isolation and loss of social support of friends and relatives.

Previous viral outbreaks have shown that healthcare professionals are at 'high risk of infection and adverse physical health outcomes (Xiao et al., 2020). They feared contagion and infection of their family, friends, and colleagues, felt uncertainty and stigmatisation (Maunder et al., 2003). Bai et al. (2004) reported reluctance to work or contemplated resignation and reported experiencing high levels of stress, anxiety, and depression symptoms, which could have long-term psychological implications. When SARS spread rapidly, most healthcare professionals experienced severe burnout as well as secondary trauma, and sometimes refused to care for patients; sometimes, in other cases, authorities forced healthcare professionals to care for the patients (Shiao et al., 2007).

The increasing number of confirmed and suspected cases, widespread media coverage on analysis of each country's mortality rate and an absence of specific drugs, directly affect healthcare professionals, families, and the public.

Also, since no caregivers or bystanders were allowed with a COVID-19 infected or 'suspect', primary care became important during outbreaks (McGillis et al., 2016). The strict infection prevention guidelines disallowed psychiatrists, psychologists, counsellors, and social workers to provide direct psychological support to the patients (Duen& Zhu, 2020), resulting in the absence of psychological, physical, and emotional support to the patients (Gillick, 2013).

Psychological assistance services, including telephone counselling, internet counselling, and application-based counselling or intervention, have been widely deployed by local and national mental health institutions in response to the COVID-19 outbreak. This has mounted enormous pressure on care-professionals - psychiatrists, social workers, counsellors, and psychologists. Siskind et al. (2020) claimed that because of the pandemic COVID-19, psychiatrists find themselves in the clinical situation of being asked by patients, family members, healthcare professionals, and patient advocacy societies to help ensure access to Clozapine as a medication critical for ongoing patient care. Clozapine levels can increase with acute systemic infection, leading to acute clozapine toxicity symptoms, including sedation, myoclonus, and seizures. Studies from around the world claim that the health emergency due to the pandemic COVID-19, the healthcare professionals involving the tasks related to COVID-19 are at high risk of mental health on account of fatalities. Given these demands and complications, review of literature suggest evidence-based evaluations targeting mental health issues among healthcare professionals are relatively less (Lai et al., 2020).

### **Theoretical-conceptual framework**

The researchers observed that the care professionals continued to work away from their families and care for clients, in spite of the mounting casualties and apparent lack of systemic and government support. They were motivated on some grounds beyond material and immediate rewards. This promoted the researchers to look at two motivational theories. The study's theoretical framework was thus developed by blending two prominent theories:

## The ERG theory of Alderfer and the Achievement Motivation Theory of McClelland.

The ERG theory: Alderfer (1969) extended his theory by summarising Maslow's five needs into three kinds of conditions: existence needs, relatedness needs, and growth needs. The ERG theory's defines existence needs to include psychological and safety needs, including survival, such as air, food, drink, shelter, clothing, warmth, sex, sleep, protection from elements, security, and freedom from fear, safety, etc. Similarly, related needs covered an individual's requirement of love and belongingness, including interpersonal relationships, friendship, intimacy, receiving and giving affection and love, affiliation, etc. Growth needs refer to esteem and self-actualisation needs, including esteem for oneself and desire for reputation or respect from others such as dignity, knowledge, achievement, mastery, independence, status, prestige, realising personal potential, self-fulfilment, productivity, complete meaningful tasks, seeking personal growth and peak experiences.

The Achievement Motivation Theory: McClelland's Achievement Motivation Theory states that every person has one of three main driving motivators - needs for achievement, affiliation, or power - not inherent; but developed through our culture and life experiences. Achievers like to solve problems and achieve goals. Thus, the need for achievement is the desire to accomplish something difficult, attain a high standard of success, master complex tasks, and surpass others (Daft, 2008). The need of power is defined as a concern with the control of the means of influencing a person, and Daft (2008) claimed that the need for power is the desire to influence or control others, be responsible for others, and have authority over others (McClelland, 1961).

### **Methods**

The current study adopts the qualitative descriptive design. The researchers purposefully selected the healthcare professionals in the age group 24-50 years, with more than three years of work experience, and engaged for over two months in COVID-19 care. The data were collected during the period

2-20 June 2020. The researchers adopted a critical case sampling technique of purposive sampling to select participants. After interviewing 10 samples, both the researchers confirmed the data saturation by verifying the transcripts. A voluntary consent was taken from each of the participants prior to each interview. The data were analysed using grounded theory approach by comparing the cases with previous cases.

## Results

The researchers interviewed ten healthcare professionals; two each among them in the age group 30-40 years and 40-50 years had more than 10 years and 20 years of working experience respectively. The remaining in the age group 20-30 years had 5-10 years of work-experience.

**Table 1**

*Characteristics of the participants in Phase 2*

Sl. No	Profession	Gender	Age	Religion	Marital Status	Educational qualification	Working time/week	Work experience
1.	Nurse	Female	45	Christian	Married	Graduation	48 hrs	22
2.	Nurse	Female	27	Christian	Unmarried	Graduation	50 hrs	5
3.	Nurse	Female	38	Christian	Married	Graduation	48 hrs	15
4.	Nurse	Female	34	Christian	Married	Graduation	48 hrs	11
5.	Nurse	Male	30	Christian	Married	Graduation	50 hrs	6
6.	Doctor	Female	29	Christian	Unmarried	Graduation	48 hrs	5
7.	Social Worker	Male	29	Hindu	Unmarried	PG	52 hrs	6
8.	Social Worker	Female	27	Hindu	Unmarried	PG	48 hrs	5
9.	Counsellor	Male	49	Hindu	Married	Ph.D.	30 hrs	21
10.	Psychologist	Male	43	Christian	Married	Ph.D.	28 hrs	15

The ten healthcare professionals include five nurses, one doctor, two social workers, one psychologist, and one counsellor, were all interviewed anywhere between 30-60 minutes to document their experiences with COVID-19-related tasks ongoing. More than half of the participants were women and in the age group 24 – 45 years. The participants are mostly Christian, women, nurses, and graduates. Six participants were working in the COVID-19 isolation ward, while one was part of the Rapid Action Force. The rest provided psychological first aid (PFA) to COVID-19, patients and health-care professionals. Except for those who offer to counsel, all others are working 8-10 hours per day.

## **Findings**

The healthcare professionals considered the challenging situation and the uncertainty arising as a motivation to continue work in future outbreaks. This may be regarded as a logic to explain the achieving of growth needs. The strict infection control guidelines, specialised equipment, recognition of their efforts by hospital management, the Government, reduction in reported cases, and adequate protective equipment provided by the hospitals were other factors that equipped them to work. In alignment with the current result, Cai et al. (2020) reported that nurses used strategies such as strict protective measures, knowledge of virus prevention and transmission, social isolation measures, and positive self-attitude to fight against COVID-19.

The existential needs, such as physical health and safety, were among the primary concerns of frontline healthcare professionals. They considered PPE as a protective factor (Yin & Zeng, 2020). Healthcare professionals believed that a surgical mask is not enough to prevent the cross-infection of COVID-19. However, wearing Personal Protection Equipment kits for long hours also created psychological distress for them (Liu et al., 2020). Therefore, the safety of the workforce should be a significant concern of the authorities. To reduce the fear and uncertainty of the condition, every hospital must provide adequate safety supplies, provide knowledge about infection, manage empathetically,

infected as well as 'suspect' patients, besides providing quarantine to frontline care workers, including those who are in the rapid action and screening teams (Liu et al., 2020).

Healthcare professionals' relatedness needs are partially satisfied during epidemics because they may not have physical contact with their family members to avoid unnecessary infection. Also, their work demands close contact with patients and suspects. Sometimes they heed the worries besides witnessing the pain of the patients and those quarantined. Thus, emotional involvement may emotionally drain healthcare professionals. Those healthcare professionals providing counselling services to patients, suspects, and working healthcare professionals, claimed that healthcare professionals, including them, are affected. Knowing colleagues are infected may lead to extraordinary stress while working as a part of a multidisciplinary team.

For all participants, COVID-19 was the first exposure to a massive epidemic. Thus, the need of knowledge should be one of the primary requirements of healthcare professionals. Studying and understanding the model adopted by other countries, which managed COVID-19 spreading the beginning of 2020, may help all healthcare professionals. During epidemic spread, all the three needs of the achievement motivational theory should be satisfied because those needs' satisfaction may lead to compassion satisfaction among the healthcare professionals. The public's awareness and insight about the epidemic may change people's perceptions of healthcare professionals, families, patients, and suspected. Otherwise, social stigma may create distress among healthcare professionals. The healthcare professionals have to toe the existing knowledge and new knowledge of psychological decompression to adjust them and actively or passively use techniques, such as engagement in fun activities, physical activities, etc. This study is the first step toward addressing healthcare professionals' needs and challenges from Kerala. However, there is a requirement of formulating crisis intervention during health emergencies and epidemics spread for both healthcare professionals and the general public. The Government has the responsibility to protect the psychological

well-being of the care community worldwide. Thus, there is a need to conduct multiple kinds of research from all parts of the world. They were furthermore analysing how the lessons from previous epidemics spread contributed to the management of the next. There is a requirement for conducting studies using mixed methods with the same logic as the current study.

Besides, there is a requirement for providing additional training and education to healthcare professionals about the management of fast-spreading epidemics and the incorporation of frontier technologies besides robots, cost-effective and fool-proof testing kits, etc. There is a necessity to ensure healthcare professionals' safety in the workplace by providing personal protection kits, sanitizers, and digital monitoring and diagnosing mechanisms in each hospital. It will reduce the risks of carrying infection from hospital to home. Proper awareness of healthcare professionals' precautions will ease the families of healthcare professionals' worries and prevent the community's stigma and isolation. It will improve mental health and reduce the fear of getting the infection by caring for others. There is a requirement to study the various practices followed by countries like China, Japan, New Zealand, Vietnam, etc., for finding suitable strategies that can cope with cultural and resource availability. There is a need for formulating self-care policies in each hospital. Additional studies should explore the same professional groups, including cops with large numbers of samples.

## **Narration and Discussion**

### **Explanation and specific examples of the categories:**

The following discussion attempt to explain the connection between the motivational theories – Aldeferer's ERG Theory and McClelland's Theory of Achievement Need to the perception and responses of health-care professionals to a very challenging context.

### **The unsatisfied existence needs during epidemics outbreak**

The existence needs of the health-care professionals, especially of those

working in the hospital settings and the community, could not be satisfied during outbreaks. They were stressed because of workload and overtime work, and they were overwhelmed having learned that COVID-19 had infected someone in the community they have been visited recently as part of work. The information about 'COVID-19 infection among their colleagues in healthcare and the 'uncertainty' of the progress of the patients made them feel more vulnerable.

P3: "... when ever my colleagues' cough or sneeze, I get so worried".

The participants reported that COVID-19 was their 'first ever exposure' to a pandemic. Hence, the participants are concerned about their safety, as well as their mental and physical health. The participants working in the hospital are wearing Personal Protection Equipments (PPE) and reported their 'much-difficulty' to work continuously by wearing PPE kits. The social workers and nurses said they are doing 'overtime work' because of 'staff shortage'.

(P4): "Wearing the whole set of PPE is very uncomfortable. I have difficulty in breathing, and I feel sweltering heat inside PPE kits."

(P2) "I know that the current situation demands more work....sometimes I have to work overtime...because of staff shortage..."

The participants are worried that exposure to infected patients during work can increase the risk of getting infected. Thus, theoretically, the participants could not satisfy their existence needs as espoused by the ERG Theory; this could lead to burnout. The counsellors and psychologists seem to be affected by healthcare professionals' experiences because 'being in the helping profession' can be the common factor in connecting with their clients.

Relatedness Needs and Need of Affiliation: The path directed to mental health issues

The related needs are restricted during epidemics, because they are wary of interpersonal interaction for the fear of causing unnecessary infection to colleagues. Thus, the healthcare professionals in hospital settings witness and

hear the patients' 'pain and suffering' and the bore the 'tremendous workload' and 'overtime work-schedule'.

They point out that even though they are 'worried,' 'tired,' 'stressed,' and 'afraid,' they were willing to continue their work with the spirit to win the battle. They regard it 'a duty and moral responsibility' to continue work as the only way to ensure their safety as well as of the people around them, especially their family. The counsellors, social workers, and psychologists claimed that the tele-counselling drained lots of energy from them. Some nurses and doctors stated that they 'engage in some fun activity' to remain relaxed. Furthermore, the nurses are in a position to pay attention to patients' worries and 'support them emotionally' and continue work from 'medication to bath' (for severely affected patients).

P5: "Many patients share their worries with us, and we are very friendly to them.... we always motivate them..."

However, 'hearing' and 'witnessing' the patients' sufferings, can also lead to the development of secondary trauma. The participants claimed that they are 'affected' by witnessing the 'sufferings' especially coming to understand of the death of young patients or someone they had identified themselves with.

P4: "I am a little bit affected...seeing the helplessness of COVID-19 patients...they don't have anyone with them to support other than us, because family members or friends are not allowed to visit them... I think the isolation is very painful for them and for us"

The nurses shared their pain having learnt of the 'social stigma' and experiences of 'isolation' encountered by their families just because they were at working in COVID-19 related environments. However, the participants rationalised these challenges to be situational, an outcome due to the sudden outbreaks. They continued 'what was happening around us mattered little, since we were focussed on saving a lives'.

Unmarried healthcare professionals are more concerned about the safe-

ty of their parents. In contrast, married healthcare professionals are worried about families' safety, especially their children and older parents with lifestyle diseases. The social stigma of the public towards the families of healthcare professionals, which was prevalent at the beginning of the COVID-19 outbreak, contributed to stress among healthcare professionals. However, all the participants were supported by their families, contributing to compassion satisfaction and better coping (strategies). The related needs and existence needs of healthcare professionals when compared to other professionals, remain unsatisfied during epidemics.

P2: "While screening the suspects, we don't know those who are infected and not infected till now the vaccines are not invented... I am worried about my family members' safety"

Besides, the participants claimed that 'every work related to COVID-19 is the 'outcome of teamwork'. Thus, the participants met their 'need of affiliation' by working as a 'team' and interacting with the patients more than in any other situation due to 'bystander restrictions' and the 'restriction' of healthcare professionals that do not permit the healthcare professionals to move outside the hospital. Besides, 'the need for affiliation' was met among healthcare professionals, especially nurses and doctors. They reported engaged in fun activities as a coping strategy; thus burnout and secondary trauma were managed to a great extent.

The need of power, motivation, growth and achievement: The hidden push factors

The participant health-care professionals could satisfy the 'need of power' to a large extent; the following was happening around them: 1. media was hailing them as the 'superheroes,' 2. the higher authorities and the celebrities too, appreciated their genuine work and sacrifice; and 3. the gratitude (callback) and acknowledgements of the COVID-19 survivors and their relatives. Not many patients express their gratitude to healthcare professionals in typical situations since the public regarded caring for others their duty. However,

during the COVID-19 outbreak, the public became more sensitive of the challenges encountered by healthcare professionals through the media.

The ERG theory claims that it is possible to achieve higher levels of needs without satisfying the lower needs. This was explained because most of the participants being young adults were idealistic and available. The healthcare professionals pointed out that there were very many motivations for them to work, such as appreciations from the Government, motivational chats with film stars and other people of repute, support of family, neighbours, and the 'words' COVID-19 survivors. They were vocal:

P1: "I got appreciation from the Government for my commitment..."

P10: "It is indeed a very challenging situation, ... but if they are less motivated, who will take up their roles... all the people working for COVID-19 related duties are under severe stress... they know that they are risking their life... moreover, they are living away from their family... for them, one single word of motivation matters a lot."

A counsellor with a Ph.D. as the highest educational qualification claimed that their Ph.D. in grief counselling helped deal with such cases. Furthermore, a social worker claimed that the education and grooming helped that person to be more flexible and disposed to multi-tasking. However, the doctors and nurses with graduation as the highest educational qualification seem more committed in battle. They consider the engagement in COVID-19 related tasks as their responsibility since they know professionally care for others. The participants also claimed the desire to get additional training from those countries that managed COVID-19 spreading. The healthcare professionals are working in hospital settings considered 'saving' patients' lives as the 'major goal' and achievement during the pandemic COVID-19. The satisfaction of growth needs and the need of achievement can contribute to experiencing compassion satisfaction among healthcare professionals.

## Conclusion

COVID-19 being caused by the novel corona virus has been a great teacher for governments and health-care. It has exposed the lack of preparedness of the entire system, especially health care and the care professionals. However, resilient as all humans are, care-professionals have been quick to adapt in novel and creative ways to match the novel corona virus. This adaptation is explained by way of the coping mechanisms employed so that they satisfy their needs – existence, power and affiliation. The theories by Alderfer and McClelland blended together, provided by provide plausible explanations for this resilience and adaptation while engaging with a very difficult and challenging scenario arising out of COVID-19.

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