

EXAMINING THE FACTORS THAT IMPACT NURSE MOTIVATION IN THE PRIVATE HEALTH SECTOR

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Abstract

Background: Motivation plays a critical role in influencing the performance, job satisfaction, and retention of nurses, particularly in the private health sector where work demands are high and resources may vary. Understanding the factors that impact nurse motivation is essential for enhancing the quality of care, reducing turnover, and fostering a productive work environment.

Objective: This study aims to examine the intrinsic and extrinsic factors influencing the motivational levels of nurses working in a private hospital setting.

Methods: A quantitative descriptive cross-sectional design was employed. Data were collected from 133 registered nurses using a structured questionnaire adapted from the Motivation at Work Scale (MAWS). The questionnaire assessed demographic characteristics, intrinsic and extrinsic motivational factors, higher-order strengths, and shared values. Responses were rated on a 5-point Likert scale, and data were analyzed using SPSS.

Results: The findings revealed that intrinsic motivators such as opportunities for learning, personal value alignment, and career fulfillment significantly influenced motivation. Extrinsic factors, including financial compensation, job security, and recognition, also played a vital role. However, shared values with the organization and managerial support showed lower levels of strong agreement, indicating potential areas for improvement.

Conclusion: Motivation among nurses in the private health sector is influenced by a combination of personal, professional, and organizational factors. Healthcare administrators and nurse managers must adopt targeted strategies to foster both intrinsic and extrinsic motivators, thereby enhancing nurse satisfaction, performance, and retention.

INTRODUCTION

Motivation plays a crucial role in shaping human behavior, particularly in professional settings such as healthcare (1). It is defined as a values-based, psycho-biologically stimulus-driven inner

urge that activates and guides human behavior in response to self, others, and the environment (2). In the workplace context, motivation refers to an individual's willingness to exert and sustain effort

toward achieving organizational goals. It is a dynamic and multifaceted concept influenced by intrinsic and extrinsic factors that vary across individuals and contexts (3). Intrinsic motivation arises from within the individual, driven by enjoyment or a sense of purpose, while extrinsic motivation stems from external rewards or the desire to avoid negative consequences (4).

In the nursing profession, motivation significantly influences job performance, professional development, and patient care outcomes (5). Nurses who are positively motivated tend to demonstrate better communication skills, higher self-efficacy, and more constructive interpersonal relationships. This positive outlook not only enhances individual performance but also contributes to the overall effectiveness of healthcare organizations (6). Motivation is particularly critical in the context of health systems strengthening, where it serves as a driving force that supports progress toward achieving key World Health Organization (WHO) goals such as improved health outcomes, equity, responsiveness, and system efficiency (7).

Understanding what motivates nurses is essential for hospital administrators and nurse managers, as employee performance is directly linked to organizational success. Motivated nurses are more likely to seek continuous improvement in their practice, accept responsibility, and pursue excellence in their roles (8). Research in social sciences has further challenged the traditional belief that financial incentives are the main motivator for healthcare professionals (9). It distinguishes between internal motivators such as the personal fulfillment derived from patient care and external motivators, including salary, recognition, and job security (10) (Ishaq et al., 2021).

However, maintaining motivation among nurses is not without challenges. Emotional exhaustion, which is common in high-stress healthcare environments, can diminish the relationship between prosocial motivation and thriving at work (11). It may also exacerbate negative

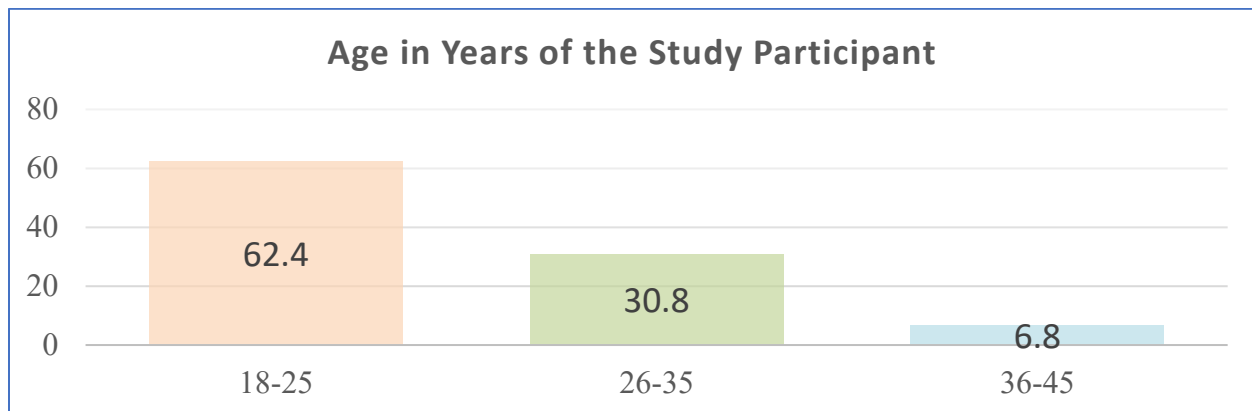
workplace behaviors and hinder professional growth. Nurse managers, therefore, have a vested interest in fostering a motivating work environment (11). When nurses are engaged and motivated, they are more likely to take initiative and adopt innovative approaches in their practice, which ultimately leads to better patient outcomes and organizational efficiency (12).

Given the critical role that motivation plays in the nursing workforce, especially in private healthcare settings where demands and expectations are high, this study aims to explore the various factors influencing the motivational levels of nurses working in a private hospital. Identifying and addressing these factors is vital to enhancing job satisfaction, reducing turnover, and improving the quality of care delivered.

Methodology

A quantitative descriptive cross-sectional design was conducted at Fatima Memorial Hospital. The target population were registered nurses, selected through convenient sampling. Based on Solven's formula for a known population of 200 with a 5% margin of error, the sample size was 133 for this study. Inclusion criteria include nurses with at least one year of experience, while those with working on administrative side were excluded. Data were collected by using a structured questionnaire adapted from the Motivation at Work Scale (MAWS), which consists of three sections: demographic data (gender, age, experience, marital status, qualification, department/unit), and 23 items categorized into intrinsic/extrinsic factors, higher-order strength, and shared values, rated on a 5-point Likert scale. The researcher was personally administering the questionnaire after obtaining written informed consent. Ethical approval was obtained from Saida Waheed FMH College of Nursing, ensuring participant anonymity, confidentiality, and the right to withdraw at any stage without penalty. Data were analyzed by using frequency table in display in the form of graphs, tables and charts.

Results



This bar chart 1 presents the distribution of participants across three age groups. The majority of study participants (62.4%) fall within the 18–25 years age range, indicating that most of the respondents are younger adults. The second-

largest group is those aged 26–35 years, comprising 30.8% of the participants. A small minority, 6.8%, are within the 36–45 years age bracket. This distribution shows a predominantly young nursing workforce involved in the study.

Table No 1: Demographic Data such as gender and Clinical experience of the study participants

		n	%
Gender	Male	16	11.3
	Female	117	88.0
Experience	Less than 1 year	44	33.1
	1-5	68	51.1
	6-10	11	8.3
	11-15	5	3.8
	Greater than 16	5	3.8
<i>Analyzed by frequency 'n' and percentage '%'</i>			

Table 1 presents the demographic characteristics of the study participants, focusing on gender and clinical experience. The majority of participants were female, accounting for 88.0% (n = 117), while only 11.3% (n = 16) were male, indicating a female-dominated nursing workforce. In terms of clinical experience, most participants (51.1%, n = 68) had between 1 to 5 years of experience, followed by 33.1% (n = 44) with less than one year. A smaller proportion had 6 to 10 years (8.3%, n = 11), while 3.8% each (n = 5) had 11 to 15 years and more than 16 years of experience. These figures suggest that the study sample primarily consisted of early-career nurses. The data were analyzed using frequencies (n) and percentages (%).

Table 2 outlines the marital status, educational background, and departmental affiliation of the study participants. A significant majority of participants were unmarried (81.2%, n = 108), while only 18.8% (n = 25) were married. Regarding education, more than half of the participants held a Bachelor's degree (52.6%, n = 70), followed by 39.8% (n = 53) with a diploma, and only 7.5% (n = 10) with a Master's degree. In terms of departmental distribution, the highest number of participants worked in the Emergency department (22.6%, n = 30), followed by ICU (19.5%, n = 26), Paediatrics & Gynae (21.8%, n = 29), Medical (17.3%, n = 23), and Surgical (13.5%, n = 18). A small percentage (5.3%, n = 7) were from other departments. This demographic

profile highlights the diversity in education and clinical placement among the nursing staff.

Table 3 presents the percentage of nurses who allows them to make a lot of money, and 24.1%

Table No 2: Marital Status, Educational Qualification, and Departmental Distribution of Study Participants			
		n	%
Marital Status	Married	25	18.8
	Unmarried	108	81.2
Education	Diploma	53	39.8
	Bachelor	70	52.6
	Master	10	7.5
Department	Medical	23	17.3
	Surgical	18	13.5
	I.C. U	26	19.5
	Emergency	30	22.6
	Pead's & Gynae	29	21.8
	Others	7	5.3
<i>Analyzed by frequency 'n' and percentage %'</i>			

strongly agreed with various statements related to their motivation and job satisfaction. The highest level of strong agreement was seen in the statement "Because this job fulfills my career plans" with 36.8%, followed by "Because my work is my life and I don't want to fail" (32.3%) and "Because I have to be the best in my job, I have to be a 'winner'" (31.6%). A significant portion also strongly agreed that their job affords them a certain standard of living (29.3%) and contributes to their reputation (27.1%). Additionally, 27.8% strongly agreed that the job

each felt that the job fits their personal values and is primarily done for the paycheck. Lower levels of strong agreement were observed for intrinsic motivators, such as enjoying the work (22.6%), finding fun in the job due to the caring nature of nursing (19.5%), and deriving pleasure from job satisfaction (19.5%). These findings suggest a blend of intrinsic and extrinsic motivational factors influencing nurses' job satisfaction, with career alignment and personal drive being notable contributors.

Table 3: Level of Motivation and Job Satisfaction Among Nurses Based on Strong Agreement Responses (Likert Scale)

S.no	Statements	%
01	As a nurse I enjoy my work very much	22.6
02	I have fun doing my job because nursing is caring profession	19.5
03	For the moments of pleasure that this job brings me to satisfaction level	19.5
04	Because this job fulfills my career plans	36.8
05	Because this job fits my personal values	24.1
06	Because I have to be the best in my job, I have to be a “winner”	31.6
07	Because my work is my life and I don’t want to fail	32.3
08	Because my reputation depends on it	27.1
09	Because this job affords me a certain standard of living	29.3
10	Because it allows me to make a lot of money	27.8
11	I do this job for the paycheck	24.1

Analyzed by frequency ‘n’ and percentage ‘%’

Table 4: Nurses’ Personal Factors and Shared Values Rated as Extremely Important

S.no	Statements	%
1	Using your skills to the maximum.	31.6
2	Achieving something that you personally value.	21.8
3	The opportunity to learn new things.	39.1
4	I share the values and believes of this hospital.	9.8
5	Managers here are understanding about employees having to meet family responsibilities.	15.8
6	People working here are encouraged to develop themselves.	14.3

Analyzed by frequency ‘n’ and percentage ‘%’

The table no 4 highlights the percentage of nurses who rated various personal and organizational factors as extremely important. The most highly valued factor was the opportunity to learn new things (39.1%), indicating a strong desire for professional growth. This was followed by using one’s skills to the maximum (31.6%) and achieving something personally meaningful (21.8%). Comparatively lower percentages were recorded for shared organizational values and support systems, with only 9.8% of participants strongly agreeing that they share the hospital’s values and beliefs. Additionally, 15.8% believed their managers are understanding of family responsibilities, and 14.3% felt that the organization encourages personal development. These results suggest that while nurses prioritize personal growth and skill

utilization, perceived alignment with institutional values and managerial support is relatively less emphasized.

Discussion: The present study explored the demographic characteristics and motivational factors influencing nurses working in a private hospital. The findings revealed that the nursing workforce in this setting is predominantly young, with the majority (62.4%) aged between 18–25 years. This aligns with the findings of Albougami and colleagues, who reported a similar age distribution in private hospitals, where newly qualified and early-career nurses formed the bulk of the workforce (13). The youthful demographic may reflect the high turnover rate and the entry-level employment pattern in the private healthcare sector. Additionally, 51.1% of the participants had 1–5 years of experience,

indicating that most nurses were still in the early stages of their professional journey, which is consistent with Nilsen and colleagues study, who emphasized that early-career nurses are often more adaptable but may face motivational challenges due to limited experience and workload stress (14).

In terms of gender, the study showed a female-dominated workforce (88%), which is in agreement with the global trend, as highlighted by the World Health Organization (WHO, 2020), stating that nearly 90% of the global nursing workforce is female (15). This gender disparity, while expected, also implies the need for gender-sensitive policies and support mechanisms tailored to women's roles, especially regarding work-life balance.

Regarding educational background, more than half (52.6%) of the participants had completed a Bachelor's degree, while 39.8% held diplomas. This distribution is reflective of ongoing professionalization efforts in nursing education in South Asia and supports Bahlman and colleagues, who noted a growing shift toward degree-level qualifications among nurses in private institutions (16). Departmental placement also varied, with the highest representation from the emergency department (22.6%), ICU (19.5%), and pediatrics/gynecology (21.8%), suggesting that nurses are commonly deployed in critical and fast-paced units, which may influence their stress levels and motivation.

The study's results on motivational factors revealed that both intrinsic and extrinsic drivers play significant roles. Notably, 36.8% of respondents strongly agreed that their job fulfills their career plans, and 32.3% associated their work closely with personal identity and a fear of failure. These findings are similar to those of Rawashdeh and Tamimi, who found that career fulfillment and self-worth are significant intrinsic motivators for healthcare professionals (17). However, only 22.6% reported that they genuinely enjoy their work, and 19.5% said they have fun due to nursing being a caring profession, highlighting a possible disconnect between the idealism associated with nursing and the actual work environment an issue also

identified by Roth and colleagues in their study on nursing burnout and professional satisfaction (18).

Interestingly, several extrinsic motivators such as income (27.8%), standard of living (29.3%), and reputation (27.1%) received notable agreement. This supports Sperling in 2021, who argued that while intrinsic motivation is essential, financial and social rewards remain powerful contributors to job satisfaction in private healthcare settings, where job security may be lower than in public institutions (19).

The analysis of personal values and organizational culture further revealed a significant focus on self-growth, with 39.1% valuing opportunities to learn new things and 31.6% wanting to use their skills to the fullest. This trend is consistent with Poortaghi and colleagues, who emphasized the importance of lifelong learning and skill utilization as core drivers of professional motivation (20). However, only 9.8% of nurses strongly agreed that they share the hospital's values, and just 15.8% felt supported in balancing work and family responsibilities. These findings are somewhat concerning and mirror the results of Dousin and colleagues, who identified a weak organizational culture and lack of managerial empathy as demotivating factors that contribute to emotional exhaustion and decreased job satisfaction among nurses (21).

In contrast to some Western studies, such as Herzberg's two-factor theory application in nursing by Maenpaa and colleagues, which emphasized strong alignment between institutional values and employee satisfaction, our study found a gap in value alignment and perceived managerial support (22). This disparity may point to cultural and organizational differences in how private hospitals in developing countries approach employee engagement and institutional identity.

Conclusion: The study reveals that while private sector nurses are motivated by career advancement, personal development, and financial benefits, there are clear areas of concern, particularly regarding intrinsic job enjoyment, institutional value alignment, and

support for work-life balance. Addressing these gaps is crucial for healthcare administrators aiming to improve motivation, reduce burnout, and retain skilled nursing staff.

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