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“Motivation effect on nurse work in Qassim region”

A Thesis Submitted in Partial Fulfillment of the Requirements for the (Master) Degree in (Leadership and Management in Nursing)

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Abstract

Work motivation refers to an individual's degree of preparedness to perform a particular action, including all factors that affect, intensify, and organize human behavior. Motivation in the work setting refers to an individual's level of willingness to exert and maintain the necessary effort to achieve organizational goals. Employees have various competing desires that are influenced by multiple motivators. Therefore, to enhance the performance of an organization, managers should attempt to comprehend the motivations of their employees. This study employed a cross-sectional descriptive design and recruited 235 participants among the nursing population from 18 hospitals in Qassim. Motivation Sources Inventory was used for data collection after conducting piloting, validity, and reliability testing on the final questionnaire. Data were analyzed using SPSS version 23.0 utilizing frequencies, descriptive, correlation coefficient, and post hoc tests. All ethical considerations of scientific research were taken into consideration. Participants generally had high-shared values that affect their work. Higher scores of individual influences on work were found among single individuals, bachelor or master holders compared with married individuals and diploma holders respectively. Higher shared values scores were found among nurses who lived alone compared to those who lived with others.

On the other hand, older nurses and those who were working in inpatient care had higher shared values than younger nurses and those who were working in outpatient care. To ensure the efficient use of their healthcare workforce, information necessary to build local motivation force frameworks should be collected, examined, and implemented to support a viable relationship between executives and the nursing workforce. The effects of working conditions and other business-related elements on the fulfillment and satisfaction of wellbeing experts should be assessed because these factors are directly associated with worker efficiency and the nature of the care they provide.

ملخص الرسالة

يشير دافع العمل إلى درجة استعداد الفرد لأداء عمل معين، بما في ذلك جميع العوامل التي تؤثر على السلوك البشري وتكثيفه وتنظيمه. يشير الدافع في بيئة العمل إلى مستوى رغبة الفرد في بذل الجهد اللازم والحفاظ عليه لتحقيق الأهداف التنظيمية. يمتلك الموظفون رغبات متنافسة مختلفة تتأثر بمحفزات متعددة. لذلك و لتعزيز أداء المنظمة، يجب على المديرين محاولة فهم دوافع موظفيهم.

استخدمت هذه الدراسة تصميمًا وصفيًا مقطعيًا وجندت 235 مشاركًا من مجتمع التمريض من 18 مستشفى في منطقة القصيم. تم استخدام "مخزون مصادر التحفيز" لجمع البيانات بعد إجراء اختبار التجريب، والصدق، والموثوقية للاستبيان النهائي. تم تحليل البيانات باستخدام **SPSS** الإصدار 23.0 باستخدام التكرار ، والوصف ، ومعامل الارتباط ، والاختبارات اللاحقة. تم أخذ جميع الاعتبارات الأخلاقية للبحث العلمي بعين الاعتبار. كان لدى المشاركين عمومًا قيم مشتركة عالية تؤثر على عملهم. تم العثور على درجات أعلى من التأثيرات الفردية على العمل بين الأفراد غير المتزوجين وحاملي البكالوريوس أو الماجستير مقارنة بالأفراد المتزوجين وحاملي الدبلوم على التوالي. تم العثور على درجات أعلى من القيم المشتركة بين التمريض الذين عاشوا بمفردهم مقارنة مع أولئك الذين عاشوا مع الآخرين.

من ناحية أخرى ، كان لدى التمريض الأكبر سنًا ولدى أولئك الذين كانوا يعملون في رعاية المرضى الداخليين قيما مشتركة أعلى منه لدى التمريض الأصغر سنًا وأولئك الذين كانوا يعملون في رعاية المرضى الخارجيين. لضمان الاستخدام الفعال للقوى العاملة في مجال الرعاية الصحية، يجب جمع المعلومات اللازمة لبناء أطر عمل قوة التحفيز المحلية وفحصها وتنفيذها لدعم علاقة قابلة للحياة بين المديرين التنفيذيين والقوى العاملة في التمريض. يجب تقييم آثار ظروف العمل والعناصر الأخرى ذات الصلة بالأعمال على تحقيق ورضا خبراء الصحة والسلامة والرفاهية لأن هذه العوامل ترتبط ارتباطًا مباشرًا بكفاءة العمال وطبيعة الرعاية التي يقدمونها.

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CHAPTER 1

INTRODUCTION

1.1 Background of the Study

The Qassim is one of the administrative regions of Saudi Arabia, with a population of approximately 1,370,727 people, and the healthcare facilities in this area must be capable of delivering medical services to this large population (Central Department of Statistics and Information, n.d.). This region features 20 hospitals with abed capacity of 50 to 500 for each hospital, employing a large number of nurses, physicians, and surgeons. Therefore, the management of these entities requires an understanding of the factors that affect the work of healthcare professionals. The overall objective of operations, as declared by the Ministry of Health (n.d.), is to "transform healthcare delivery to a consistent, world-class standard" (para. 5). Because hospital personnel represent a core factor in the delivery of healthcare quality, their work must be evaluated to identify areas for improvement. This study focuses on the motivation of healthcare workers to perform quality work.

Globally, the nursing workforce is responsible for a wide variety of tasks, including attending to patients' needs, administering tests and medications, assisting with the performance of procedures, and promoting healthy practices and lifestyle changes to improve patient health. According to the Saudi Nursing Society (2016), a nurse's objectives should include ensuring the adoption of a culture of excellence and responding to challenges within the healthcare environment. This culture of excellence can be achieved if the working conditions and opportunities provided to nurses align with their visions of career and future. Additionally, the number of nurses currently working in the Kingdom of Saudi Arabia is continually increasing, and the patient-nurse ratio has increased from 4.8 nurses per 1,000 patients to 5.7 nurses per 1,000 patients in 2018 (Colliers News, 2018). Although this increase represents a positive change, several aspects must be considered, including the average patient-to-nurse ratio in other regions and the average physician-to-patient ratio of 2.2per 1,000,which can determine the number of tasks that nurses are required to perform as part of their day to day jobs.

In other developed countries, the nurse-to-patient ratio has been reported to be greater than 9, suggesting that the Qassim hospitals will be required to undergo a significant transformation in the context of their hiring and management practices ["Nurses (per 1,000 people) - Health nutrition and population statistics," n.d.] to meet the standards established in other countries. In addition, the nursing workforce in Saudi Arabia, particularly in Qassim, is larger than those for other healthcare professionals. Therefore, leadership practices should be examined and optimized to ensure that this population is managed adequately and effectively. The motivation of nurses to perform their daily work and may be associated with a number of factors, including financial incentives, a desire to help others, and other extrinsic and intrinsic factors. To develop adequate management strategies for this large and diverse population, the underlying motivations of nurses working in the Qassim region must be considered.

The motivation of nurses has been studied globally by both scholars and practitioners who hypothesize the existence of a link between motivation and work satisfaction. Similar studies have been conducted in the United States, Europe, and Asia, with the findings suggesting the presence of many similarities among the motivations of nurses across countries (Toode, et al., 2015). However, some regional differences have also been identified, which must be addressed to develop a comprehensive strategy to address the motivations of nursing professionals working in the Qassim region.

In the present global environment, the ability to inspire the performance of quality work among nurses is essential(Fard & Khan, 2014). Motivation is a virtue in nursing practice. Placed at the frontlines of the healthcare arena, nurses develop and maintain connections in environments where emotion is often central to the delivery of effective healthcare. Clinical decisions, which are internally bounded by professional ethics and codes of conduct, occur in dynamic and chaotic environments. Emotions affect personal connections, impact patient care, and influence the frontlines of healthcare. Across a variety of academic fields, the importance of understanding the impacts of motivation has been widely acknowledged (Deshwal, 2015). In healthcare, understanding how motivation affects progress towards organizational goals and healthcare leadership is critical (Guleryuz et al., 2008).

1.2 **Aims**

The aim of this study was to assess the Qassim region-specific motivation factors and work environments of nurses and to develop a questionnaire that can be used to assess region-specific motivation factors that address the work environments of nurses working in hospitals in Qassim.

Objectives:

1- Determine the nurse's shared values effect on work motivation.
2- Determine the nurse's individual influence effect on work motivation.
3- Determine the nurse's working conditions.
4- Determine the associations between individual influences on work motivation and the sociodemographic characteristics of nurses.

1.3 Hypotheses

To address the specific objectives, the following hypotheses were developed and tested:

There is no significant association between nurses 's shared values and their sociodemographic information.

There is no significant association between nurses' individual influences on work and their sociodemographic information.

1.4 Research questions

Specifically, this study answered the following questions:

1- What shared values and individual influences that affect work motivation, as perceived by the respondents?
2- Do significant relationships exist between the shared values and the sociodemographic profiles of the respondents?
3- Do significant relationships exist between individual influences on work motivation and the sociodemographic profiles of the respondents?
4- Do significant relationships exist between work, as measured in hospital-hours and the sociodemographic profiles of the respondents?

1.5 Significance of the Study

This research addresses an essential element of healthcare management - the motivation of employees. The cultural and economic environment of the Qassim region and Saudi Arabia, in general, differs from that in Europe, the United States, Asia, and other regions, suggesting that the approaches used by healthcare organizations to motivate their workers in these regions may not be effective when used in Qassim. However, the motivation of nurses is a global concern because the performance of nurses affects patient outcomes worldwide. By conducting research in Qassim, this study identified approaches are the most effective for this specific region and was also able to discover patterns that could be generalized to other geographical locations. Therefore, nursing practice and nursing management will likely benefit from the knowledge acquired during this proposed study. The scope of the study is the motivations of nursing professionals working in Qassim, and the limitations include a limited number of participants.

1.6 Definition of Terms

The following are the terms that encompass the essential elements that this research will examine. Because motivation is a complicated matter that incorporates both external and internal factors that combine to affect the desires of a person to either remain in their position or change occupations and can also affect performance, all of the following components will be examined in this study.

- Motivation refers to a single reason or a set of factors that determine a person's behavior (Ryan & Deci, 2017).
- Intrinsic motivation refers to the internal factors that serve to motivate an individual (Hennessey et al., 2015).
- The nurse turnover ratio refers to the number of nurses who have left their positions divided by the existing staff population, which serves as an essential indicator of organizational efficiency and motivation for work (Wang, et al., 2015).
- Burnout refers to a psychological condition caused by prolonged stress at work, which affects both performance and motivation, and can lead to high dissatisfaction and turnover rates (Wang et al., 2015).
- Motivation factors refer to all of the elements that a nurse considers relevant for work (Wang et al., 2015).
- Nurse work satisfaction refers to the feeling of well-being that results from interactions with a healthcare organization and represents one element that can impact motivation (Wang et al., 2015).

CHAPTER 2

LITERATURE REVIEW AND FRAMEWORK

Currently, nursing shortages are common problems at healthcare facilities worldwide (Bargagliotti, 2012; Erickson et al., 2014; Oulton, 2016), a problem that is expected to increase in the future (Erickson et al., 2014). Approximately 126,000 vacant nursing positions exist in the United States (Oulton, 2016). This deficiency combined with high rates of nursing turnover reduces performance among healthcare professionals, increases the likelihood of medical errors, and would downscale the nursing profession (Büscher et al., 2009; DeLucia et al., 2009; European Commission, 2012; European Federation of Nurses Association [EFNA], 2012). Congruently, these negative implications would create nurses being relieved from their duties, dissatisfaction, the absence of motivation, and deficiencies in the quality of care provided to the patients (Aiken et al., 2014; Büscher et al., 2019). European healthcare organizations have emphasized that healthcare workers, particularly nurses, experience similar problems in Europe, resulting in a decrease in safe, high-quality, and patient-focused care (EFNA, 2012).

According to the International Council of Nurses (2016), determining and understanding the reasons why nurses leave their work is necessary to formulate strategies that can be used to bring them back into healthcare practice (Buchan & Calman, 2014). One possible factor for high nurse turnover is the absence of motivation. Improving work motivation is one method for developing effective, quality results and productivity in healthcare institutions (Harrell, 2018). Motivation refers to the attitudes of individuals and their willingness to attain particular goals (Koch et al., 2014). Motivation pushes people to act to meet the requirements with joy, which makes it easier to achieve the goal (Marquis & Huston, 2019).

Work motivation can determine a nurse's attitude and performance when delivering high-quality healthcare (Moody & Pesut, 2016). Nurses comprise the majority of the workforce in hospitals, and the deliverance of quality healthcare depends on this population. The WHO European Region, which consists of 53 countries, an estimated 6 million nurses and midwives deliver direct patient care in hospitals (WHO European Region, 2014). Registered nurses (RNs) are deployed to make use of their knowledge, talent, and skill in the provision and evaluation of care, advocating for the rights of the patients and leading

and supervising other healthcare institutions through mentoring and research and the management and formulation of health care policy in nursing practice. RNs are expected to provide a higher degree of commitment, efficiency, and quality and be responsive to shifts in healthcare needs and advances in knowledge and technology.

Rahimic (2019) defined motivation as a person's degree of preparation to engage in an activity, and motivation encompasses all of the factors that influence, heighten, and organize human conduct. Motivation in the work setting is manifested as an individual's level of readiness to apply and maintain an effort towards the stated organizational objectives. Workers have various competing needs that are driven by a variety of influencers. Therefore, to boost hierarchical goals, organizations and administrators must understand the factors that truly motivate their workers Lee (2016).

Work motivation has been directly associated with the intention to leave (Tzeng, 2012; Yildiz et al., 2014), job satisfaction (Toode et al., 2015), and burnout (Engin & Cam, 2016). Increased levels of work motivation have also been shown to significantly increases nurse work abilities (Camerino et al., 2018). However, several studies have demonstrated that employees who express higher levels of motivation are also associated with higher levels of professional performance (Filiz, 2004; Olcer, 2015; Kuvaas, 2016). High levels of work motivation among nurses is an utmost necessity to ensure that patients receive high quality and effective nursing services and experience a high level of satisfaction with their health care (Ozturk, 2016).

Poor work motivation has been associated with decreased service quality and reductions in a patient's intention to return for future care, in addition to increasing the expenses associated with patient care (Yildiz et al., 2019). Work motivation is generated through processes of understanding and awareness (Kocel, 2013;Toode et al., 2015).If nurses are allowed to determine their own priorities and assess their work-related abilities, they are more likely to identify and strengthen motivating factors for themselves (Toode et al., 2015). However, nurse managers can affect the motivation of their subordinates by developing an effective response that supports growth and productivity (Dunbar, 2013).

Therefore, managers should evaluate the goals, needs, expectations, and motivations that contribute to specific actions by employees and evaluate job environments to formulate strategies designed to ensure and maintain positive employee attitudes (Kocel, 2013; Olcer, 2015;Karakaya& Ay, 2007). If we can identify the factors that trigger and motivate nurses to perform their best at work, we will be able to develop more effective motivation strategies, increasing the likelihood of providing the best possible healthcare service. Motivation factors can be classified as economic, psychosocial, and organizational (Kocel, 2003; Olcer, 2005;Korkmaz, 2018).

Economic factors include income, rewards, profit-sharing, and attaining social relief. Psychosocial factors include appreciation, status, authority, pensions, security, and the ability to work independently and teach others. Organizational-managerial factors include the opportunity for promotions, job attraction, work environment, teamwork, and an impartial and consistent disciplinary system. Different motivational factors have different impacts depending on employee requirements and working conditions. Motivational factors include the needs, demands, and expectations, whereas working conditionsinclude the physical environment, workgroups, social facilities, and management styles (Barutcugil, 2004; Badu, 2005).

One factor that may play a significant role in nurse turnover is the lack of motivation. Improving work motivation is the only pathway for ensuring the delivery of efficient, quality results, and productivity in healthcare institutions (Harrell, 2008). Motivation refers to the actions that employees take of their own initiative to attain particular goals (Koch et al., 2014). Motivation pushes people to act with excitement to satisfy unmet needs, which improves the efficacy of achieving the required task (Marquis & Huston, 2009). Healthcare professionals that bear insufficient motivation can have negative effects on the healthcare system in general, with negative implications (Deussom & Jaskiewicz, 2014).The absence of work motivation can result in a shortage of trained and qualified healthcare professionals, which can have negative impacts on the overall healthcare organization (World Health Organization [WHO], 2016).

Motivation is the most essential element that affects organizational performance. Worker motivation is a guideline that managers can use to increase effective job management among subordinates within an organization (Shadare et al. 2019). Motivated employees focus on the clearly defined goals and objectives associated with the tasks they are assigned to fulfill. Organizational owners, managers, and supervisors are generally aware that positive motivation induces better performance and high rates of productivity but may often rely on ineffective motivational techniques that result in job dissatisfaction among employees, which can translate into poor job performance. Motivation increases the enthusiasm of employees to work, which increases the efficiency and effectiveness of the organization. The goal of an organization is to enhance and motivate employees and support their morale with regard to fulfilling their assignments, to ensure better job performance (Shadare et al., 2009).

Hee et al. (2016) defined two different types of motivation: intrinsic and extrinsic. Intrinsic motivation (IM) refers to an inner force, whereas extrinsic motivation (EM) refers to an outside force. EM and IM together guide workers to meet both individual and organization goals. A naturally motivated individual has an inward drive that results in such an individual meeting obligations without relying on outer impacts (Hee et al., 2016). IM stems from an individual's pleasure in the activity itself or an internal sense of personal responsibility, without the weight of others. In the interim, outside inspiration can direct an individual to fulfill their obligations by exploiting the individual's desires to obtain rewards, including grants, rewards, salary increases, and other advantages (Muogbo, 2013).

In the medical services setting, attendants with IM are operationally characterized as expressing self-gratification and delight in the performance of capable work, without outside remunerations (Hee et al., 2016). In contrast, in the medical services setting, attendants can be empowered to accomplish their work through the offering of incentives, in the form of prizes, advancement, grants, and various incidental advantages, that simultaneously promote EM and add benefit to the

organization as a whole (Hee et al., 2016).

Importance of motivation in the workplace. Motivation is directly connected to the factors that drive individuals to act in certain ways. Organizational success depends on the members being motivated to utilize their talents and abilities and being directed to act in the right areas. According to Mullins (2015), an international study by Proud Foot Consulting revealed that the most critical reason for productivity loss was poor working morale, which can include the sense of team spirit, poor motivation, a low sense of belongingness, individuals feeling undervalued, and a lack of rewards and incentives. Allen and Helms (2010) noted that different reward practices could be used to closely complement various general strategies and are significantly associated with higher degrees of perceived organizational performance (Mullins, 2010).

Manpower represents an organization's most valuable asset, and unsatisfied workers produce unsatisfactory results; therefore, the management levels must take charge of their employees and ensure that they are satisfied with their work. When employees are satisfied, they work hard to attain organizational goals and objectives. Motivation is the underlying reason for the success of all living organisms, including humans. Motivation keeps employees committed to performing their duties and responsibilities and to perform their jobs with enthusiasm. One factor that contributes to the success of employees and the organization is an increased degree of motivation within the organization itself (Egan, 2018).

Motivation can be used to explain differences between the performances of employees who bear the same talents, abilities, and opportunities to accomplish the same job within the same organizations, under the same employment conditions at the same facility. These employees perform their jobs in such a way that jobs need to be accomplish with relatively more effort, so they can try more to the role to which they are assigned (Ramprasand, 2013). This improved productivity can also be influenced by the organization (Oosthuizen, 2014). Understanding which motivation factors result in increased job satisfaction can allow for the implementation of targeted techniques designed to promote continuous improvements within the organization (Unterweger et al., 2007). When workers are not happy with their jobs, can begin to withdraw from their work, and displaying behaviors such as truancy, rebellion, and negative attitudes that influence their performance, resulting in the loss of productivity and effectiveness for the institution; however, workers that are happy with their jobs, make efficient use of their talents and skills, to the benefit of the organization. Therefore, job satisfaction is essential for both employers and employees within an organization (Bolman& Deal, 2008).

Motivation Strategies in Health Sector. Healthcare workers encounter a hierarchy of motivations and disincentives that can be generated by the work they accomplish, the way they are compensated, and the organizational and system context in which they are employed. Motivational packages are formulated to inspire providers to deliver specific services, encourage expense containment, support staff recruitment and retention, develop productivity, and offer quality services, which allows for effective management (Hongoro & Normand, 2016).The ratio of patients to workers is also associated with the level of organizational success because tight resource constraints can often be aggravated by the turnover of skilled workers (Awase et al.,2013).

2.2Related Studies

Similar studies that have examined nurse motivation and the impacts of this factor on work outcomes are reviewed in this section. Baljoon et al. (2018) examined the relationship between nurse motivation and organizational elements, such as turnover, work satisfaction, and burnout that can be affected by the management. The authors distinguish two significant categories of nurse motivation: personal characteristics, which include age, education, experience, and other elements; and organizational factors, such as empowerment, financial incentives, and other rewards. The latter is a category that can be influenced by healthcare organizations.

IM factors are essential for nurses because their work depends on the formation of connections, compassion, and helping others. Similar findings were reported by Bodur and Infal (2015) and Negarandeh et al. (2015), who also use these two distinct categories in their study. The latter study argued that opportunities for career development are essential for nurses and can serve as a significant motivation through their work. The previous study emphasized the essential impact of self-concept, which is a perception of self and goal setting. Although, in general, these represent intrinsic factors, a healthcare entity can affect these elements by enhancing organizational support and providing opportunities for personal and professional development.

Some studies that have examined nursing in Saudi Arabia can provide a better understanding of the social and cultural contexts related to motivation in this country. A study by Al-Tackroni et al. (2016) was a rare study that focused on the Qassim region and examined the average level of work satisfaction. Notably, in this study, the workload was identified as the primary factor causing dissatisfaction among the staff. Quality of care is also important in this context, and additional details can be found in the appendix. This study indicated that the existence of problems at the management-level in hospitals in Saudi Arabia, as little attention has been dedicated to determining which elements of work serve as demotivators for nurses.

Management practices also affect nurse satisfaction, Alharbi and Alhosis (2019) provided evidence suggesting that a hospital's management policy affects EM and IM in nurses. The authors stated that "administrative policies intended to improve the quality of the clinical environment have a great effect on staff retention, and support staff and management were identified as factors that motivate nurses to remain in the hospital" (p. 6). In this specific study, the authors focused on the factors that obstructed the adequate work performance of nurse interns, including miscommunication, unfair treatment from the other staff members, and exploitation, which are all elements of organizational culture. These problems inevitably affect the IM of nurses because of a lack of support and guidance from more experienced personnel is a barrier to better work and professional improvement.

The Qassim nurse population is not heterogeneous because many expatriates work in this region, which creates a gap in the context of values and beliefs connected to culture. According to Altakroni et al. (2019), "in Saudi Arabia, cultural

and language differences between expatriate nurses and patients affect the quality of nursing care" (p. 19). Therefore, the motivations of nurses in Qassim may be more complicated than those in other states. To understand all motivation factors, a healthcare leader must consider the diversity of cultures.

The following studies focus primarily on the nurses' motivation and specific factors that will be incorporated into this research. Khani et al. (2015) found that self-efficacy impacted the motivation of medical personnel to provide quality services. Self-efficacy is a person's belief that he or she is capable of achieving something and can be affected through proper organizational tolerance. Kantek, et al. (2015) reported that organizational appreciation for the conducted work is essential for nurses. This study was conducted in Turkey, suggesting that the reported results may be specific to the Turkish population and cultural environments. Combined with the outcomes of other previous studies examining nurse motivation, the importance of various aspects of work, and personal characteristics as the primary motivators among nurses become apparent. Toode et al. (2015) reported that the professional training received by nurses is an important motivational factor. These findings are helpful because they suggest that hospitals should focus on providing nurses with opportunities for further professional development.

However, these studies also identified several factors that cannot be impacted by an organization. Toode et al. (2015) found that the number of years a nurse worked at a facility impacted motivation, which suggested that some aspects of motivation cannot be affected by management. However, healthcare leaders can assess the importance of these factors within their hospitals to gain more insight into the drivers of nurse motivation.

Based on the existing literature, a central issue that must be addressed by the healthcare system in Qassim is quality improvement. This organizational entity is connected to both the performance of the personnel and the organizational climate. The underlying factor that determines performance outcomes is motivation. Because nurses are the driving force of any hospital because they provide the majority of patient care, determining the factors that motivate nurses to work and adequately addressing their issues through the development of an appropriate organizational culture is crucial to improving hospital performance. The primary critique of the existing literature is that although these studies outlined various factors associated with nurse satisfaction and the impacts of satisfaction on work, they presented contradictory results, with each study indicating the importance of different motivational factors. Therefore, a major research gap is the lack of a comprehensive study examining the motivation of nurses working in Qassim. These research results will provide the scientific community with the necessary knowledge regarding the factors that affect nurse motivation in Qassim and how they are connected with patient outcomes.

2.3 Framework

The theoretical framework that this research leverages is the relationship between nurse motivation and work outcomes. First, the objective of this study is to understand motivation; therefore, the theoretical framework includes some of the principal theories on motivation and its impacts on nurse behavior. The general theory suggests two primary domains of motivation, IM and EM. Poor work conditions, long hours, high workload, a lack of organizational support, and poor guidance are all extrinsic factors that can lead to demotivation and the loss of productivity.

Second, the relationship between motivation and nurses' work performance is another essential element of this study. Bodur and Infal (2015) stated that motivation predetermines a person's performance and affects the desire to obtain a different job, which is especially relevant in the context of nursing. The nursing work environment is often stressful, patient cases can be complicated, and organizational issues, such as staff shortages and prolonged working hours, are common. Therefore, this research relies on the theoretical implications that the positive reinforcement of motivation can be used by healthcare managers and leaders to address existing organizational issues to improve both work satisfaction rates and the quality of care.

Motivation at work determines nurses' behaviors and implementation when delivering quality care practice (Wang et al., 2015). Overall, nurses encompass the main service cluster for nursing staff, and the quality of health care delivery is very important. Nurses are expected to develop their understanding, decision-making skills, and abilities during care delivery, to manage and subordinate to various colleagues depending on the circumstances, and to administer emerging policy shifts in clinical nursing practice (Hennessey et al., 2015). Every role is expected to be performed with a high level of commitment, quality, and competence, and nurses are expected to be receptive to variations in the health care needs with respect to knowledge and technology development (Kantek et al., 2015).

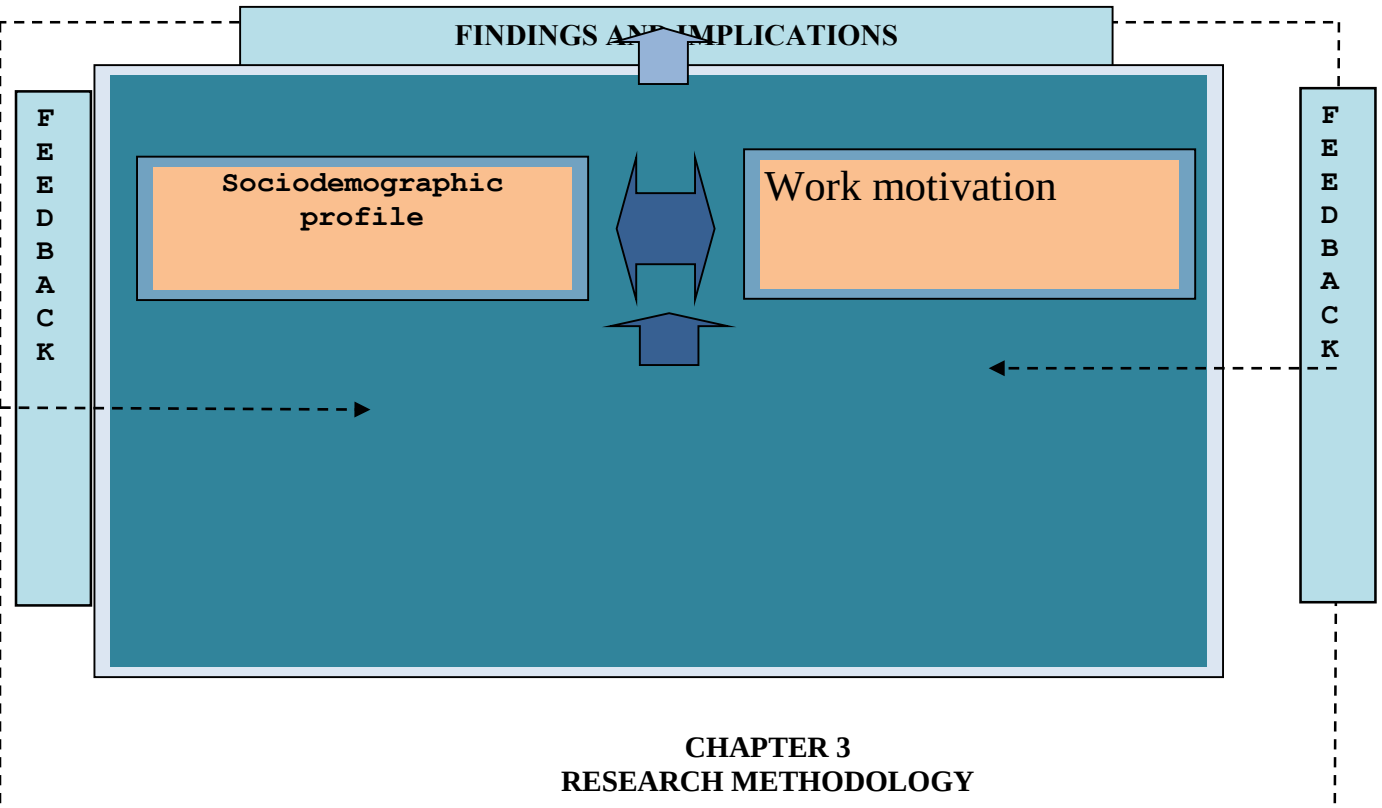
Although all nursing actions have a final and unique goal, the health of the patient, it cannot be stretched completely. Consequently, the delivery of accurate care promotes effective results. Because work motivation affects their behavior and routine, motivation has been extensively documented as one of the basic requirements for quality nursing care. Based on present information, nurses appear to be driven if they prioritize the fulfillment of patients' needs accomplishment and understand the shared values of the organization (Baljoon et al., 2018). To completely attain independence through motivation at work, an individual must feel that work performance leads to satisfaction. Meeting these can depend on various characteristics associated with the work, including workload demand, knowledge prospects, skills, decision-making power, self-government, and management demands (Al-Takroni et al., 2018). Addressing these issues has often increase nurses' work motivation.Another requirement for quality nursing care practice embraces the application of specialized regulation values. Maximizing nursing development requires providing access to instructions and the continued training of additional nurses to meet the growing trends in nursing care (Alharbi et al., 2019). Therefore, to retain better nurses, both EM and IM are necessary. Numerous health care organizations have described their inability to retain nurses and reinforce IM. Nurses' work motivation can influence quality nursing practices and workforce retention. However, the relationship between a nurse's work motivation and other factors has not been well-examined.

2.4 Conceptual Framework

Figure 1 demonstrates the conceptual framework of the study.

The base of the framework is the research environment of this study, which is the Public hospitals of Saudi Arabia, in which nurses will be the respondents. The second box contains a profile of the respondents, which will be correlated with the nurses' work motivation.

Furthermore, the arrow from the bigger box points to the findings and implications. A feedback mechanism will be provided to the locale of the study to benefit the respondents, which will fulfill the ultimate aim of the study by contributing to the training of competent and quality healthcare nurses to improve patient outcomes.



CHAPTER 3
RESEARCH METHODOLOGY

3.1 Research Design

The study design was a cross-sectional descriptive study of the nursing population in Qassim. This was performed as a quantitative assessment of nurses' responses, employing a questionnaire as the central aspect of the evaluation. The data, in the form of the nurses' responses, were collected at specific time points, and answers f from various individuals will be analyzed to locate specific trends. This design was chosen because it can provide an instant assessment of the motivating factors that are currently important to nurses employed by hospitals in Qassim.

3.2Sample of the Study

The sample has the following characteristics: nurses who have worked in the Qassim area for at least one year in any specialty or unit. The specialization of nurses and other characteristics, such as age, gender, and additional training, will not be included. The sample size was calculated according to the proportional number of nurses who conform with the inclusion criteria who were 1344 nurses (based on the records of the nursing administration at the health affairs in Qassim region), at a 90% confidence level, with 5% confidence limits, 50% anticipated frequency, and a design effect value of 1.0. Using the Open-Epi, version 3.01 software packages, the required sample size was determined to be a minimum of 226 nurses; however, it was increased to 235 nurses to ensure the achievement of the targeted confidence level.

3.2.1 Inclusion Criteria

The inclusion criteria included a) registered nurse; b) male or female working as a staff nurse; c) willing to participate in the study.

3.2.2 Exclusion criteria

The primary exclusion criteria were any desire to quit working as a nurse because the responses of these individuals may bias the analysis.

3.3Research Instruments

A questionnaire was the main instrument that was used for this assessment of nurse motivation. The primary focus when choosing a research instrument for this study was the ability to distribute the questionnaire quickly and provide nurses with easy access. Therefore, online forms presenting the motivation questions were used, which were distributed through emails using the Google Forms tool. This allowed the researcher to gain instant access to the responses for analysis.

3.3.1 Motivation Sources Inventory

The questionnaire that was used in this study was the Motivation Sources Inventory, which was also used in the previous studies examined in the literature review section. Barbuto and Scholl (1998) are the authors of the chosen instrument, who developed it as an advanced method to assess an individual's motivation (as cited in [Bodur & Infal, 2015]). This approach measures five subscales associated with motivational sources, with six motivation items listed for each source. Reliability can be measured using Cronbach's alpha, whereas validity is assessed using analysis of variance (ANOVA). In general, this method was chosen because it allows both internal and external sources of nurse motivation to be evaluated.

3.4 Data Collection

The study relied on primary data collected from nurses working in Qassim hospitals using quantitative data collection methods. Nurses' responses were collected through Google forms, and the results were digitally evaluated using correlation and regression analyses. This format allowed the nurses to record their responses in the setting of their choosing. Additionally, this format allowed the researcher to collect a larger number of responses because no face to face interactions with the participants was necessary. Spreadsheets were used to organize the data before exporting the data to statistical analysis software. These choices represented the most financially feasible options, requiring few costs in terms of time or additional tools. Currently, both Google Forms and Google Sheets are offered free of charge and can be easily distributed, without risks of data loss or tampering.

3. 5 Data Analysis

Data were analyzed using SPSS version 23.0. Validity was tested using an internal consistency method by performing Pearson's correlation coefficient analysis between the items and the total degree of the scale, whereas reliability was tested using Cronbach's alpha coefficient method. The frequencies, percentages, means, and standard deviations were computed for the items on the scale and all sociodemographic factors. The relationships between variables were tested using Pearson's correlation coefficient analysis, independent t-test, one-way ANOVA, followed by post hoc comparisons using the least-significant differences (LSD)analysis when differences occurred. A p-value of less than 0.05 was considered significant.

3.6 Ethical Considerations

The primary ethical consideration was ensuring that no personal identifying information associated with any of the nurses was disclosed during the course of this study. No personally identifying data, such as names, age, or place of work, was disclosed. The participants were asked if they agreed to the sharing of the collected information.

3.7 Limitations of the Study

An evident limitation is the region-specific focus of this study, which focuses only on nurses working in Qassim. However, because the objective is to gain insights that can assist the leaders of local organizations, this limitation may be overlooked. The next limitation is the sample size because the study will use a limited number of participants. This issue can be addressed by employing statistical methods that will allow the determination of the reliability and variability of the findings.

Chapter 4
RESEARCH RESULTS

Job contentment among the staff nurses should be taken into consideration at all healthcare organizations. Nurses fill the majority of positions throughout the healthcare field, and the replacement of qualified healthcare worker scan be expensive and time-consuming. Scarcity among healthcare workers and increasing rates of nurses leaving their jobs continue to be aggravating problems across the healthcare system worldwide (Kettle, 2012). Employee job satisfaction refers to the sense of accomplishment, contentment, and enjoyment that originates from one's work, beyond the salary or the benefits. The most frequent definition of job satisfaction refers to pleasure or positive emotional feelings, and job satisfaction is comprised of both inner and outer factors.

4.1 Sociodemographic information:

A total of 235 nurses had participated in this study, of whom 60.9% were men, and 39.1% were women. The majority of the participants were married (77%), with a mean age of 34.51 years. The proportion with a diploma education or less was 48.5%,whereas 47.7% held at least a bachelor's degree, and only 3.8%held master's degrees. The proportion that reported living with another individual was 87.2%. Among the respondents, 20% worked in the Accident and Emergency Department, 15.3% worked in the Nursing Service Department, and 15.3% worked in other departments. The majority of participants worked at AlRass General Hospital (24.80%), followed by AlBukairyah Hospital (11.50%), and Maternity and Children's Hospital (10.70%). Among the participants, 40% had 2 to 4 days of professional training, and 54.5% worked in inpatient care, with 86.8% reporting that they had direct interactions or contacts with patients. The average number of years respondents worked in their current specialty was 78.67 years (SD=5.55), working hours in the current hospital was7.33 (SD=5.66), and average years worked in the current work area/unit was 6.57 years (SD=4.79, Table 1).

Table 1. Sociodemographic information (n=235).

Factor		Frequency	Percent
Gender	Male	143	60.9%
	Female	92	39.1%
Marital Status	Single	54	23%
	Married	181	77%
Age M(SD)		34.51 (5.73)	
Education Level	Diploma or less	114	48.5%
	Bachelor's Degree	112	47.7%
	Master's Degree	9	3.8%
Residence Status	Living alone	30	12.8%
	Living with another	205	87.2%
Department/Unit	Accident and Emergency Department	47	20%
	Nursing Service Department	36	15.3
	Inpatient Department	33	14%
	Pediatrics	26	11.1%
	Department of Surgery and its specialties	22	9.4%
	Outpatient department	17	7.2%
	Operating rooms (OR)	8	3.4%
	Specialized Units (ICU), (NICU), (PICU), (CCU)	6	2.65
	Department of Obstetrics and Gynecology	4	1.7%
	Other	36	15.3%
Hospital name	AlRass General Hospital	58	24.80%
	AlBukairyah Hospital	27	11.50%
	Maternity and Children Hospital	25	10.70%
	King Fahad Specialist Hospital	19	8.10%
	Qebah Hospital	18	7.70%
	Buraydah Central Hospital	14	6%
	King Saud Hospital	13	5.60%
	AlQawwarah Hospital	13	5.60%
	AlBadaya Hospital	12	5.10%
	Riyadh AlKhabra Hospital	8	3.40%
	AlNabhaniyah Hospital	5	2.10%
	AlMidnab Hospital	4	1.70%
	AlShifa Hospital	4	1.70%
	OqlatAlSoqour Hospital	4	1.70%
	Mental Health Hospital	3	1.30%
	AlAsiyah Hospital	3	1.30%
	Qusaiba Hospital	2	0.90%
	UyounAlJawa Hospital	2	0.90%
Professional Training	None	27	11.5%
	1day	30	12.8%
	2 to 4days	94	40%
	5 to 7days	41	17.4%
	8 to 10days	12	5.1%
	11 days or more	31	13.2%
Care unit	Inpatient care	128	54.5%
	Outpatient care	20	8.5%
	Both inpatient and outpatient care	87	37%
Patient interaction	YES, I typically have direct interaction or contact with patients.	204	86.8%
	NO, I typically do NOT have direct interaction or contact with patients.	31	13.2%
Working years in your current specialty M(SD)		8.67 (5.55)	
Working hours in current hospital M(SD)		7.33 (5.66)	
Working years in your current work area/unit M(SD)		6.57 (4.79)	

4.2 Validity and reliability:

The validity and reliability of the instrument were tested. The most popular test of inter-item consistency and reliability is Cronbach's alpha coefficient, which we used to test the reliability. Table 2 shows a summary of the reliability and correlations between each item and the total degree of the scale. For the shared-values scale, the Pearson's correlation coefficients were positive and significant, ranging from (r=0.559, p<0.05) to (r=0.630, p<0.05), and Cronbach's alpha coefficient achieved acceptable results (α=0.80). For individual influence on the work scale, the Pearson's correlation coefficients were positive and significant, ranging from (r=0.867, p<0.05) to (r=0.908, p<0.05). Cronbach's alpha coefficient achieved acceptable results (α=0.94). The correlation between each question in the questionnaire and its subscale or domain was tested and found to be significant (p < 0.05), which reflects that all questions were reliable and suitable within their domain. These results indicated that the scales were valid and reliable.

4.3. Descriptive analysis of shared values and the individual influence on work:

As shown in Table 2 the shared values scale consisted of a 7-point Likert scale (strongly agree =7 to strongly disagree=1). The mean score for the scales varied from (m=6.26, SD=0.99, high) to (m=5.34, SD=1.55, high), and the overall was (m=5.54, SD=1.05, High).

As shown in Table 3 the individual influence on work scale uses a 5-point liker scale (Total=4 to none=0), and the mean varied from (m=1.74, SD=1.36, very low) to (m=1.66, SD=1.31, very low), with an overall (m=1.71, SD=1.25 low).

As shown in Table 4, the Working conditions instrument was composed of four questions, and the participants reported working a mean of 44.98 hours per week (SD=7.65) and reported working 6.145 hours per week had worked in other institutions of healthcare. Among the shift workers, 73.6% reported working during the day, regular working hours (on a fixed schedule), and 59.1% had Flexible working hours.

Table 2. Descriptive analysis of shared values (n=235).

No.	N/ %	Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Disagree	Strongly Disagree	Mean	SD	r	category
1	N	62	104	36	9	11	6	7	5.64	1.42	0.559**	Agree
	%	26.4%	44.3%	15.3%	3.8%	4.7%	2.6%	3%				
2	N	50	97	43	14	3	16	12	5.34	1.64	0.607**	Slightly Agree
	%	21.3%	41.3%	18.3%	6%	1.3%	6.8%	5.1%				
3	N	62	100	30	14	9	13	7	5.53	1.55	0.630**	Agree
	%	26.4%	42.6%	12.8%	6%	3.8%	5.5%	3%				
4	N	110	100	14	3	5	1	2	6.26	0.99	0.572**	Agree
	%	46.8%	42.6%	6%	1.3%	2.1%	0.4%	0.95				
5	N	86	101	25	7	5	6	5	5.93	1.31	0.626**	Agree
	%	36.6%	43.0%	10.6%	3%	2.1%	2.6%	2.1%				
Overall mean (SD)									**5.74**	**1.05**		Agree
Cronbach alpha (α)										**0.80**		

**Significant at .05 level

Table 3.Descriptive analysis of the individual influence on work (n=235).

No.	N/%	Total	Considerable	Moderate	A Little	None	Mean	SD	*r*
1	N	16	58	76	18	67	1.73	1.29	0.876**
	%	6.8%	24.7%	32.3%	7.7	28.5%			
2	N	18	52	64	34	67	1.66	1.31	0.908**
	%	7.7%	22.1%	27.2%	14.5	28.5%			
3	N	27	47	65	30	66	1.74	1.36	0.867**
	%	11.5%	20%	27.7%	12.8	28.1%			
Overall mean±SD							**1.71**	**1.25**	
Cronbach alpha (α)							**0.94**		
**Significant at .05 level									

Table 2. Working conditions instrument (n=235)

		Mean	**SD**
Typically, how many HOURS PER WEEK do you work in this hospital?		44.98	7.65
Typically, how many hours per week do you work in other institutions of healthcare?		6.145	14.62
		N	**%**
What kind of working schedule do you have in your staff position	Day work with regular working hours (fixed schedule)	173	73.6%
	Shift work without nights	11	4.7%
	Rotating day and nights shifts	46	19.6%
	Only nightshifts	5	2.1%
If you personally needed any of these opportunities, which would be available at this work-place	Flexible working hours	139	59.1%
	Share the workload or shift to someone else	18	7.7%
	Change your shift with someone else	17	7.2%
	Parental leave	8	3.4%
	Nursery at work-place or the compensation of childcare	5	2.1%
	Work at or from home during normal working hours	3	1.3%
	Plan your working schedule on your own (pick a suitable date, time, etc.)	13	5.5%
	None of these	32	13.6%

4.4. The association between shared values and sociodemographic information:

As shown in Table 5, the associations between shared values and sociodemographic information were assessed. The independent t-test was conducted to determine whether any significant differences existed in the mean scores for shared values between participants based on gender, marital status, residence status, or patient interactions. The results indicated significant differences in the mean scores for shared values based on residence status ($t=2.00$, $p<0.05$), with higher mean scores for nurses who lived alone ($M=5.86$, $SD=0.99$),compared with those who lived with others ($M=5.37$, $SD=1.52$).

A one-way ANOVA was performed to determine whether significant differences could be detected in the mean score for shared values across different education levels, departments, hospitals, professional training levels, or care units.

Significant differences in the mean scores for shared values were observed for the department ($F=2.247$, $p<0.05$), and post hoc comparisons using the LSD test indicated that the mean score for the Department of Surgery and associated specialties ($M=4.85$, $SD=0.75$) had a significantly lower mean score than the other four departments (Nursing Services Department, Pediatrics, Outpatient department, and Operating rooms [ORs] $p<0.50$). In contrast, the Specialized Units, which included the intensive care unit (ICU), the neonatal ICU (NICU), pediatric ICU (PICU), and coronary care unit (CCU), featured a significantly higher mean score ($M=6.47$, $SD=0.50$) than the other departments (Nursing Service Department, Outpatient department and Department of Obstetrics and Gynecology). Detailed results can be found in Appendix 1.

Significant differences in the mean scores for shared values were also observed for hospitals ($F=2.658$, $p<0.05$), and the post hoc comparisons performed with the LSD test indicated that the mean score for Uyoun AlJawa Hospital ($M=4.85$, $SD=0.50$) was significantly higher than that for Buraydah Central Hospital ($p<0.50$). Qusaiba Hospital had the lowest mean score, which was significantly different from the score for AlAsiyah Hospital. Detailed results can be found in Appendix 2.

A significant difference was found for the mean score for shared values according to the care unit ($F=3.22$, $p<0.05$), and post hoc comparisons using the LSD test indicated that the mean score for inpatient care ($M=5.89$, $SD=0.99$) differed significantly from that for outpatient care ($M=5.37$, $SD=1.52$). Detailed results can be found in Appendix 3.

A small, significant, positive correlation was identified between age and shared values ($r=0.15$, $p<0.05$).

4.5. The association between individual influences on work and sociodemographic information:

As shown in Table 5, associations between individual influences on work and sociodemographic variables were examined.

The independent t-test was used to identify significant differences in the mean scores for individual influences on work between groups according to gender, marital status, residence status, and patient interaction. The results indicated significant differences in the mean scores for individual influences on work according to marital status ($t=2.09$, $p<0.05$), with significantly higher scores among single individuals ($M=1.99$, $SD=1.07$) compared with married individuals ($M=1.63$, $SD=1.29$). The results indicated significant differences in the mean scores for individual influences on work according to residence status ($t=2.24$, $p<0.05$), with the mean scores for nurses who lived alone significantly lower ($M=1.46$, $SD=1.28$), than those for nurses who lived with other people ($M=2.25$, $SD=1.35$).

A one-way ANOVA was performed to determine whether significant differences in the mean scores for individual influences could be identified according to education level, department, hospital name, professional training, and care unit. Significant differences in the mean score for individual influences were identified for education level ($F=10.5$, $p<0.05$), and post hoc comparisons using the LSD test indicated that the mean score for diploma holders was significantly lower ($M=1.36$, $SD=1.28$) than those for individuals with a Master's ($M=2.25$, $SD=0.77$) or bachelor's ($M=2.00$, $SD=1.15$). Detailed results can be found in Appendix 4.

Significant differences in the mean score for individual influences were identified for departments ($F=2.838$, $p<0.05$), and post hoc comparisons using the LSD test indicated that the mean score for Operating rooms (ORs, $M=4.85$, $SD=0.75$) was significantly higher than those for two other departments (Inpatient Department and Department of Surgery and associated specialties), whereas the mean score for the inpatient department ($M=1.08$, $SD=1.40$) had the highest mean score, which differed significantly from the cores in six departments (Accident and Emergency Department, Nursing Service Department, Pediatrics Outpatient department, Operating rooms, and other).Detailed results can be found in Appendix 1.

Significant differences in the mean scores for individual influences on work were identified according to the hospital ($F=6.47$, $p<0.05$), with post hoc comparisons using LSD test indicating that the mean score for AlSasiyah ($M=3.33$, $SD=0.58$) was significantly the higher than those for ten other hospitals. In contrast, AlShifa Hospital had a significantly lower mean score ($M=0.08$,$SD=0.17$) than that at AlAsiyah Hospital. Detailed results can be found in Appendix 2.

Significant differences in the mean scores for individual influences on work were identified according to the care unit ($F=6.30$, $p<0.05$), with post hoc comparisons using the LSD test indicating that the mean score for outpatient care ($M=2.15$, $SD=1.35$) was significantly higher than that for inpatient care ($M=1.46$, $SD=1.28$). Detailed results can be found in Appendix 3.

A significant, small, negative correlation was identified between age and individual influences on work ($r= -0.24$, $p<0.05$).For working hours in the current hospital, a significant, small, and negative correlation was identified between working hours in the current hospital and the individual influences on work ($r=0.21$, $p<0.05$).

Table 3. Results for the associations between shared values, individual influences on work, and sociodemographic information (n=235).

Factor		Shared values				*Individual influence on work*			
		M	SD	*Statistics*	*p*	M	SD	*Statistics*	*p*
Gender	Male	5.74	1.01	*t*=0.03	0.98	1.73	1.19	*t*=0.33	0.74
	Female	5.74	1.11			1.68	1.35		
Marital Status	Single	5.56	0.99	*t*=-1.43	0.16	1.99	1.07	*t*=2.09**	0.04
	Married	5.79	1.06			1.63	1.29		
Age M(SD)				*r*=0.15**	0.02			*r*=-0.24**	0.00
Education Level	Diploma or less	5.88	0.96	*F*=1.96	0.13	1.36	1.28	*F*=10.5**	0.00
	Bachelor Degree	5.60	1.12			2.00	1.15		
	Master Degree	5.71	1.06			2.52	0.77		
Residence Status	Living alone	5.89	0.99	t=2.00**	0.048	1.46	1.28	t=-2.24**	0.027
	Living with another	5.37	1.52			2.15	1.35		
Department	Accident and Emergency Department	5.61	1.13	F=2.247**	0.02	1.72	1.14	F=2.838**	0.003
	Nursing Service Department	5.45	1.12			2.29	1.08		
	Inpatient Department	6.27	0.56			1.08	1.40		
	Pediatrics	5.71	0.91			1.90	1.17		
	Department of Surgery and its specialties	5.88	1.39			1.17	1.46		
	Outpatient department	5.45	1.12			1.94	1.51		
	Operating rooms (OR)	5.83	0.74			2.33	0.85		
	Specialized Units (ICU), (NICU), (PICU), (CCU)	6.47	0.50			1.33	1.17		
	Department of Obstetrics and Gynecology	4.85	0.75			1.83	0.33		
	Other	5.76	1.01			1.70	1.04		
Hospital	King Fahad Specialist Hospital	6.31	0.71	F=2.658**	0.001	0.63	1.01	F=6.47**	0.000
	King Saud Hospital	6.72	0.44			0.21	0.57		
	Maternity and Children Hospital	5.50	0.91			2.24	1.03		
	AlRass General Hospital	5.74	0.98			1.87	1.26		
	Mental Health Hospital	6.13	0.76			1.78	1.68		
	AlBukairyah Hospital	5.22	1.24			2.10	1.00		
	AlBadaya Hospital	5.50	0.92			1.97	0.89		
	AlMidnab Hospital	5.85	1.20			2.00	1.56		
	Riyadh AlKhabra Hospital	5.40	0.86			1.13	0.89		
	AlNabhaniyah Hospital	6.08	0.90			1.40	1.52		
	Qusaiba Hospital	3.90	1.84			1.33	0.47		
	Buraydah Central Hospital	5.88	1.49			0.87	1.15		
	Qebah Hospital	5.40	1.17			2.35	0.81		
	AlShifa Hospital	6.25	0.50			0.08	0.17		
	UyounAlJawa Hospital	6.60	0.00			0.83	0.24		
	OqlatAlSoqour Hospital	5.20	0.94			2.42	0.42		
	AlQawwarah Hospital	5.88	0.46			2.74	0.96		
	AlAsiyah Hospital	6.40	0.40			3.33	0.58		
Professional Training	None	5.49	0.83	*F=1.84*	0.11	1.91	1.25	*F=6.22***	0.00
	1day	5.88	0.79			1.60	1.26		
	2 to 4days	5.94	1.09			1.28	1.27		
	5 to 7days	5.63	1.12			2.02	1.12		
	8 to 10days	5.55	0.99			1.69	1.01		
	11 days or more	5.43	1.15			2.54	0.91		
Care unit	Inpatient care	5.89	0.99	*F=3.22***	0.04	1.46	1.28	*F=6.30***	0.002
	Outpatient care	5.37	1.52			2.15	1.35		
	Both inpatient and outpatient care	5.61	0.97			1.99	1.11		
Patient interaction	Had direct interaction or contact with patients.	5.78	1.03	*t*=1.39	0.17	1.69	1.28	*t*=-0.71	0.48
	Had no direct interaction or contact with patients.	5.50	1.15			1.86	1.03		
Working years in your current specialty M(SD)				*r*=-76	0.25			*r*=0.21**	0.002
Working hours in current hospital M(SD)				*r*=-0.08	0.24			*r*=0.05	0.41
working years in your current work unit M(SD)				*r*=0.-28	0.67			*r*=-0.13	0.84

**Significant at .05 level

4.6. The association between working hours in the current hospital and sociodemographic information:

As shown in Table 6, associations between working hours in the current hospital and sociodemographic variables were obtained. An independent t-test was conducted to determine significant differences in the mean scores for working hours in the current hospital between groups according to gender, marital status, residence status, and patient interaction. The results indicated significant differences in the mean scores for working hours in the current hospital according to gender (t=3.35, p<0.05), significantly lower scores for men (M=43.30, SD=0.000) than for women (M=47.59, SD=6.98).

One-way ANOVA was performed to determine significant differences in the mean scores for working hours in the current hospital according to education level, department, hospital name, professional training, and care unit. Significant differences in the hours worked at the current hospital were identified according to education level (F=7.37, p<0.05), with post hoc comparisons using the LSD test indicating that the mean scores for individuals with bachelor's degrees (M=46.49, SD=7.49), diplomas (M=44.49, SD=7.49), and master's degrees (M=37.78, SD=17.78) were significantly higher than those without a diploma. Detailed results can be found in Appendix 6.

Significant differences in the mean scores were observed for working hours at the current hospital according to department (F=3.50, p<0.05), with the post hoc comparisons using the LSD test indicating significantly increased scores for the Inpatient Department (M=50.19, SD=7.91) compared with those for two departments (Department of Obstetrics and Gynecology and other), whereas the mean score for the Department of Obstetrics and Gynecology(M=34.50, SD=18.28) had the highest mean score, which was significantly different from the scores for all departments except Operating rooms. Detailed results can be found in Appendix 7.

Significant differences in the mean scores for hours worked in the current hospital were observed according to department (F=8.16, p<0.05), and the post hoc comparisons using the LSD test indicated that the mean scores for both inpatient and outpatient care (M=42.43, SD=7.85) differed from inpatient care and outpatient. Detailed results can be found in Appendix 7.A small, significant, negative correlation was identified between working years in your current specialty and hours worked in the current hospital (r= −0.21, p<0.05).

4.7. The association between hours worked in other institutions and sociodemographic information:

As shown in Table 6, associations were examined between hours worked in other institutions and sociodemographic variables. The independent t-test was used to examine significant differences in the mean values for hours worked in other institutions between groups according to gender, marital status, residence status, and patient interactions. The results indicated significant differences in the mean scores for hours worked in other institutions according to gender (t=2.80, p<0.05), with a higher mean value for men (M=7.87, SD=15.70) compared with that for women (M=3.46, SD=12.39).

A one-way ANOVA was performed to examine significant differences in the mean scores for hours worked in other hospitals according to education level, department, hospital name, professional training, and care unit. Significant differences in the mean score for hours worked in other hospitals were identified according to the hospital department (F=1.94, p<0.05), post hoc comparisons using the LSD test indicated that the mean score for Oqlat Alsoqour (M=41.25, SD=2.50) was significantly higher than those for all other hospitals. Detailed results can be found in Appendix 8.

Significant differences in the mean scores for hours worked in a different hospital were identified according to care unit (F=3.21, p<0.05), with post hoc comparisons using the LSD test indicting that the mean score for both inpatient and outpatient care (M=9.26, SD=16.34) differed from inpatient care and outpatient. Detailed results can be found in Appendix 7.A low, significant positive correlation was identified between working hours in the current hospital and working hours at other institutions(r=0.18,p<0.05).

Table 4. Results of the association between hours worked at the current hospital, hours worked at other institutions, and sociodemographic information (n = 235).

Factor		Work in Hospital /hours				Work in other institutions /hours			
		M	**SD**	***Statistics***	***p***	**M**	**SD**	***Statistics***	***p***
Gender	Male	**43.30**	**7.62**	***t*=-4.35****	**0.000**	**7.87**	**15.70**	***t*=2.80****	**0.024**
	Female	**47.59**	**6.98**			**3.46**	**12.39**		
Marital Status	Single	45.50	8.53	*t*=0.57	0.57	5.81	14.62	*t*=-0.19	0.85
	Married	44.82	7.39			6.24	14.67		
Age M(SD)				***r*=-0.14****				*r*=0.10	
Education Level	Diploma or less	44.06	6.18	***F=7.37****	**0.001**	7.61	15.43	*F=1.64*	0.20
	Bachelor	46.49	7.49			5.14	14.23		

	Degree								
	Master Degree	37.78	17.12			0.00	0.00		
Residence Status	Living alone	45.73	7.78	*t*=0.58	0.56	9.10	17.67	*t*=1.19	0.24
	Living with another	44.87	7.65			5.71	14.13		
Department	Accident and Emergency Department	44.38	9.37	***F*=3.50****	**0.000**	7.34	14.46	*F*=1.78	0.073
	Nursing Service Department	43.31	9.71			6.14	14.96		
	Inpatient Department	46.76	2.69			0.24	1.39		
	Pediatrics	50.19	7.91			6.81	17.00		
	Department of Surgery and its specialties	46.45	3.07			2.55	8.69		
	Outpatient department	44.82	3.80			8.82	18.35		
	Operating rooms (OR)	43.25	3.65			6.00	16.97		
	Specialized Units (ICU), (NICU), (PICU), (CCU)	46.67	3.27			0.00	0.00		
	Department of Obstetrics and Gynecology	34.50	18.28			0.00	0.00		
	Other	42.47	6.10			12.19	19.28		
Hospital	King Fahad Specialist Hospital	46.32	3.35	*F*=1.59	0.07	4.21	12.61	***F*=1.94****	**0.016**
	King Saud Hospital	47.92	1.04			3.77	11.17		
	Maternity and Children Hospital	49.72	11.23			6.72	17.35		
	AlRass General Hospital	44.86	4.56			7.30	16.10		
	Mental Health Hospital	44.33	4.04			0.00	0.00		
	AlBukairyah Hospital	43.59	10.79			5.33	13.68		
	AlBadaya Hospital	42.17	5.56			7.75	16.43		
	AlMidnab Hospital	45.25	3.77			0.00	0.00		
	Riyadh AlKhabra Hospital	42.25	5.37			9.00	16.25		
	AlNabhaniyah Hospital	44.20	4.02			1.60	3.58		
	Qusaiba Hospital	44.00	5.66			0.00	0.00		
	Buraydah Central	45.33	3.81			6.73	16.29		

	Hospital								
	Qebah Hospital	43.44	8.92			8.22	15.04		
	AlShifa Hospital	47.25	1.50			0.00	0.00		
	UyounAlJawa Hospital	48.00	0.00			0.00	0.00		
	OqlatAlSoqour Hospital	35.75	18.84			41.25	2.50		
	AlQawwarah Hospital	41.62	10.80			0.00	0.00		
	AlAsiyah Hospital	48.00	0.00			0.00	0.00		
Professional Training	None	44.07	10.17	*F=0.68*	0.64	5.22	14.22	***F=3.01***	**0.012**
	1day	43.23	8.25			5.23	13.52		
	2 to 4days	45.64	4.75			4.14	11.74		
	5 to 7days	45.59	6.96			9.46	18.17		
	8 to 10days	43.42	8.33			19.42	20.90		
	11 days or more	45.26	11.60			4.39	13.68		
Care unit	Inpatient care	46.49	7.42	***F=8.16***	**0.000**	4.23	13.04	***F=3.21***	**0.042**
	Outpatient care	46.40	5.20			4.80	14.77		
	Both inpatient and outpatient care	42.43	7.85			9.26	16.34		
Patient interaction	Had direct interaction or contact with patients	45.23	4.46	*t*=0.21	0.84	2.95	10.25	*t*=-1.08	0.29
	Had not direct interaction or contact with patients	44.86	3.58			8.00	17.89		
Working years in your current specialty M(SD)				***r*=-0.21****				*r*=0.05	
Working hours in current hospital M(SD)				*r*=-0.06				***r*=0.18****	
working years in your current work unit M(SD)				*r*=-0.03				*r*=0.13	
****Significant at .05 level**									

Chapter 5

DISCUSSION AND CONCLUSION

5.1 Discussion

Every country aims to improve prosperity and medical care, which consequently spurs continuous improvements in wellbeing globally. To meet the well-being-related Millennium Development Goals (World Health Organization [WHO], 2000) and achieve a high degree of wellbeing in the WHO European Area (WHO Regional Office for Europe [ROE], 2013), medical attendants and birthing assistants play increasingly significant roles in ensuring the well-being of patients in clinics and hospital settings (WHO ROE, 2000).

However, due to restricted budgetary assets and failures associated with the provision of wellbeing and practical work frameworks, numerous nations are faced with various issues in the field of nursing, including wellbeing experts versatility and movement (Brüscher et al., 2010; Buchan et al., 2014; International Council of Nurses [ICN], 2010), an under populated and overburdened nursing workforce, diminishing execution, nursing blunders, and the downsizing of the nursing calling (Brüscher et al., 2010; DeLucia et al., 2009; European Commission [EC], 2012; European Federation of Attendants Association [EFNA], 2012), preclusion, nurture disappointment and demotivation, errors and stagnation in gave care (Aiken et al., 2012; Brüscher et al., 2010; EC, 2012; ICN, 2009). Similar issues have been raised by wellbeing care associations all over Europe and have

brought about consideration that is neither safe nor high-caliber, nor understanding focused (EFNA, 2012; WHO ROE, 2013).

Improving the delivery and promotion of general wellbeing and medical care using methods that are evidence- and population-based requires gauging of wellbeing workforce needs. This empowers a higher caliber of age and arranging of HR for nursing (EC, 2012; ICN, 2009; WHO ROE, 2013), and improves their working limit (McPake et al., 2013). This can be accomplished by making and actualizing motivating forces to draw in, hold, rouse, fulfill, and improve nursing execution (Global Health Workforce Alliance, 2008). In each nation, satisfactory wellbeing and social arrangements require the support of reasonable measures and procedures that support and reinforce the talented and motivated wellbeing workforce to ensure that they are receptive to the populace's wellbeing needs (WHO, 2010; WHO ROE, 2013).

The introduction of evidence-based practices into healthcare workforce strategies and management is necessary to improve healthcare staffing problems. Provincial and public observatories and exploration focus likewise should be extended to improve the comprehension of various variables influencing the healthcare administration workforce (ICN, 2009; WHO, 2010; WHO, 2013). To ensure the efficient use of their healthcare workforce, information necessary to build local motivation force frameworks (for example, understanding the inspiration levels and effective motivators for the workforce) should be collected, examined, and implemented to support a viable relationship between executives and the nursing workforce (ICN, 2009). The effects of working conditions and other business-related elements on the fulfillment and satisfaction of wellbeing experts should be assessed because these factors are directly associated with worker efficiency and the nature of the care they provide (McPake et al., 2013).

In this study, 235 nurses had participated, 60.9% of whom were men, and 39.1% of whom were women. The majority of them were married (77%), with a mean age of 34.51 years. In addition, 48.5% of them held a diploma or less, 47.7% held a bachelor's degree, and only 3.8% had master's degrees. Among the sample, 87.2% reported living with another person. When subdivided according to the department, 20% worked in the Accident and Emergency Department, 15.3% worked in the Nursing Service Department, and 15.3% worked in other departments. The majority of the participants worked in AlRass General Hospital (24.80%), followed by AlBukairyah Hospital (11.50%), and Maternity and Children Hospital (10.70%). When further subdivided, 40% of the participants had 2 to 4 days of professional training, and 54.5% worked in inpatient care. The majority, 86.8%, reported that they had direct interactions or contacts with patients. Working years in your current specialty was 78.67 years (SD=5.55), mean working hours in the current hospital was7.33 (SD=5.66), and mean working years in the current work area/unit was 6.57 years (SD=4.79).

This study was consistent with the study conducted by Toode (2015),in which 201 hospital nurses participated. However, the majority of the respondents in Toode's study were female (98.0%) with a mean age of 38.3 years (SD = 10.6). The majority of the respondents are married (80.6%), and 61.2% reported having children aged 2–5 years. The mean duration of service at the present specialty was reported as 15.6 years (SD = 11.6), and the majority of the nurses (75.6%) received at least vocational training or pursued higher education in nursing. Meanwhile, 71.1% of them reported receiving fewer than eight days of professional training during the previous year. Respondents were recruited from various types of hospitals, including 68.2% from regional, 11.4% from central, and 20.4% from general hospitals, engaged in specialized, local, nursing care, or rehabilitation.

The mean score for scales used in this study varied from (m=6.26, SD=0.99, high) to (m=5.34, SD=1.55, high), and the overall average was (m=5.54, SD=1.05, High).The individual influence on work scale is based on a 5-point Likert scale (Total=4 to none=0), and the mean varied from (m=1.74, SD=1.36, very low) to (m=1.66, SD=1.31, very low), with an overall mean of (m=1.71, SD=1.25).The working conditions instrument included four questions. The participants reported working for a mean of 44.98 hours each week (SD=7.65), and 6.145 hours per week were spent working in other healthcare institutions. Among the types of working schedules reported, 73.6% reported day-shift work, with regular working hours (fixed schedule), and whereas 59.1% reported flexible working hours.

A significant difference was observed in the mean scores for shared values according to residence status ($t=2.00$, $p<0.05$), the mean scores for nurses who lived alone was (M=5.86, SD=0.99), whereas those who lived with others was significantly lower (M=5.37, SD=1.52).Significant differences in mean scores for shared values were also observed according to department ($F=2.247$, $p<0.05$), with the post hoc comparisons using the LSD test indicating that the mean score for the Department of Surgery and its specialties (M=4.85, SD=0.75) was significantly lower than the scores for four other departments (Nursing Service Department, Pediatrics, Outpatient department, and Operating rooms; $p<0.50$). The mean score for Specialized Units (ICU, NICU,PICU, and CCU; M=6.47, SD=0.50) was significantly higher than the scores for three departments (Nursing Service Department, Outpatient department, and Department of Obstetrics and Gynecology).

For hospitals, significant differences in the mean scores of shared values were observed ($F=2.658$, $p<0.05$), with the post hoc comparisons using the LSD test indicating that the mean score for Uyoun AlJawa Hospital (M=4.85, SD=0.50) was significantly higher than that for Buraydah Central Hospital ($p<0.50$). Qusaiba Hospital had the lowest mean score, which was significantly lower than that for AlAsiyah Hospital. Significant differences in the mean score of shared values were observed among care unit ($F=3.22$, $p<0.05$), with the post hoc comparisons using the LSD test indicating that the mean score for inpatient care (M=5.89, SD=0.99) differed significantly from that for outpatient care (M=5.37, SD=1.52). A small, positive correlation was identified between age and shared value scores ($r=0.15$, $p<0.05$).A significant difference was identified for the mean scores of individual influences on work according to marital status ($t=2.09$, $p<0.05$), with a higher value among single respondents (M=1.99, SD=1.07) compared with married respondents (M=1.63, SD=1.29).A significant difference in the mean score for individual influences on work was also observed for residence status ($t=2.24$, $p<0.05$), with a significantly lower mean score for nurses who lived alone (M=1.46, SD=1.28) compared with that for nurses who lived with another individual (M=2.25, SD=1.35).

Significant differences in the mean score for individual influences were observed according to education level

(F=10.5, p<0.05), with the post hoc comparisons using the LSD test indicating that the mean score for diploma holders (M=1.36, SD=1.28) differed from the scores for master's (M=2.25, SD=0.77) and bachelor's degree holders (M=2.00, SD=1.15). Significant differences in the mean score for individual influences for work were also observed according to department (F=2.838, p<0.05), with the post hoc comparisons using the LSD test indicating that the mean score for Operating rooms (OR) (M=4.85, SD=0.75) was significantly higher than the scores for two other departments (Inpatient Department and Department of Surgery and its specialties), whereas the mean score for the inpatient department (M=1.08, SD=1.40) was significantly different from the scores for six other departments (Accident and Emergency Department, Nursing Services Department, Pediatrics Outpatient department, Operating rooms and other).Significant differences in the mean scores for individual influences on work were observed according to department (F=6.47, p<0.05), with the post hoc comparisons using the LSD test indicating that the mean score for AlSasiyah (M=3.33, SD=0.58) was significantly higher than the scores for ten other hospitals, whereas Alshifa Hospital had a mean score that was significantly lower (M=0.08,SD=0.17) than that for AlAsiyah Hospital.

The present study was consistent with the study conducted by Toode (2015), which found that nurses appeared to be more than moderately inspired to work. Their motivations appear to differ according to the level of orientation, and hospital nurses were typically associated with strong inner or moderate outer motivations to work. The majority of healthcare workers were motivated to work because they enjoyed almost all of their work assignments, and their work fits their higher-order desires, individual values, and goals. These healthcare workers also had better experiences regarding their own work and attained the best work results in terms of patient safety and satisfaction. Their motivation was improved by several workplace characteristics and working conditions that support nursing autonomy, engagement, and empowerment and enabled them to achieve self-actualization, individual success, and better work results. Many hospital nurses also expressed that inner benefits, such as improved reputation, the avoidance of failure, and maintaining standards of living inspired them to work effectively. Senior nurses who had more work experience and service or a leadership position were more likely to present this position.

Significant differences in the mean score for individual influences on work were observed (F=6.30, p<0.05), and the post hoc comparison using the LSD test indicated that the mean score for outpatient care (M=2.15, SD=1.35) was significantly higher than that for inpatient care (M=1.46, SD=1.28). A small, negative correlation between age and individual influences on work was observed (r= −0.24, p<0.05).A small and negative correlation was also observed between working hours in the current hospital and individual influences on work (r=0.21, p<0.05).A significant difference in the mean scores for individual influences on work was observed based on gender (t=3.35, p<0.05), with the mean score for men (M=43.30, SD=0.000) being significantly lower than the mean score for women (M=47.59, SD=6.98).Significant differences in the mean score for individual influences were observed according to education level (F=7.37, p<0.05), with the post hoc comparisons using the LSD test indicating that the mean scores for participants with bachelor's degrees (M=46.49, SD=7.49), diplomas (M=44.49, SD=7.49), and master's degrees (M=37.78, SD=17.78) differed significantly from others.

Significant differences were observed for the mean scores in individual influences for work according to department (F=3.50, p<0.05), with the post hoc comparison using the LSD test indicating that the mean score for the Inpatient Department (M=50.19, SD=7.91) was significantly higher than those for two other departments (Department of Obstetrics and Gynecology and others), whereas the mean score for the Department of Obstetrics and Gynecology(M=34.50, SD=18.28) differed significantly from all other departments except Operating rooms (OR).Significant differences in the mean scores for individual influences on work were observed according to care unit (F=8.16, p<0.05), with the post hoc comparisons using the LSD test indicating that the mean score for both inpatient and outpatient care (M=42.43, SD=7.85) differed from inpatient care and outpatient. A small and negative correlation was identified between working years in your current specialty and working hours at the current hospital (*r*= −0.21, p<0.05).

A significant difference in the mean score for individual influences on work was identified for gender (t=2.80, p<0.05), with higher mean scores for men (M=7.87, SD=15.70) than for women (M=3.46, SD=12.39).Significant differences in the mean score for individual influences for work were observed according to the hospital (F=1.94, p<0.05), with the post hoc comparisons using the LSD test indicating that the mean score for Oqlatalsoqour (M=41.25, SD=2.50) was significantly higher

than all other hospitals. There were statistically differences in the mean score in individual influences on work (F=3.21, p<0.05), post hoc comparisons using LSD test indicated that the mean score for both inpatient and outpatient care (M=9.26, SD=16.34) differed from inpatient care and outpatient. A small positive correlation was identified between working hours in the current hospital and working hours at other institutions (*r*=0.18, p<0.05).

The attributes identified in this study that affected motivation were similar to those identified in a study conducted by Kantek (2015), who found that appreciation was the primary motivating factor among nurses. Motivation factors among nurses appear to differ according to the demographic profiles, with significant effects of age, duration of professional experience, and duration of institutional experience. Those with different motivation factors tended to be relatively young and lacking sufficient experience. Finally, status, authority, opportunities for promotion, and physical environment were perceived differently by different demographic groups.

5.2. Conclusion

The following conclusions were drawn based on the findings of this study:

1. Nurses reported a high motivation to work.
2. A significant difference in the mean scores for shared values were identified for residence status ($t=2.00$, $p<0.05$), with higher mean scores among nurses who lived alone ($M=5.86$, $SD=0.99$) compared with those who lived with others ($M=5.37$, $SD=1.52$).
3. Nurses shared values were higher who lived alone than nurses who live with others.
4. The average working hours per week among nurses is 44.98 hours, which is higher than the 40-hour standard.
5. Nurses in the Department of Surgery and its specialties ($M=4.85$, $SD=0.75$) have poorer perceived shared values than those in other departments.
6. Specialized Units (ICU, NICU, PICU, and CCU; $M=6.47$, $SD=0.50$) had better shared values than three other departments (Nursing Service Department, Outpatient Department, and Department of Obstetrics and Gynecology).
7. Nurses at Uyoun AlJawa Hospital have better shared values than those at other hospitals
8. Nurses who work in inpatient care have better shared values than those who work in outpatient care
9. Older nurses have better shared values than younger nurses.
10. Single nurses have better work influences than married nurses.
11. Nurses who lived with others have better work influences than nurses who lived alone.

12. Master's degree-holding nurses have better work influences compared with diploma and bachelor's degree-holding nurses.
13. Nurses who work in Operating rooms (OR) (M=4.85, SD=0.75) have better work influences compared with nurses from other departments.
14. Nurses working at Alsiyah hospital have better work influences compared with nurses working at other hospitals.
15. Nurses working in inpatient care have better work influences compared with nurses working in outpatient care.
16. Younger nurses have poorer work influences than older nurses.
17. Shorter working hours in the current hospital were correlated with better individual influences on work ($r=0.21$, $p<0.05$).
18. Female nurses have better influences on work than female nurses.
19. Bachelor's degree-holding nurses have better influences on work compared with diploma and master's degree-holding nurses.
20. Inpatient Department nurses have better influences on work compared with two other departments (Department of Obstetrics and Gynecology and others).
21. Nurses with longer working years in their current specialty worked shorter hospital hours.
22. Male nurses have better individual influences on work compared with female nurses.
23. OqlatAlsoqour Hospital nurses have better individual influences on work compared with nurses from other hospitals.
24. Higher working hours in the current hospital were correlated with higher working hours in other institutions ($r=0.18$, $p<0.05$).

5.3. Recommendations

The following were the major findings of the study:

1. Nurses' work motivation should be methodically measured, deliberately encouraged, and unceasingly maintained throughout the service duration.
2. Managers and supervisors should discuss how to reduce work overload and improve clinical practice environments to meet service needs.
3. Supportive management should focus on the feelings of the nursing staff and support fairness and equal treatment throughout the clinical organization and promote positive supervision practices to increase nurses' motivation levels.
4. More flexible working hours should be offered to provide a better work-life balance to increase nurses' motivation levels.
5. Offering flexible policy scheduling that allows for nurses to change their shifts with other nurses when possible and increasing rewards incentives systems can be used to increase nurses' motivation levels.

5.4. Implications for nursing practice and management

Work motivation is an amazingly relevant factor that affects the quality and density of work-related results in healthcare (Toode et al., 2011). Motivation comes from inside of a person, and managers cannot directly inspire their subordinates. However, managers can emphasize the potentialities of their employees using sufficient motivation techniques. The majority of employees require external motivators (Marquis & Huston, 2016); therefore, managers should recognize each employee as a unique individual inspired by various needs. Nursing managers should consider the specific characteristics of every employee, including but not limited to age and the length of professional and institutional experience, to formulate effective motivation techniques and should have alternative plans for follow-up and modification depending on the response. Furthermore, motivation factors are subject to change (Kocel, 2003).Therefore, the perceptions of nurses should be surveyed at multiple time points.

Programs intended at educating the nurses image within nursing administrations can assist nurses in meeting clinical practice needs. Through enhanced accountability and work motivation, nurses can be allowed to contribute to goal-setting on patient care and organizational levels. The development of system-wide performance assessment scan hold nurses accountable for their work, providing feedback, acknowledgment, and positive reinforcement, which can promote nurses' growth needs. The present study also offers new evidence regarding the practicality of implementing an innovative methodology for measuring the levels of nurses' work motivation. These findings can be used to improve the retention of effective nurses in the clinical setting. Given the historical background of Saudi Arabia, comparing nurses' work motivation in these countries would be useful. The little consequence agreed to intrinsic motivation in clinical setting strategies in order to better understand intrinsic or extrinsic benefits. This study hypothesized that nurses in the Qassim region rely primarily on intrinsic motivations, such as the ability to help others, professional growth, and career opportunities. Therefore, the leaders of healthcare establishments in Qassim can develop policies and practices that will allow for healthcare facilities to enhance nurse motivation, which can positively impact work satisfaction, retention, and burnout rates.

5.5 Implications for future research

Conducting a comparative study between nurses from different institutions would be useful to collect additional data regarding the differences in the nurses' work motivation factors. Future studies remain necessary to verify the validity and reliability of the tool for diverse nursing cultures. Moreover, nursing management views on supportive nurses' work

motivation should be scrutinized in forthcoming studies. This study should be replicated using a larger sample to increase the generalizability of the study findings. However, this study provides a foundation for other studies that focus on assessing the work motivational factors of nurses working in Saudi Arabia.

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