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**Determinants and Motivational Factors of Healthcare Staff:  
A Comparison between Governmental and Non-Governmental  
Hospitals in the South of West Bank / Palestine**

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A Comparison between Governmental and Non-Governmental  
Hospitals in the South of West Bank / Palestine**

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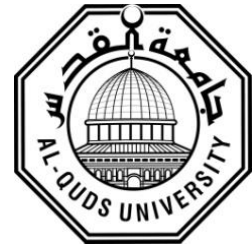
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**Al- Quds University**  
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### **Thesis Approval**

## **Determinants and Motivational Factors of Healthcare Staff: A Comparison between Governmental and Non-Governmental Hospitals in the South of West Bank / Palestine**

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## **Dedication**

Every challenging work needs self efforts as well as guidance especially those who were very close to our hearts.

My humble effort I dedicate to my sweet and loving

## **Father, Mother and Family**

Whose affection, love, encouragement and prays of day and night make me able to get such success and honor.

Along with all hard working and respected teachers, especially

**Shahenaz Najjar, Ph.D.**

## **Declaration**

I certify that the thesis submitted for the degree of masters, is the result of my own research, except where otherwise acknowledged and that this thesis – or any part of the same material – has not been submitted for a higher degree to any other university or institution.

Signature:.....

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Date: December 18<sup>th</sup>, 2016

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Finally, special thanks to those who helped me in getting the questionnaires filled and those who cooperated and filled in the questionnaires.

## **Abstract**

**Background:** Palestine is a low-income country with very limited resources. Human resources are the most valuable resource for the country. Human resource management determines how to use other resources in order to achieve organizational goals.

**Aim:** To identify and compare the motivational factors of healthcare workers and its determinants in the Palestinian hospitals in the South of West Bank.

**Methods:** A quantitative cross sectional study design was used. Data collection was through self-administered questionnaire. A total of 297 healthcare workers participated in this cross-sectional survey from four major hospitals in Bethlehem and Hebron. The study was conducted between June and October, 2015. Data collection tool included 18 motivational factors that were found in the literature. Other demographic characteristics were also collected. Descriptive and inferential statistics were used for data analysis by using SPSS version 16.

**Findings:** Working according to ethics, helping people, recognition, reward and appreciation, ensuring job security, continuous education and opportunities for growth were major motivational factors for choosing work place ( $P < 0.01$ ). On the other hand, ensuring job security, full/part-time positions, sharing creativity and leadership, continuous education, working and living conditions and opportunities for advancement were major motivational factors to do work properly ( $P < 0.01$ ). Regarding place of work, healthcare workers in non-governmental hospitals have experienced significantly higher motivational factors for choosing work place than those in governmental hospitals ( $P < 0.05$ ). Moreover, duration of work was an important motivational factor for choosing work place ( $P < 0.05$ ).

**Conclusion:** Improving healthcare workers' motivation is a vital process towards having better quality of health services. It requires support from managers and enhancing good management practices. The findings of this study suggests that further efforts should be extended in some aspects such as job security, continuous education, recognition, reward and appreciation, working and living conditions and opportunities for growth.

**Keywords:** Motivational factors, healthcare workers, Palestine.



## العوامل المحفزة للطاقم الطبي: مقارنة بين المستشفيات الحكومية والمستشفيات غير الحكومية في جنوب الضفة الغربية/فلسطين

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### ملخص الدراسة:

تعد فلسطين دولة ذات دخل منخفض وموارد محدودة جدا. هذا يجعل للموارد البشرية أهمية كبرى ان لم تكن الاكبر من بين جميع الموارد الاخرى. الموارد البشرية هي التي تحدد كيفية استخدام الموارد الاخرى من اجل تحقيق الاهداف المؤسسية.

**الهدف:** التعرف على العوامل المحفزة للعاملين في مجال الرعاية الصحية ومحدداتها في المستشفيات الفلسطينية في جنوب الضفة الغربية.

**المنهجية:** اعتمدت الدراسة الوصف التحليلي من خلال دراسة مقطعية حيث تم جمع البيانات بواسطة الاستبانة. شارك في هذه الدراسة 297 عامل في مجال الرعاية الصحية من اربعة مستشفيات رئيسية في بيت لحم والخليل. الدراسة تم تنفيذها في الفترة ما بين حزيران وتشرين اول للعام 2015. تم استخدام استبيان مترجم موثوق كأداة لجمع البيانات. الاستبيان اشتمل على 18 عامل محفز للقيام بتقييم تأثير العوامل المحفزة على العاملين في مجال الرعاية الصحية. كانت هذه العوامل موثقة علميا ومنشورة ادبيا في دراسات سابقة. وقد تم تحليل البيانات باستخدام الاحصاء الوصفي والاستدلالي. وقد استخدم للتحليل برنامج الرزم الاحصائية للعلوم الاجتماعية SPSS نسخة 16.

**النتائج:** اهم العوامل المحفزة لاختيار مكان العمل كانت العمل وفقا للأخلاقيات، مساعدة الناس، المكافأة والتقدير، ضمان الأمان الوظيفي، التعليم المستمر، بالإضافة لفرص النمو والتطور المهني ( $P<0.01$ ). من ناحية اخرى، اشتملت اهم العوامل المحفزة للقيام بالعمل بالشكل الصحيح على ضمان الأمان الوظيفي، وظيفة كاملة او جزئية، الحصول على فرصة المشاركة في القيادة ومشاركة الافكار الابداعية، التعليم المستمر، ظروف العمل والمعيشة، بالإضافة لفرص التقدم والتطور المهني ( $P<0.01$ ). فيما يتعلق بمكان العمل، شهد العاملون في مجال الرعاية الصحية في المستشفيات غير الحكومية عوامل محفزة أكثر من هؤلاء العاملين في المستشفيات الحكومية من ناحية اختيار مكان العمل ( $P<0.05$ ). علاوة على ذلك، كانت مدة العمل في المهنة عامل محفز مؤثرة من حيث اختيار مكان العمل ( $P<0.05$ ).

**الخلاصة:** تحسين الدوافع المحفزة للعاملين في الرعاية الصحية هي عملية حيوية نحو تقديم خدمات صحية ذات نوعية أفضل والتي يجب ان تكون مدعومة بممارسات ادارية جيدة. نتائج هذه الدراسة تشير الى انه يجب بذل المزيد من الجهد للعمل على تحسين بعض الجوانب مثل الأمان الوظيفي والتعليم المستمر، والمكافآت والتقدير وتحسين ظروف العمل بالإضافة الى فرص التطور المهني.

**كلمات البحث:** العوامل المحفزة، العاملون في الرعاية الصحية، فلسطين.

<b>Table of Contents</b>	<b>Page</b>
<b>DECLARATION</b>	<b>I</b>
<hr/>	
<b>ACKNOWLEDGEMENTS</b>	<b>II</b>
<hr/>	
<b>ABSTRACT</b>	<b>II</b>
<hr/>	
<b>TABLE OF CONTENTS</b>	<b>VII</b>
<hr/>	
<b>LIST OF FIGURES</b>	<b>X</b>
<hr/>	
<b>LIST OF TABLES</b>	<b>XI</b>
<hr/>	
<b>LIST OF ABBREVIATIONS</b>	<b>XII</b>
<hr/>	
<b>LIST OF ANNEXES</b>	<b>XIII</b>
<hr/>	
<b>CHAPTER ONE</b>	<b>1</b>
<hr/>	
<b>INTRODUCTION</b>	<b>1</b>
<hr/>	
<b>1.1 BACKGROUND</b>	<b>1</b>
<b>1.2 STUDY SETTING AND PALESTINIAN HEALTHCARE SYSTEM</b>	<b>3</b>
<b>1.3 PROBLEM STATEMENT AND ITS SIGNIFICANCE</b>	<b>4</b>
<b>1.4 STUDY ASSUMPTIONS</b>	<b>4</b>
<b>1.5 AIM OF THE STUDY</b>	<b>5</b>
<b>1.6 STUDY OBJECTIVES</b>	<b>5</b>
<b>1.7 STUDY QUESTIONS</b>	<b>5</b>
<b>1.8 STUDY LIMITATIONS</b>	<b>6</b>
<b>1.9 SUMMARY</b>	<b>7</b>
<hr/>	
<b>CHAPTER 2</b>	<b>8</b>
<hr/>	
<b>LITERATURE REVIEW</b>	<b>8</b>
<hr/>	
<b>2.1 INTRODUCTION</b>	<b>8</b>
<b>2.2 MOTIVATIONAL THEORIES</b>	<b>8</b>
2.2.1. CONTENT THEORIES	9
2.2.2. PROCESS THEORIES	13
<b>2.3 GLOBAL STUDIES OF MOTIVATION</b>	<b>17</b>
<b>2.4 LOCAL STUDIES OF MOTIVATION</b>	<b>19</b>
<b>2.5 SUMMARY</b>	<b>21</b>

<b>CHAPTER 3</b>	<b>22</b>
<b>CONCEPTUAL FRAMEWORK</b>	<b>22</b>
3.1 INTRODUCTION	22
3.2 MOTIVATION AND ITS DEFINITIONS	22
3.3 FACTORS HAVING AN EFFECT ON MOTIVATION	23
3.4 STUDY VARIABLES	26
3.5 SUMMARY	26
<b>CHAPTER 4</b>	<b>27</b>
<b>METHODOLOGY</b>	<b>27</b>
4.1 INTRODUCTION	27
4.2 STUDY DESIGN	27
4.3 SAMPLING METHODOLOGY	28
4.4 PERMISSION AND ETHICAL CONSIDERATION	30
4.5 INSTRUMENT OF THE STUDY	30
4.6 VALIDITY AND RELIABILITY	31
4.7 PILOT TESTING	32
4.8 DATA COLLECTION	32
4.9 DATA ANALYSIS	33
4.10 DATA CLEANING	34
4.11 SUMMARY	34
<b>CHAPTER 5</b>	<b>35</b>
<b>RESULTS</b>	<b>35</b>
5.1 INTRODUCTION	35
5.2 DEMOGRAPHIC DATA AND CHARACTERISTICS OF THE SAMPLE	35
5.3 HEALTHCARE WORKERS' MOTIVATIONAL FACTORS	37
5.3.1 MOTIVATIONAL FACTORS AFFECTING HEALTHCARE WORKERS	38
5.3.2 THE RELATIONSHIP BETWEEN THE MOTIVATIONAL FACTORS AND DEMOGRAPHIC CHARACTERISTICS	41
5.3.3 PLACE OF WORK AND MOTIVATIONAL FACTORS	42
5.3.4 EMPLOYMENT STATUS AND OVERALL MOTIVATIONAL FACTORS	43
5.3.5 DURATION OF WORK AND OVERALL MOTIVATIONAL FACTORS	44
5.3.6 SATISFACTION AND OVERALL MOTIVATIONAL FACTORS	45
5.3.7 MANAGER MOTIVATION AND OVERALL MOTIVATIONAL FACTORS	45
5.4 SUMMARY	46
<b>CHAPTER 6</b>	<b>47</b>

<b>DISCUSSION</b>	<b>47</b>
<b>6.1 INTRODUCTION</b>	<b>47</b>
<b>6.2 HEALTHCARE WORKERS' MOTIVATIONAL FACTORS</b>	<b>48</b>
6.2.1 MOTIVATIONAL FACTORS AFFECTING HEALTHCARE WORKERS' CHOICE	49
6.2.2 MOTIVATIONAL FACTORS NEEDED TO DO WORK PROPERLY	52
<b>6.3 THE RELATIONSHIP BETWEEN MOTIVATIONAL FACTORS AND STUDY VARIABLES</b>	<b>53</b>
<b>6.4 RECOMMENDATIONS</b>	<b>55</b>
<b>6.5 CONCLUSION</b>	<b>55</b>
<b>6.6 AREAS FOR FUTURE RESEARCH</b>	<b>57</b>
<b>6.7 SUMMARY</b>	<b>58</b>
<b>REFERENCE LIST</b>	<b>59</b>
<b>APPENDIXES</b>	<b>64</b>
<b>APPENDIX 1: FREQUENCY OF MOTIVATIONAL FACTORS FOR CHOOSING WORK PLACE.</b>	<b>64</b>
<b>APPENDIX 2: FREQUENCY OF MOTIVATIONAL FACTORS TO DO WORK PROPERLY.</b>	<b>65</b>
<b>APPENDIX 3: ENGLISH VERSION OF QUESTIONNAIRE</b>	<b>66</b>
<b>APPENDIX 4: ARABIC VERSION OF QUESTIONNAIRE</b>	<b>71</b>

## **List of Figures**

<b>Figure (2.1): Maslow’s hierarchy of needs. ....</b>	<b>10</b>
<b>Figure (2.2): Vroom’s valence expectancy theory. ....</b>	<b>15</b>
<b>Figure (3.1): The conceptual framework of our study. ....</b>	<b>25</b>
<b>Figure (5.1): The most important motivational factors for choosing work place. ....</b>	<b>38</b>
<b>Figure (5.2): The most important motivational factors to do work properly. ....</b>	<b>39</b>

## List of Tables

<b>Table 3.1: The motivational factors and their sources from literature review .....</b>	<b>24</b>
<b>Table 4.1: Name of hospital and number of its healthcare workers .....</b>	<b>28</b>
<b>Table 5.1: Distribution of healthcare workers in hospitals' different units.....</b>	<b>36</b>
<b>Table 5.2: Work period (years) and its frequency for healthcare workers at the same hospital. ....</b>	<b>37</b>
<b>Table 5.3: Pearson correlation between study variables and the total degree of motivational factors by the medical staff .....</b>	<b>39</b>
<b>Table 5.4: Mean differences of dependent variables between independent variables: tests used and results.....</b>	<b>42</b>
<b>Table 5.5: T-test results for “place of work” and the overall motivational factors for the two outcomes.....</b>	<b>43</b>
<b>Table 5.6: ANOVA test results for the duration of work in the job and the overall scores of the motivational factors.....</b>	<b>44</b>
<b>Table 5.7: ANOVA test for mean differences between manager motivation to do work properly and the total degree of the motivational factors. ....</b>	<b>46</b>

## **List of abbreviations**

MOH	Ministry of Health
WHO	World Health Organization
UNRWA	United Nations Relief and Work Agency for Palestine Refugees in the Near East
NGOs	Non-Governmental Organizations
HCS	Healthcare System
SPSS	Statistical Package for the Social Sciences
WB	West Bank
HR	Human Resources
HRM	Human Resources Management
MSI	Motivation Sources Inventory
ANOVA	Analysis of Variance



## **List of Annexes**

<b><u>APPENDIXES</u></b>	<b>64</b>
APPENDIX 1: FREQUENCY OF MOTIVATIONAL FACTORS FOR CHOOSING WORK PLACE.	64
APPENDIX 2: FREQUENCY OF MOTIVATIONAL FACTORS TO DO WORK PROPERLY.	65
APPENDIX 3: ENGLISH VERSION OF QUESTIONNAIRE	66
APPENDIX 4: ARABIC VERSION OF QUESTIONNAIRE	71

# Chapter One

## Introduction

### 1.1 Background

Health World is facing great and crucial changes. The health care systems around the world are coming under serious long-term pressure. Populations are getting old and demand for health services is inflating. At the same time, it is becoming increasingly clear that providing quality of care is highly inconsistent [1].

Providing high levels of health care has become a great pressure on health care administrators. They are required to provide consistent high levels of care while maintaining efficiency at lower costs. Although advancements in technology and infrastructure can affect improvements in quality of care, human resources are still concerned with the most dramatic improvements [2].

Human Resources Management was defined as *“the management of activities undertaken to attract, develop, motivate, and maintain a high performing workforce within the organization”* [3]. Human Resources Management holds the view that the management and non-management have a common interest in the success of the organization [3]. Management is the process of dealing with or controlling things or people, while non-management is considered as a class of executives that are not engaged to management positions, not involved, or related to management.

All organizations are concerned with how to achieve success and high levels of performance. Management of human resources is one of the critical factors to achieve better organizational performance in both governmental and non-governmental sectors [4]. A fundamental element for achieving this objective is the formulation of an effective employee motivation [5].

The importance of human resources as health system inputs was identified long ago. That is because of the high turnover and the great lack of resources in the health care sector [6]. The performance and the benefits of the deliverable system depend largely upon the knowledge, skills and motivation of those individuals responsible for the delivery of the health services [7] [8].

Employee's motivational factors are really important to retain quality staffing [5] [9]. Motivation is defined as the process that accounts for an individual's intensity, direction and persistence of effort toward attaining a goal. It is considered as one of the most important parameters of the effect of output, and a central administrative function [10]. The heart of motivation is to give people what they really want most from work. In return, managers should expect more in the form of productivity, quality, and service [11]. This is the underlying reason why there is such an interest on how individuals can be motivated through such means as incentives, rewards, leadership, the work they do and the organization context within which they carry out their work [12].

The motivation and effort exerted by the healthcare workers is vital for the quality of health services especially for the health systems in low-income countries. These countries are facing

challenges in providing good quality services because of the overall shortages of trained health workers and difficulties in ensuring equitable distribution of them [13].

## **1.2 Study setting and Palestinian healthcare system**

According to the World Health Organization (WHO) [14], the Palestinian healthcare system has 4 major service providers. These four major providers are the Ministry of Health (MOH), United Nation Nations Relief and Works Agency for Palestinian Refugees (UNRWA), Non-Governmental Organizations (NGOs), and private for-profit providers. The Palestinian MOH provides primary, secondary and tertiary health services. The unavailable tertiary health services are being purchased from domestic or foreign providers. The UNRWA provides primary healthcare for refugees only. Moreover, they purchase secondary healthcare for complex cases to be treated in other tertiary hospitals. NGOs provide primary, secondary and some tertiary health services. Private for-profit healthcare providers have a big share. It provides three levels of healthcare through many specialized hospitals and diagnostic centers.

According to the WHO (2010), the MOH runs the health system in a centralized way, with some decentralized activities on the level of provinces mainly in primary health care level. Palestine allocates a significant part of its financial resources to its health sector. The country has limited resources and its economic situation has been recognized as bad and highly relying on the external sources of fund [15].

The study was held in four major hospitals in the South of WB. Those hospitals are the major healthcare providers in the two main cities of Bethlehem and Hebron. Moreover, they are the

biggest employers of healthcare workers in both areas. The total number of healthcare workers employed in those hospitals is 1179. The hospitals were: Beit Jala Governmental Hospital and Bethlehem Arab Society for Rehabilitation in Bethlehem, and Al-Ahli Hospital and Alia Governmental Hospital in Hebron.

### **1.3 Problem statement and its significance**

The quality of organization's human resources depends upon the extent of knowledge through training and education they have received and their motivational level [16].

Palestine faces a lot of obstacles and has lack of resources that makes the human resources as the most valuable component of any production process. Therefore, motivation of the Palestinian health workers can be a great investment for the Palestinian health system. In addition, it will assure a better quality health services and outcomes.

### **1.4 Study assumptions**

The following are the assumptions of the study:

- All survey items, concepts, and language are understood and clear for participants.
- Collected data is valid and reliable.
- No obstacles will be faced in getting a permission to conduct our study from the hospital's director and Palestinian ministry of health.
- Some healthcare workers may not cooperate to fill in the questionnaires.

## **1.5 Aim of the study**

The aim of this study is to assess the motivational factors among healthcare workers in governmental and non-governmental hospitals and to investigate if there are significant differences between the different healthcare workers.

## **1.6 Study objectives**

The study objectives are:

1. To assess the motivational factors among healthcare workers in governmental and non-governmental hospitals in the south of West Bank.
2. To highlight the motivational factors' differences according to respondents' characteristics and study setting such as (age, gender, level of education, working years at the same hospital, marital status, type of hospital) that might influence the results for choosing work place and to do work properly.

## **1.7 Study questions**

The main study question of our research was:

- What are the motivational factors among healthcare workers in governmental and non-governmental hospitals?

In addition to the main question, we investigated other secondary questions:

1. Are there significant differences in motivational factors among healthcare workers in both governmental and non-governmental hospitals?

2. Are there significant differences in motivational factors according to sample characteristics (age, sex, level of education, working years in the same hospital, marital status, and type of hospital) for choosing work place and to do work properly?
3. Is there a significant relationship between participant satisfaction and motivational factors for choosing work place and doing work properly?
4. Is there a relationship between manager motivation and motivational factors for doing work properly?

### **1.8 Study limitations**

The study was confronted with several limitations:

1. Limited cooperation from participants as reported by the research team.
2. Participation rates in Hebron should have been higher due to the larger numbers of employees in their hospitals but due to the high workloads and staff shortage (as reported by the research team) that made weighted sample almost impossible.
3. Access for some units was denied in some hospitals due to their hygienic conditions and the cases of patients hospitalized in them.
4. A quantitative method was used for data collection. Using qualitative approach method might have additional value for understanding the situation and the result.
5. Due to budget constraints, the study was done in four Palestinian hospitals. Therefore, our results cannot be directly generalized to all Palestinian hospitals.

## **1.9 Summary**

This chapter provides an overview of the study. The study was done to identify the motivational factors of healthcare workers in the South of the West Bank/ Palestine. The aim of the study is to recognize the major differences of motivational factors between healthcare workers in general, and between those working in governmental and non-governmental hospitals in the mentioned area.



## **Chapter 2**

### **Literature Review**

#### **2.1 Introduction**

How to get employees best committed to their work and how to put their best in the accomplishment of the organization's objectives is one of the biggest problems facing a manager in any organization. Motivation is concerned with why people do what they do [17]. Improving performance by motivation is linked to a feeling of self-fulfillment, achievement and recognition, where motivation, in work context, can be defined as the individual's level of will power and the ability to maintain consistent efforts towards organizational goals [18].

Motivation is a complex topic that isn't easy to be understood because it includes many other topics, where human nature has the greatest deal of it. Individual choices guide our humans behaves. Our choices can be greatly affected by the environment and the lifestyle we have either at personal or professional life.

#### **2.2 Motivational theories**

Meeting the needs and achieving the goals of both employer and employee are often difficult for managers in all types of organizations. However, this can be more difficult in some parts of healthcare organizations because of workers types that run the gamut from highly trained and highly skilled technical and clinical staff members to relatively unskilled workers [10].

A successful healthcare manager needs to be able to manage and motivate this wide variety of workers. To do that, a good understanding of the most important motivational theories will be explained in this chapter. These theories can be divided into two main categories: (1) content theories and (2) process theories.

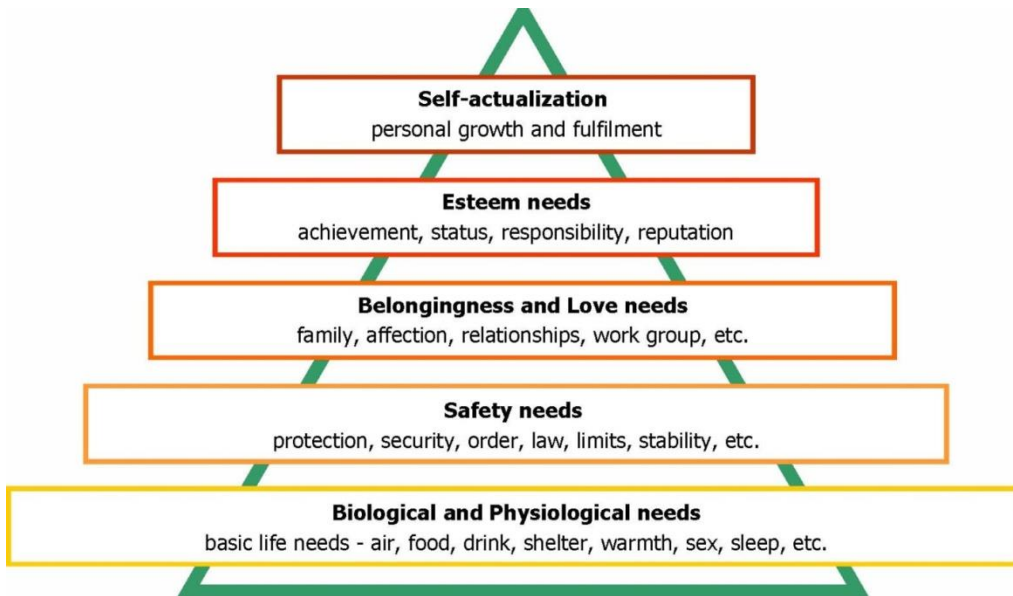
### **2.2.1. Content Theories**

Content theories are concerned with what motivates people assuming that the individual goals and needs are the same for every person, although the difference is in defining what those set of needs are [19]. In the following paragraphs we will describe two well-known content theories; namely Maslow's and Fredrick's theories:

#### **2.2.1.1 Maslow's hierarchy of needs**

Abraham Maslow (1954) suggested a hierarchy of needs progressing from the lowest, subsistence level needs to the highest level of self-awareness and actualization. Whenever one level is met, the individual will be motivated by and struggle to actualize and satisfy the next higher level need. Each level has an importance that was graded regarding an individual's need in this hierarchy from the lowest to the highest level. Once there is an unsatisfied need, then there will be a change in the behavior of this individual [10].

Maslow's hierarchy of needs illustrated in (Figure 2.1) as follows:



Source: <http://www.businessballs.com/maslow.htm>

**Figure (2.1): Maslow's hierarchy of needs.**

The five levels in Maslow's hierarchy are:

1. Biological and physiological needs: this includes food, water, shelter, sex drive, and other subsistence-related needs.
2. Safety needs: when the subsistent-level needs are met, safety and security needs will arise. This includes safe home environment, employment, healthy and safe working environment, access to healthcare, money, and other basic necessities.
3. Belonging and love needs: this involves the individual's need for a family and companionship, a work group, affection and relationships.
4. Esteem needs: it includes status, recognition, and positive regard.
5. Self-actualization: this includes personal growth and fulfillment, the desire for achievement, and autonomy [10].

Maslow called the movement from one level to the other satisfaction-progression. Those levels are connected regularly to each other inside every individual because the theory is completely related to the work setting where needs are continually changing with time.

### **2.2.1.2 Fredrick Herzberg's motivation hygiene theory**

Herzberg's theory (1966) was popularly widespread because it gave a practical approach toward motivating employees [20]. He believed that job satisfaction and dissatisfaction are not the opposite and that they are produced by many different factors. The theory identified satisfiers as the main causes of job satisfaction where it was closely related to intrinsic factors and dissatisfiers as the main cause for job dissatisfaction where it was related to extrinsic factors that are not related to the content of work [19].

Herzberg believed that job satisfaction can be identified in two main domains: one called hygiene factors which are not related to the content of work and second called motivator factors that are related to the content of work. Hygiene factors though are not direct motivators but are necessary to avoid dissatisfaction and are at the same time a starting point for motivation although any improvements in those conditions can't create motivation itself [21].

Herzberg's Two-Factor theory included:

Hygiene factors (Maintenance factors): those factors can make employees avoid dissatisfaction but can't produce satisfaction or motivation for greater effort. They include:

- Organizational policy and administration.
- Technical supervision.
- Interpersonal relations with supervisor.

- Interpersonal relations with peers and subordinates.
- Salary.
- Job security.
- Personal life.
- Work conditions.
- Status.

Motivational factors (satisfiers' factors): those factors providing satisfaction that leads to stronger motivation that result in good job performance, but if not present will cause no satisfaction to be achieved. They include:

- Achievement.
- Recognition.
- Advancement.
- The work itself.
- The possibility of growth.
- Responsibility.

Forming a combination of hygiene and motivation factors can result in the following scenarios:

- High hygiene + high motivation = ideal situation (high motivation and few complaints).
- High hygiene + low motivation = few complaints but not highly motivated employees.

- Low hygiene + high motivation = job is exciting and challenging with unsatisfying salaries and work conditions (high motivation and many complaints).
- Low hygiene + low motivation = worst condition (low motivation and many complaints)

*“The satisfaction of hygiene needs can prevent dissatisfaction and poor performance, but only the satisfaction of the motivation factors will bring the type of productivity improvement sought by companies” [22].*

### **2.2.2. Process theories**

In contrast to content theories, process theories view motivation as a rational process where individuals analyze their environments and react to them with different reactions and feelings. In other words they focus on psychological and behavioral processes behind motivation that help analyzing individual’s behavior and affecting it when needed. The coming paragraphs will report on Vroom and equity theories as examples for process theories:

#### **2.2.2.1 Vroom’s Valence Expectancy Theory**

According to Lunenburg (2011), expectancy theory is a cognitive process theory of motivation where it is based on the belief of individuals that there are relationships between efforts been put in work, the performance achieved from these efforts, and what rewards they would receive from those efforts and performances. More clearly, individuals will be motivated if they believe that their efforts are recognized and will lead to good performance

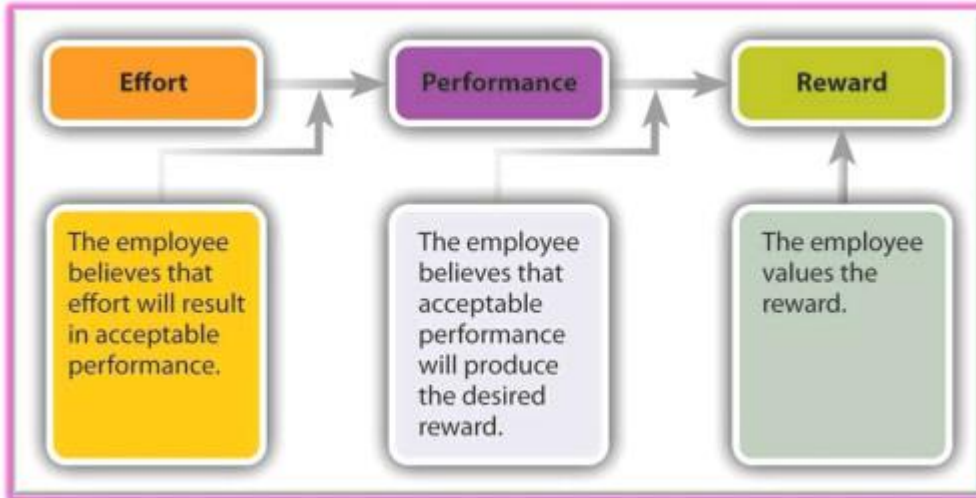
and this good performance will lead to the desired rewards. Victor Vroom (1964) was the first to apply this expectancy theory directly to work settings [23].

Lunenburg (2011) adds that unlike Maslow and Herzberg, Vroom focused on outcomes rather than needs [23]. His theory is based on 4 assumptions:

1. The reaction of employees towards their organizations is influenced by their expectations about their needs, motivations, and past experiences before the organization is joined.
2. A conscious choice is the cause of an individual's behavior, meaning that an individual has the freedom of choice for his behaviors that are based on his previous expectations.
3. An individual requires various things from his organization (e.g., good salary, job security, advancement, and challenge).
4. An individual will optimize outcomes for him personally by choosing among alternatives.

Lunenburg (2011) reports that the expectancy theory has 3 key elements (Figure 2.2) for a person to stay motivated [23]:

1. Expectancy: efforts will lead to an acceptable performance.
2. Instrumentality: performance is recognized and rewarded.
3. Valence: value of rewards is highly positive.



Source: <https://mosaicprojects.wordpress.com/tag/expectancy-theory-of-motivation/>

**Figure (2.2): Vroom's valence expectancy theory.**

Accordingly, Vroom suggests this equation:

$$\text{Motivation} = \text{Expectancy} \times \text{Instrumentality} \times \text{Valence}$$

The multiplier effect in the equation is significant and can be summarized as follows:

- Higher levels of motivation will result when the 3 elements of the equation have higher values other than lower values.
- When any of the 3 elements has a value of 0, then this will lead to a zero level of motivation.

The importance of Vroom's model is that it provides guideline for enhancing employee motivation by transforming of the employee's effort-to-performance expectancy, performance-to-reward expectancy, and reward valences [23].



### 2.2.2.2 Equity theory

Johnson (2005) suggests that Adams (1965) inspired and developed the equity theory starting from the cognitive dissonance theory which was a result of Festinger's work. Adams described Festinger's cognitive dissonance theory from two assumptions:

- Whenever inequity presents, tension is created where the amount of tension depends on the amount of inequity.
- An individual will struggle to minimize the amount of tension created.

According to Johnson (2005), equity theory can be summarized in three main premises:

1. Individuals should feel the value of their contributions by getting something in return that is fair and equitable.
2. Individuals believe that their outcomes should be restored according to their inputs, which is known as social comparison. Inputs include education, skills, and effort while outcomes include job status, fringe benefits, compensation, and promotions.
3. Any inequitable situation will be faced by desire to reduce this inequity by the individual, where it can be resolved by the cognitive dissonance, the adjustment of inputs and outcomes, or by quitting the job in that organization **24**].

Borkowski (2005) **[25]** describes that equity theory has two major components: (1) inputs and (2) outputs. Inputs in work place are explained as something imposed to achieve output. On the other hand, outputs are explained as something generated and delivered from an input. Inputs might be time, effort, education, experience, etc., while outputs might be pay, recognition, reward, development, etc.

### **2.3 Global studies of motivation**

Human resource is the most critical asset of any organization whether in the private or the public sector. It is clear that human resources are one of the most important factors for keeping the effectiveness of an organization, as well as maintaining a high level of organizational performance that depends greatly on the quality of its human resources [16]. What motivates individuals, how managers can motivate their staff successfully, and how leaders motivate the whole organization are very crucial questions for organizations. These questions arise with the challenges that are facing the health sector nowadays. These challenges include: technology advances, demographic changes, workforce diversity, restructuring, re-engineering, downsizing, and other facing conditions [26].

In Macedonia (2014), a study was done on employee motivation in the health care sector. It engaged 212 doctors. The study found that salary was the greatest motivational factor for doctors followed by job safety, sense of value, working on a growing profession, and job autonomy respectively [27].

Leavitt (2014) worked on the generational differences in work motivation of healthcare workers. They found that 4 of the 5 motivation sources inventory (MSI) had significant differences. The significant differences were seen in intrinsic process, instrumental, self-concept external, and goal internalization. While no significant differences were found for self-concept internal [28].

Kamanzi and Nkosi (2011) found that reward system, having a clear job description, criteria of promotion and career progression, in addition to interpersonal relationships, communication and feedback, decentralized structure, education, training, and professional development opportunities, and salary increase were motivators for nurses at Butare University Teaching Hospital in Rwanda [29].

Songstad (2012) conducted a study in low-income context in Tanzania. The marked financial dimensions of the working conditions were of great importance. Moreover, recognition of performance, transparency at workplace, improving working conditions in terms of salary level, resources, pension scheme, work security, and having a good performance appraisal system were marked as motivators [13].

A study about determinants and consequences of health worker motivation in hospitals in Jordan and Georgia (2004) suggests that salary increase should be supported by good performance management in order to provide a better quality of care and a better organizational performance. Self-efficacy, pride, management openness, job properties, and values were mutual critical determinants for motivation in this study that was held in Georgia and Jordan, although there are great cultural and socioeconomic environments in those two countries. Some motivators such as allowances and financial incentives can be temporal and fades away with time due to the reality of becoming of the general benefit package [30].

A study in Iran (2015) cited good management, supervisors and managers' support, fair treatment from supervisors and managers, good relationship with colleagues, and job security as the main motivating factors for health workers. On the other side, unfair treatment, poor

management, lack of appreciation, and subjective performance appraisal were the main demotivators [31].

Getting more training, stable job and income, and love for the work itself were identified motivators in a study in Vietnam (2003), while no updated information, heavy workload without plan, and lack of knowledge were identified demotivators [18].

Mathauer and Imhoff (2006) marked that health care workers in Kenya and Benin are strongly guided by their professional conscience and other aspects related to professional ethos. A major demotivator is that they appear frustrated and demotivated due to their inability to satisfy their professional conscience that is because of the lack of means and supplies and the absence of an adequate and appropriate HRM tool. There was a noticed misunderstanding by the majority in Benin of the meaning of motivation where it was limited to incentives and rewards and not as a state of mind [32].

A study in Africa (2006) found that salaries and incentives were important but still recognition, responsibility, and training were major motivators and any improvements and gains in these would improve the health worker's performance [33].

#### **2.4 Local studies of motivation**

In Palestine, most researches and studies were carried out on workers' satisfaction. Motivation was ignored except from a rare number of researches.

The importance of motivation for the Palestinian society and its organization:

1. All resources are scarce and limited making human resources as the most valuable.
2. It improves the level of efficiency of employees.
3. Leads to the achievement of organizational goals.
4. Increased productivity and higher quality outputs.

Shaheen (2009) studied differences in motivation determinants and levels among nurses and physicians in three East Jerusalem Hospitals. The study found that the educational level and individual work have significant motivational differences. Most of the respondents showed more satisfaction with locus of control and self-efficacy. Moreover, significant differences were apparent between educational level and perceived contextual factors (job feedback, resources, availability, management openness, and rewards). The differences in salaries were prominent with locus of control and self-efficacy. Health workers with higher salaries were more satisfied [34].

Shaheen's study is still different from the current study in the following:

1. This is the first study to compare governmental and non-governmental hospitals.
2. It is the first in the West Bank.
3. Sample size is bigger.
4. Questionnaires were direct and included all motivational factors.
5. The current study has included all healthcare workers that have direct contact with patients while Shaheen's study has included physicians and nurses only.
6. All hospitals included in the study have almost the same departments.

7. This study gives an idea about the health workers' rights in the Palestinian Occupied Territory as Jerusalem is under the Israeli power; where Jerusalem hospitals have different working rules, different minimum wages and much better employee rights.

## **2.5 Summary**

This chapter went into details in the most important theoretical and experimental studies about motivational factors. It included the most critical theories of motivation and their relevant studies that defined motivational determinants and their effects on the level of health care workers' motivation. According to this literature review and other studies, the questionnaire was designed and used.

## **Chapter 3**

### **Conceptual Framework**

#### **3.1 Introduction**

This chapter describes the conceptual framework of the study. It was self-developed after doing the literature review of the theoretical background and studies done before. This chapter includes various definitions of motivation and motivational factors. Accordingly, variables were selected and defined as dependent and independent.

#### **3.2 Motivation and its definitions**

According to Webster's New Collegiate Dictionary, a motive is "*something (a need or desire) that causes a person to act*". "*Motive, in turn, means "to provide with a motive,"* and motivation is defined as "*the act or process of motivating*". Therefore, motivation is the reason of an individual's action that resulted from an act or a process presenting an intention [10].

Knafer, Chen and Pritchard (2008) confirmed that "*work motivation is a psychological process that influences how personal effort and resources are allocated to action pertaining to work, including the duration, intensity, and persistence of these actions*" [28].

According to Nnabuife (2009), motivation is the internal or external leading powers that result in the desire to achieve action to a conclusive end [42].

McShane & Von Glinow (2000) describe motivation as the power found inside an individual that has a role on his or her direction, intensity, and firmness of voluntary behavior [11].

This study implies that motivation is defined as the reason of an individual's action that resulted from an act or a process presenting an intention.

### **3.3 Factors having an effect on motivation**

Smith (1994) stated that motivated employees are needed for survival. They are important for the survival of the organization and to increase its productivity, especially with the rapidly changing workplaces. Performance of employees is related directly to their motivational factors where managers require having a good understanding of what motivates employees within the context of the roles they carry out [35].

According to Herzberg (1966), motivation can be summarized in his Two-Factor theory that included the hygiene factors or the maintenance factors, and the motivational factors or satisfiers factors. Hygiene factors include: organizational policy and administration, technical supervision, interpersonal relations with supervisors, interpersonal relations with peers and subordinates, salary, job security, personal life, work conditions, and status. While motivational factors include: achievements, recognition, advancement, work itself, the possibility of growth, and responsibility [22].

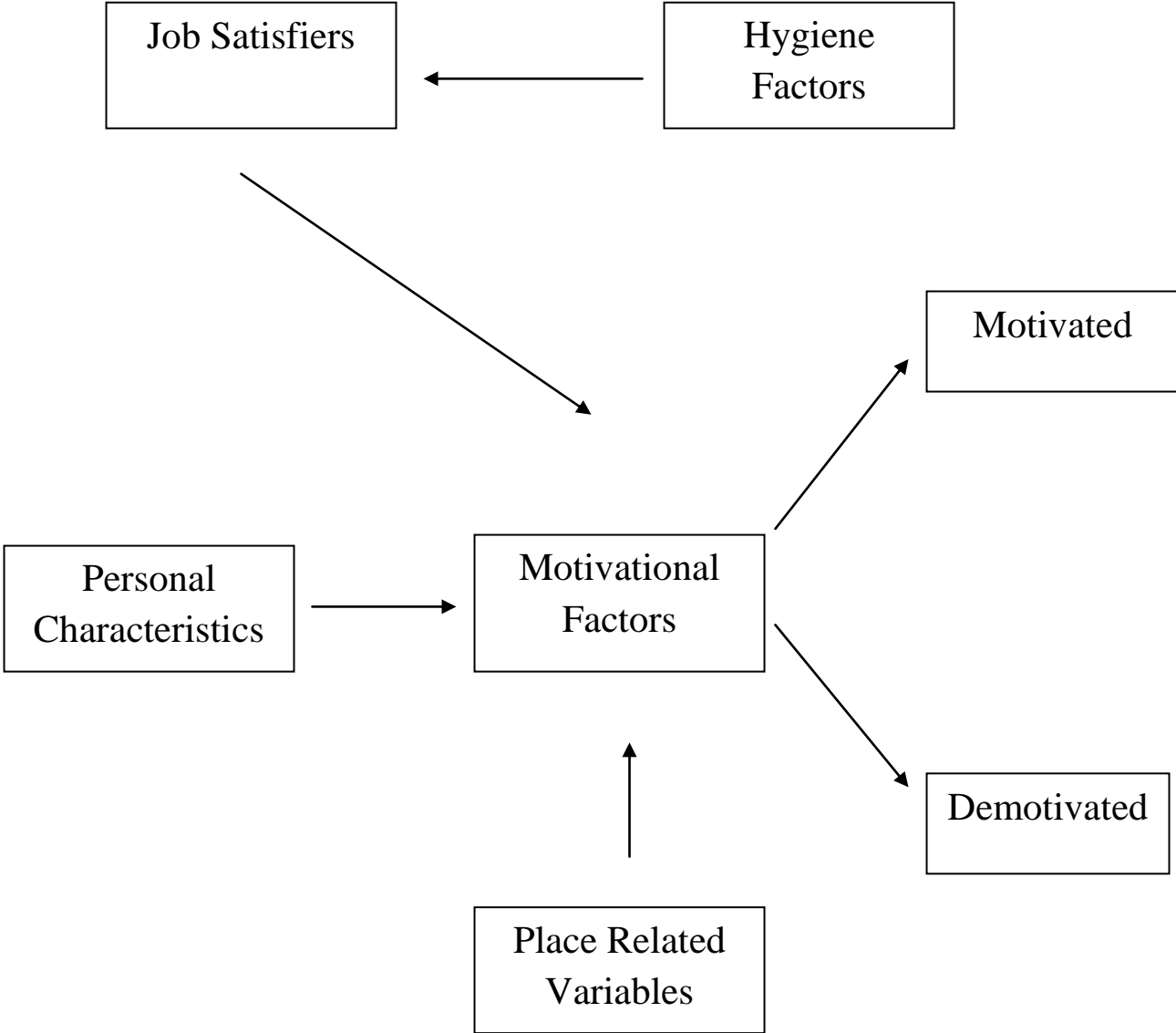
Employee motivational factors from previous researches and literature were summarized by Safiullah (2015) in table (3.1) [35]:



**Table (3.1): The motivational factors and their sources from literature review**

Study variables	Source
Salary and other financial incentives	Herrzberg et al. (1959), Linder (1998), Ölçer (2005), Hossain & Hossain (2011)
Opportunities for career growth and development	Herrzberg et al. (1959), Linder (1998), Hossain & Hossain (2011)
Feeling of team spirit and cooperation among coworkers and supervisors	Herrzberg et al. (1959), Linder (1998), Ölçer (2005)
Feeling that their work is valued and appreciated/ Formal recognition	Herrzberg et al. (1959), Linder (1998), Hossain & Hossain (2011)
Challenging and interesting work	Herrzberg et al. (1959), Linder (1998), Hossain & Hossain (2011)
Job security	Herrzberg et al. (1959), Linder (1998), Ölçer (2005), Hossain & Hossain (2011)
Good working environment	Herrzberg et al. (1959), Linder (1998), Ölçer (2005)
Flexible working hours	Hossain & Hossain (2011)

Based on these findings, the conceptual framework of the study was formed and Herzberg's theory was found suitable for the current study (Figure (3.1)):



**Figure (3.1): The conceptual framework of our study.**

### **3.4 Study variables**

Study variables of this study were divided into two categories; independent and dependent variables:

Independent variables:

- Age.
- Gender
- Level of education.
- Working years at the same hospital.
- Marital status.
- Educational level.
- Type of hospital (Governmental or non-governmental).

Dependent variables:

- Motivation for choosing work place.
- Motivation to do work properly.
- Overall motivation.

### **3.5 Summary**

This chapter has shown the conceptual framework of the study which was developed based on existing researches. Accordingly, study variables and clear definitions of motivation and its factors were identified and selected.

## **Chapter 4**

### **Methodology**

#### **4.1 Introduction**

This chapter is a complete description of the study design, the instrument used and its validity and reliability, the study population and the sample size, and the criteria used in choosing the sample. Moreover, it gives a complete explanation of the steps undergone to perform the study which included: the ethical consideration to start the study, pilot testing, and the method of data collection and its processing.

#### **4.2 Study design**

A cross-sectional quantitative descriptive study design was used to assess the motivational factors' differences among healthcare workers. Cross-sectional designs are used to get information about a certain topic at one time point or over a short period of time. This design is characterized by its relatively inexpensiveness, easiness to conduct and manage, and its little time needed for its application. On the other hand, possible disadvantages can be characterized by causal inference and being inappropriate to provide information over a period of time [36].

### 4.3 Sampling methodology

Severe budget constraints necessitate that the selection of hospitals was limited to two areas in the South of the West Bank/Palestine. The study was done in two cities; Hebron and Bethlehem. Two governmental and two non-governmental hospitals were participated in the study. The study was conducted in four hospitals with at least 50 beds. We got permissions from hospitals to mention their names. Beit Jala Governmental Hospital and Bethlehem Arab Society for Rehabilitation were from Bethlehem. Al-Ahli Hospital and Alia Governmental Hospital were from Hebron. The survey was conducted at hospitals that have similar specializations. A comparison of the motivational factors' differences was held based on age, sex, education, years of work, type of hospital, work department, and the working area. For the purpose of the current study, all healthcare staff that had direct interaction with patients (physicians, nurses, clinical staff, pharmacists, radiology, and laboratory staff) was targeted. Table (4.1) shows in details the numbers of healthcare workers in each hospital.

**Table 4.1: Name of hospital and number of its healthcare workers**

Hospital Name	Number of Healthcare Workers
<b>Beit-Jala Governmental Hospital</b>	277
<b>Bethlehem Arab Society for Rehabilitation</b>	120
<b>Al-Ahli Hospital</b>	358
<b>Alia Governmental Hospital</b>	424
Total: 1179	

To calculate our representative sample, we used a sample size calculator. The sample size calculator used was found on the following website:

<http://www.raosoft.com/samplesize.html>. This calculation is based on the normal distribution and assumes having more than 30 samples. The above equations are used in the calculation process. The sample size (r) and margin of error (E) are given by:

$$\begin{aligned}x &= Z^{(c/100)^2} r(100-r) \\n &= N^x / ((N-1)E^2 + x) \\E &= \text{Sqrt}[(N-n)x / n(N-1)]\end{aligned}$$

Where (N) is the population size, (r) is the fraction of responses that you are interested in, and Z(c/100) is the critical value for the confidence level (c).

The calculator identified 290 as representative sample for our study.

In order to have a representative sample number (290), a bigger number of questionnaires were distributed. The distribution of the questionnaires depended on the weight of each hospital according to its number of healthcare worker. Beit Jala Governmental Hospital should have 68 questionnaires (23.5%), Bethlehem Arab Society for Rehabilitation should have 30 questionnaires (10.3%), Al-Ahli Hospital should have 88 questionnaires (30.3%), and Alia Governmental Hospital should have 104 questionnaires (35.9%). The total questionnaires distributed were 490.

The exclusion criteria for our sample were:

- Employees with experience less than 1 year.
- Employees with dual practice in any of the hospitals that are participating in the study.

The exclusion criteria for the filled in questionnaires were:

- No entire section completed.
- Fewer than half of the items answered.
- Answering all items with the same answer.

#### **4.4 Permission and ethical consideration**

A formal consent letter was obtained from the school of Public Health at Al-Quds University to ask for permission to conduct the study. A copy of this letter was sent to the Ministry of Health and the general manager of governmental hospitals in Ramallah. Other copies were sent to hospitals directors, either governmental or non-governmental, in order to facilitate the researcher's work and to distribute the questionnaires during the data collection period. A positive response was achieved. The participating hospitals in the study were informed about the purpose of the study and of its confidential nature. The participants were informed about the purpose of the study and that the information they provide will be used for academic purposes only (the institution will not be able to reach the information provided). Consent forms were taken from participants.

#### **4.5 Instrument of the study**

To carry out this assessment; the most important motivational factors were identified through the literature review [31] [32] [41]. Then, a questionnaire was designed and validated by the research team. Face validity was done before the distribution of the questionnaire.

The questionnaire contained demographic data about the participant and questions on motivational factors like salary, job security, working environment, co-workers, training, empowerment, recognition and reward, management, and education and continuous education. All questions in the questionnaire were closed-ended questions. The study factors were measured using a 5-point Likert scale format (5= most important, 4= more important,

3= important, 2= somehow important, 1= least important). Moreover, two overall motivational outcomes were calculated from the study data for choosing work place and to do work properly.

Motivational factors were identified throughout several studies and it was categorized in 18 factors as follow: salary/pay, work itself, supervision and management, recognition, reward and appreciation, helping people, close to my home, family member working at the same place, opportunities for growth, inability to find other work, knowing new people and widening the knowledge in the different working systems, ability to share creativity and leadership, specific job description, continuous education, training and professional development opportunities, working according to own principles and ethics, full-time or part-time positions, benefits and allowances, and decentralized or centralized systems.

#### **4.6 Validity and reliability**

Reliability is concerned with the ability of an instrument to measure consistently. This consistency can be referred to as internal consistency; which is concerned with the interrelatedness of a sample of test items. Internal consistency of a test or a scale is measure by Cronbach alpha coefficient; where it is expressed as a number between 0 and 1. The acceptable values of alpha range from 0.7 to 0.95 according to different reports [37]. The Cronbach alpha coefficient was calculated for this study instrument and found as equal to 0.922.

Face validity was obtained by engaging five experts from hospitals and universities to conduct an initial review and signoff for the survey. According to their recommendations, modifications were done. The original English version of the questionnaire was translated to



Arabic by bilingual translator. Different bilingual translator re-translated the Arabic version to English. When comparing our translated English version with the original one, both questionnaires (Arabic and English) had almost the same meanings.

#### **4.7 Pilot testing**

To test the clarity of the tool and the feasibility of data collection, pilot study was conducted on the questionnaire. Ten healthcare workers from Beit Jala Governmental Hospital participated in the pilot study. Those were excluded from the analysis. The pilot testing took place in April 2015. Language modifications were made accordingly and the questionnaire was reliable using Chronbach's coefficient alpha equation with a result of 0.922.

#### **4.8 Data collection**

A paper version of the questionnaire was distributed via the research team in hospitals. The research team consisted of a nurse or two, a doctor, a medical technologist and a radiologist. This team was selected from those who work different shifts in the hospital so that they will be able to cover the maximum number of healthcare workers in each hospital. They were trained by the researcher to guarantee that they don't get engaged or affect the participants' choices when filling in the questionnaire. Moreover, they were trained how to answer the participants' questions. The research team didn't fill in the questionnaire. Every hospital had a team. They were responsible for the distribution and collection of the questionnaires. In addition they were responsible for answering any questions regarding the questionnaire. Participants were informed about the purpose of the study and that their participation will be

anonymous, voluntarily, and confidential. Moreover, contact point was appointed in each department to have one control source of assistance in case they had questions or concerns about the survey. To encourage participation and honesty, respondents were instructed to return their questionnaires directly to the survey drop-off locations within the hospital where closed boxes were put outside the manager's office of each department. The collected database was managed by an academic institution and it wasn't accessible by the hospital itself. The data collection process took place in the period of June 2015 till October 2015. Ethical approvals were obtained to carry out this study from the MOH and hospital administrators.

#### **4.9 Data analysis**

SPSS version 16 was used for processing and analyzing the data. Those factors were measured using a 5-point Likert scale format (5= most important, 4= more important, 3= important, 2= somehow important, 1= least important).

Descriptive analysis was used to identify mean averages. Inferential statistics was used as well in order to detect statistical significance between variables where the analysis of variance (ANOVA) for more than two groups was used. To detect differences between two groups, -t-test was used.

In order to detect the relationship between the variables, the total degree of motivational factors was calculated. This calculation is done by summing up all the questions regarding the problem and then dividing them on the number of items.

Total degree =  $\text{Sum}(q_1, q_2, q_3, q_4, q_5, \dots) / \text{number of questions}$  [38].

#### **4.10 Data Cleaning**

Four hundred and ninety questionnaires were distributed where 297 were eligible to be accepted for further analysis. Three Hundred and forty nine questionnaires were returned with a response rate of 71% where 52 questionnaires were rejected based on the study exclusion and inclusion criteria.

#### **4.11 Summary**

This chapter has provided a summary of the methodology used in this study. It covered the study design, the instrument, the sample size and population, pilot testing, data collection process, data cleaning, the reliability of the study, and data analysis procedure.

## **Chapter 5**

### **Results**

#### **5.1 Introduction**

Statistical Packages for Social Sciences (SPSS) was used for the data analysis process. Data normality was tested using Shapiro-Wilk test. The test presented that our dataset variables were normally distributed, therefore we used parametric tests. Descriptive univariate analysis was used to present study characteristics. Pearson correlation coefficient was calculated to measure the strength of association between variables. Analysis of variance (ANOVA) was used; independent t-test was used to determine whether there are any significant differences among groups in relation to the selected independent variables with our selected motivational factors.

#### **5.2 Demographic data and characteristics of the sample**

To get the representative sample (290 healthcare professionals) we need, we distributed 490 questionnaires, 297 were completely returned. Bethlehem Arab Society for Rehabilitation got 90 questionnaires, while Beit Jala Governmental Hospital got 110. On the other hand, Al-Ahli Hospital and Alia Governmental Hospital got 130 and 160 questionnaires, respectively. The response rate of our sample was 71%. Two hundred ninety seven completed questionnaires were returned from the four chosen hospitals in Bethlehem and Hebron; where 18.18% were from Bethlehem Arab Society for Rehabilitation, 33% from Beit Jala

Governmental Hospital, 20.2% from Al-Ahli Hospital, and 28.62% from Alia Governmental Hospital.

The sample has 58.58% males and 40.74% females. The majority of our respondents were from the age group 20-29 (41.08%). 28.28% were from the age group 30-39, 10.44% were from the age group 40-49, and 4.38% were 50 and above. The majority were married (70.03%), 27.27% were single, 1.01% were divorced, and 1.35% were separated.

Investigating the unit or work place where healthcare workers do their job, showed that 17.51% worked in medical (non-surgical) units, 14.14% in obstetrics units, 9.76% in ICU, 8.75% in laboratory, 8.42% worked in many different units/no specific units. Table 5.1 presents the distribution of other units.

**Table 5.1: Distribution of healthcare workers in hospitals' different units.**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Working area/unit</b>		
<b>Many different units</b>	25	8.42
<b>Medical (non-surgical)</b>	52	17.51
<b>Obstetrics</b>	42	14.14
<b>Emergency department</b>	19	6.40
<b>ICU</b>	29	9.76
<b>Rehabilitation and physiotherapy</b>	12	4.04
<b>Pharmacy</b>	7	2.36
<b>Laboratory</b>	26	8.75
<b>Radiology</b>	17	5.72
<b>Anesthesiology</b>	4	1.35
<b>Others</b>	63	21.21
<b>Missing</b>	1	0.34

The majority of the respondents were Bachelor degree holders (59.26%). 27.61% of respondents had a diploma degree, 5.39% had high diploma, 6.73% were with masters'

degree. And only 0.34% had other degrees of education. Nearly 60% of the sample were nurses, 16.84% doctors, 9.76% medical technologists, 5.05% radiologists, and 1.01% physiotherapists, whereas 7.07% other positions.

Healthcare workers working in governmental hospitals were 58.25%, while those working in non-governmental hospitals were 41.41%. Of all respondents, 95.25% had a full-time position. 47.14% of the respondents had an experience of 1-5 years in their profession, 16.16% had 6-10 years, and 36.69% had an experience of more than 10 years.

The majority was working at the same hospital for 1-5 years (56.9%).26.26% had an experience of more than 10 years in the same hospital. Follow table 5.2 for further information.

**Table 5.2: Work period (years) and its frequency for healthcare workers at the same hospital.**

Variable	Frequency	Percentage (%)
<b>Working period at the same hospital</b>		
1-5 years	169	56.90
6-10 years	48	16.16
More than 10 years	78	26.26
Missing	2	0.68

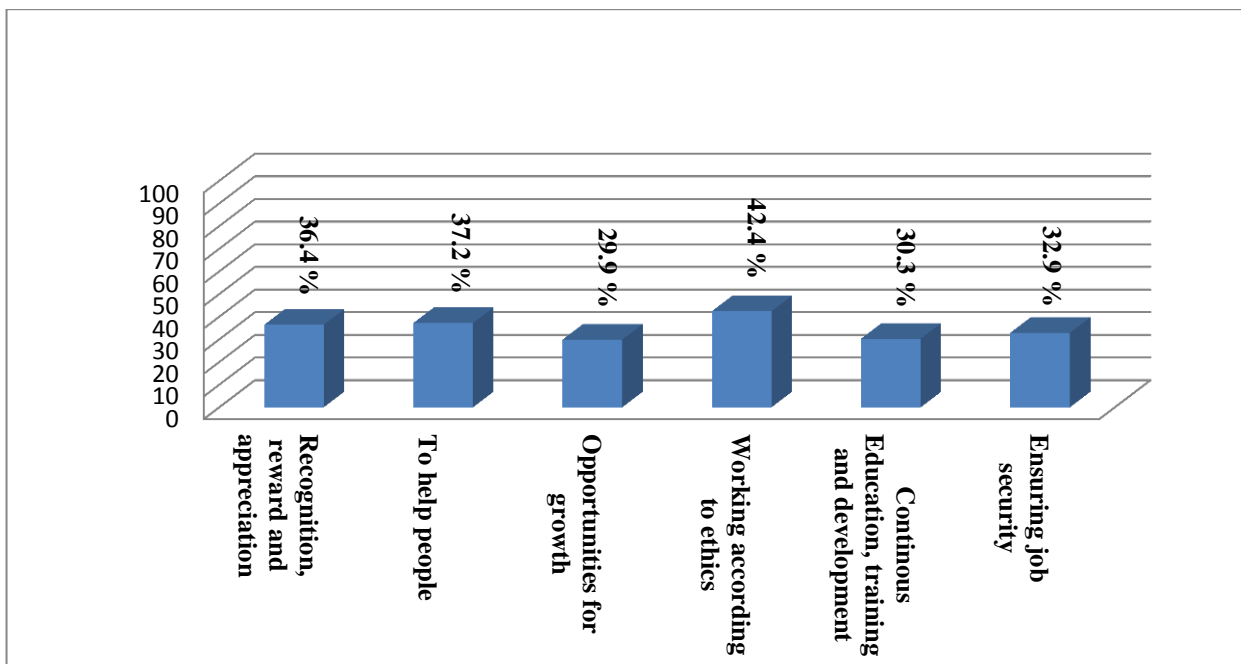
### 5.3 Healthcare workers' motivational factors

The following section will provide us with the motivational factors for choosing work place in Palestinian sample.

### 5.3.1 Motivational factors affecting healthcare workers

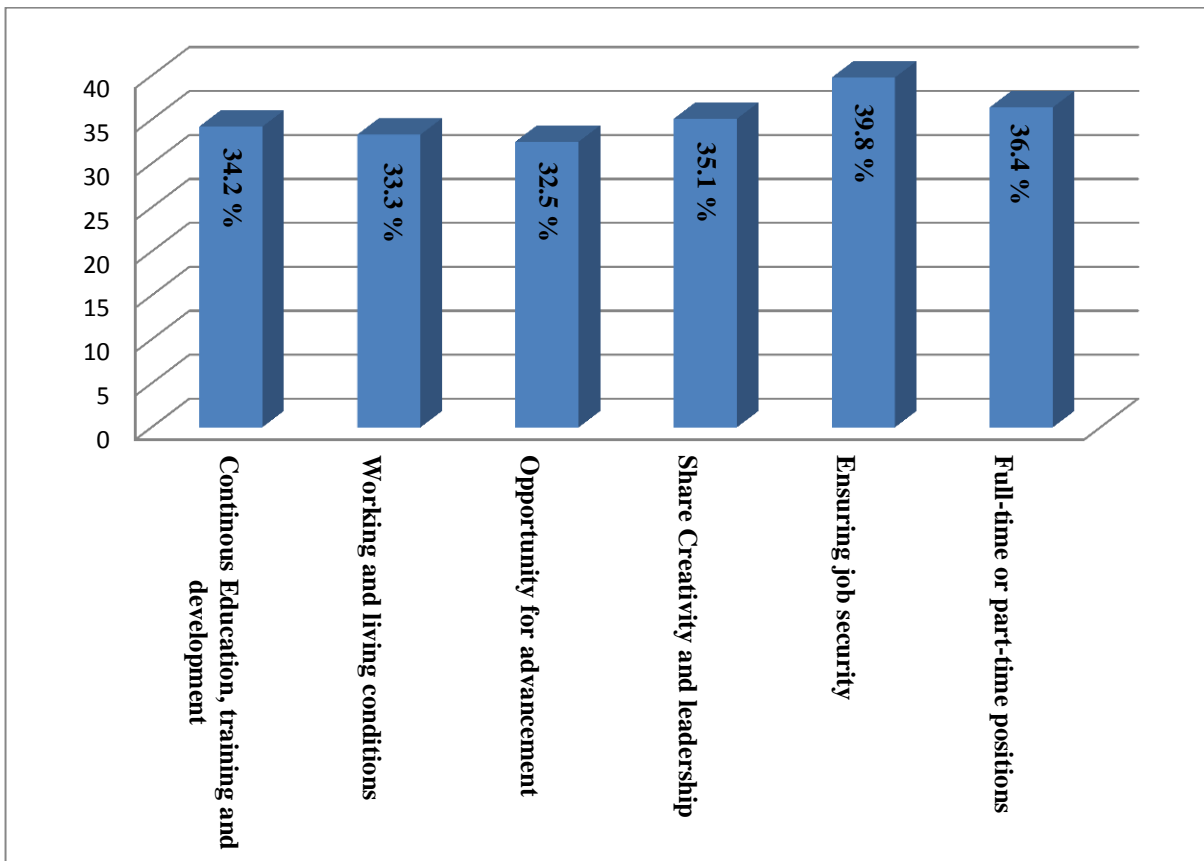
Two assessments were done to measure factors affecting healthcare workers in Palestine. The first, investigating the motivational factors for choosing work. The second, investigating the motivational factors to do work properly. Regarding the first investigation, we found that working according to the own principles and ethics was considered as the most important factor (42%). Chart 5.1 shows the most important motivational factors for choosing work place. The results of other variables can be followed in appendix 1.

**Figure (5.1): The most important motivational factors for choosing work place.**



With regards to the second investigation about the motivational factors to do work properly, ensuring job security was the highest factor to do work properly (40%). Chart 5.2 shows the results of these most important motivational factors. The results of other variables can be followed in appendix 2.

**Figure (4.2): The most important motivational factors to do work properly.**



To assess the strength of linear association between variables and the overall score of motivational factors, Pearson correlation ( $r$ ) was used. All variables were correlated to the total degree ( $P < 0.01$ ). Table 5.3 shows these results.

**Table 2.3: Pearson correlation between study variables and the total degree of motivational factors by the medical staff**

Variable	Value ( $r$ )	Significant value
- Salary/Pay	.444**	.000
- Work itself (interesting job)	.503**	.000
- Supervision and management	.539**	.000
- Recognition, reward and appreciation	.562**	.000



- To help people	.455**	.000
- Close to my home	.336**	.000
- My friends work here	.401**	.000
- Somebody from my family works here	.278**	.000
- Opportunities for growth	.578**	.000
- I couldn't find any other job	.297**	.000
- Nothing motivates me to work here	.249**	.000
- Knowing new people and widening the knowledge in the different working systems	.473**	.000
- Specific job description	.607**	.000
- Working according to my own principles and ethics	.532**	.000
- Continuous education, trainings, and professional development opportunities	.667**	.000
- Ability to share creativity and leadership	.661**	.000
- Ensuring job security	.569**	.000
- Full-time or part-time positions	.473**	.000
- Wages/ Salary	.445**	.000
- Continuous education, trainings, and professional development opportunities	.615**	.000
- Working and living conditions	.583**	.000
- Benefits and allowances (incentives)	.616**	.000
- Social recognition	.573**	.000
- Job description and the criteria for promotion and career progression (Opportunity for advancement)	.631**	.000
- Reward system	.633**	.000
- Supervision and management	.562**	.000

- Decentralized structure (If present)	.516**	.000
- Interpersonal relations, communication, and feedback	.625**	.000
- Co-workers	.518**	.000
- Flexible hours (Shift system)	.634**	.000
- Knowing new people and widening the knowledge in the different working systems	.583**	.000
- Ability to share creativity and leadership	.613**	.000
- Working according to my own principles and ethics	.556**	.000
- Ensuring job security	.522**	.000
- Full-time or part-time positions	.544**	.000
- I enjoy my job	.463**	.000

**\*\*.** Correlation is significant at the 0.01 level (2-tailed).

### **5.3.2 The relationship between the motivational factors and demographic characteristics**

As we mentioned before, the study consists of two overall outcomes; the motivational factors for choosing work place and the motivational factors to do work properly. This section explores the correlation between the overall outcomes and demographic characteristics. No significant correlations were found between age, gender, marital status, departments and the two overall score of motivational factors. Table 5.4 presents more details on these results.

**Table 5.4: Mean differences of dependent variables between independent variables: tests used and results**

Independent variables	Dependent variables				
	Test	The overall motivational factors affecting the choice of where to work		The overall motivational factors to do their work properly	
		Test value	Significant value	Test value	Significant value
<b>Gender</b>	T-test	-.645	.519	.755	.451
<b>Age</b>	ANOVA	2.207	.089	1.451	.229
<b>Marital status</b>	ANOVA	1.575	.196	.537	.658
<b>Department</b>	ANOVA	.796	.633	1.340	.211
<b>Level of education</b>	ANOVA	.644	.632	.384	.820
<b>Job title</b>	ANOVA	1.836	.107	1.233	.295
<b>Employment status (full-time or part-time positions)</b>	T-test	-.020	.984	.822	.412
<b>Duration of work in the same hospital</b>	ANOVA	.930	.426	.495	.686

### 5.3.3 Place of work and motivational factors

On average participants experienced significantly greater motivational factors for choosing work place to non-governmental hospitals ( $M=3.28$ ,  $SE=0.07$ ) than to governmental hospitals ( $M=3.09$ ,  $SE=0.04$ ),  $t(294)= -2.38$ ,  $P<0.05$ . The results can be seen in table 5.5 below.

However, there was no significant relationship between the motivational factors to do work properly and hospital type.

**Table 5.5: T-test results for “place of work” and the overall motivational factors for the two outcomes.**

Field	Place of Work	Number	Mean	Standard deviation	Standard error	Degree of freedom	T-test	Significant Value
Motivational factors affecting choice of where to work	Governmental Hospital	173	3.0910	.66366	.04920	294	-2.384	.004
	Non Governmental Hospital	123	3.2821	.54505	.07036			
Motivational factors to do work properly	Governmental Hospital	173	3.4362	.69163	.05296	294	-2.169	.179
	Non Governmental Hospital	123	3.6315	.62735	.05722			

### 5.3.4 Employment status and overall motivational factors

On average participants experienced no significant relationship between motivational factors and employment status. Full-time for choosing work place (M=3.14, SE=0.043), while part-time (M=3.14, SE=0.208) with  $t(285)=-0.020$ ,  $P<0.05$  for both. On the other hand, full-time to do work properly (M=3.50, SE=0.041), while part-time (M=3.35, SE=0.163),  $t(285)=0.822$ ,  $P<0.05$  for both.

### 5.3.5 Duration of work and overall motivational factors

The null hypothesis suggests that there are no significant differences between the means of the motivational factors for choosing work place and for doing work properly with comparison to duration of work. ANOVA test was used to test the null hypothesis; the null hypothesis was accepted regarding doing work properly which means that there is no significant difference between the means. On the other hand, the results reveal the rejection of the null hypothesis for choosing work place which means that there is a significant difference between the means of the motivational factors for choosing work place. To detect this difference, Post hoc test (tukey's test) was used. As the sample sizes per groups were equal, tukey's test was used.

There was a significant linear trend,  $F(2,291)=3.97$ ,  $P < .05$ ,  $r = .16$ , indicating that the staff who has been working 1 – 5 years has higher motivational factors than those who has been working for more than 10 years. Table 5.6 shows the ANOVA test results for the duration of work in the job and the two total degrees of motivational factors.

**Table 5.6: ANOVA test results for the duration of work in the job and the overall scores of the motivational factors.**

	Variance	Degree of freedom	Sum of squares	Mean square	Value of (F)	Significant value
<b>Motivational factors affecting choice of where to work</b>	<b>Between Groups</b>	2	3.070	1.535	3.973	.020
	<b>Within Group</b>	291	112.427	.386		
	<b>Total</b>	293	115.497			

<b>Motivational factors to do work properly</b>	<b>Between Groups</b>	2	1.749	.874	1.955	.143
	<b>Within Group</b>	291	130.145	.447		
	<b>Total</b>	293	131.894			

### 5.3.6 Satisfaction and overall motivational factors

The majority of our respondents were satisfied about their job (82.49%). On average participants experienced no significant relationships between satisfaction and motivational factor for choosing work place or to do work properly. Satisfaction for choosing work place was (M=3.17, SE=0.04), while un-satisfaction was (M=2.99, SE=0.10). On the other hand, satisfaction to do work properly was (M=3.52, SE=0.04), while un-satisfaction was (M=3.38, SE=0.10).

### 5.3.7 Manager motivation and overall motivational factors

34.68% of the participants reported that their employer motivate them, while 34.01% and 30.97% identified that the employer either can't motivate them or not really can, respectively. Table 5.7 shows the results of ANOVA test for mean differences between manager motivation types and the total degree of motivational factors variables.

**Table 5.7: ANOVA test for mean differences between manager motivation to do work properly and the total degree of the motivational factors.**

	Variance	Degree of freedom	Sum of squares	Mean square	Value of (F)	Significant value
<b>Motivational factors to do work properly</b>	<b>Between Groups</b>	2	2.671	1.336	3.010	.051
	<b>Within Group</b>	293	130.034	.444		
	<b>Total</b>	295	132.705			

No significant relationship was found between the motivational factors to do their work properly.

#### **5.4 Summary**

This chapter has shown the full results of the study that was developed using a valid and reliable questionnaire. The results answered the study questions by presenting the full details on each question.

## **Chapter 6**

### **Discussion**

#### **6.1 Introduction**

This is the first study according to researcher's knowledge in Palestine to discuss motivational factors' differences between healthcare workers from governmental and non-governmental hospitals. Our study provides some insightful understanding of motivational factors for healthcare workers in this specific context.

Recognition of motivational factors and their differences between healthcare workers between governmental and non-governmental hospitals were the main purposes of our study. Disparities exist among healthcare workers working in governmental and non-governmental hospitals and their motivational factors. This study can also be a key for further studies and researches.

The study included all healthcare workers having direct contact with patients in four main hospitals in Bethlehem and Hebron. Those hospitals were: Beit Jala Governmental Hospital, Bethlehem Arab Society for Rehabilitation, Al-Ahli Hospital, and Alia Governmental Hospital. A weighted sample was calculated for participated hospitals. Beit Jala Governmental Hospital was planned to have 23.5% of our sample while the real response rate was 33%. Bethlehem Arab Society for Rehabilitation calculated sample was 10.3% while the



real response rate was 18.18%. This shows that the healthcare workers in Bethlehem were cooperating better than expected.

On the other hand, the calculated sample for Al-Ahli and Alia Governmental Hospitals was 30.3% and 35.9%, respectively. The real response rates were 20.2% from Al-Ahli Hospital and 28.62% from Alia Governmental Hospital. According to the research team, these low percentages were due to their work load and staff shortage. Staffing shortage and workload can be an important factor that causes healthcare workers to have less motivation towards doing their work.

Nursing has the major workforce in any hospital. They usually form more than half of the staff. In our study, 60% of respondents were nurses which represent almost the real nursing staff population at hospitals. Doctors were the second biggest participants (16.84%). 9.76% were medical technologists, 5.05% were radiologists, 1.01% was physiotherapists, and 7.07% were from other positions. This variation of healthcare workers' positions gives the idea that all positions were included in the study. It reflects almost the real percentages of staff positions at these hospitals. The Palestinian MOH in its annual report of 2014, found that nurses account for 45.6% of all healthcare staff, doctors (general and specialist) for 19.4% and paramedical for 24.2% [43].

## **6.2 Healthcare workers' motivational factors**

The study was done taking two dimensions; (1) motivational factors affecting healthcare workers' choice of work place, and (2) motivational factors to do work properly.

### **6.2.1 Motivational factors affecting healthcare workers' choice**

According to our results working according to the own principles and ethics, helping people, recognition, reward, and appreciation, ensuring job security, continuous education, training, and professional development, and opportunities for growth were the most important motivational factors affecting the healthcare workers' choice where to work.

Working according to the own principles and ethics and helping people were the first and second most important motivational factors, respectively. Our results were similar to other studies conducted in other healthcare setting. In a systematic review of the role of non-financial incentives and human resource management tools on health workers motivation in Africa [32], the important role of principles and ethics was highlighted. The study provided views from healthcare workers who showed that vocation, professional conscience, and healing people are the greatest reasons why they stay in function despite the decreased motivation [32]. The main factors that may have contributed to our results are that healthcare workers have positive attitudes towards being a collectivist society (societal factors) that gives too much concern to its religion and its religious views. It proves that people are led and guided by their religion having it as a reference for their thoughts and actions.

The third and fourth most important factors for our healthcare workers were (3) recognition, reward, and appreciation and (4) ensuring job security, respectively. Many authors of previous studies highlighted the key role of these two factors. Evidence suggests that reward now lead to satisfaction that affects the performance of the employee directly [39]. Recognition, responsibility, and appreciation are major motivators that can do great

improvements on performance [33]. Wiley (1997) showed that job security is significantly important to employees [40]. A study conducted by Songstad (2012) in Tanzania marked that the lack of recognition can lead the employees to the experience of not feeling important for their workplace. Dieleman (2006) conducted a study in Mali. He showed that “*feeling responsible*” had the highest score factor that is motivating healthcare workers meaning that keeping your employee’s efforts recognized can make them feel more responsible which leads to a better quality services [33]. Moreover, Songstad (2012) had marked work security, having a good performance appraisal system and recognition of performance as motivators [13]. Kamanzi and Nkosi (2011) found in Rwanda that reward system was a motivator for nurses [29]. Job safety was marked as the second most important motivational factor while sense of value was marked as important in a study conducted on doctors in Macedonia [27]. Moreover, lack of appreciation was marked as a main demotivator in a study conducted in Iran [31].

Continuous education, trainings, professional development opportunities and opportunities for growth were ranked as the fifth and sixth most important motivational factors affecting healthcare workers’ choice. Evidence suggests that a very important factor for maintaining and increasing motivation is “*developing career prospects and providing perspectives for training*” VanLerberghe et al [13]. Kamanzi and Nkosi (2011) found that education, training, and professional development opportunities were important motivators for nurses [29]. Moreover, Dieleman (2003) identified getting more training as a motivator in Vietnam, while no up-to-date information and lack of knowledge were identified as demotivators [18]. Dieleman (2006) found that training was a major motivator for a better performance [33].

Salary/pay wasn't classified as one of the most important motivational factors by respondents. This fact can match with Herzberg's two-factor theory that classified salary as a hygiene factor and not a motivating factor. A study conducted in Iran (2015) ranked salary as the 15<sup>th</sup> out of 17<sup>th</sup> motivational factors [31]. Similarly, healthcare workers of two Indian states ranked good income as the third least important characteristic of an ideal job [31]. However, salary increase was selected an important motivator by nurses in Rwanda [29]. Locally, Shaheen (2009) found that salary and salary levels in East Jerusalem have great effect on motivational factors [34]. A possible reason is that East Jerusalem hospitals are under the Israeli authorities and their working laws are the ones applied. The minimum wages in the Palestinian hospitals of Jerusalem are much higher in contrast to those in WB. The Israeli laws guarantees better working conditions as well as a good job security system which allows employees to keep the focus on increasing their incomes more than caring for other stuff such as job security and working and living conditions which shows that a comparison between both studies are almost impossible. On the other hand, Palestinian working laws do not guarantee such working conditions. Similarly, Shaheen (2009) found that years of experience affected motivational factors where those who have an experience of more than 17 years were less motivated than employees who had been working less than one year [34]. On the other hand, educational level affected the motivational factors of nurses and physicians as observed by Shaheen, while no significant differences were observed in our study [34]. This can be due to the financial and non-financial incentives employees might be given in East Jerusalem Hospitals while there might be no incentives for the different educational levels in the Palestinian hospitals.

### **6.2.2 Motivational factors needed to do work properly**

Our results highlighted ensuring job security and full- and part-time positions as the first and second most important motivational factors, respectively. Job security was found to becoming more important to the workers due to the high rate at which organization downsizes in recent days [40]. Employees are glad with the assurance that their job is safe and job security is offered as incentives in some organization [40]. Our results supported that it provided evidence on the absence of good job security system in the Palestinian health organizations [42]. As long as double job is prevented by the MOH, a full-time job is always preferred and is of great importance as it was ranked second most important to do work properly. This can affect the employee to do a better performance and enforce the feeling of loyalty for the organization he/she works for.

Shared creativity and leadership was ranked third important motivational factor. The WHO (2006) suggests that health personnel become more motivated when their managers provide them with a clear sense of vision and mission, listen to why they say and make them feel recognized, appreciated and valued no matter their job or position [31]. Building leadership on healthcare is really needed worldwide and especially in Palestine. Most of the hospitals leaders have medical science background. There is need for well-educated leaders with good skills on management to motivate their staff in improving their performance.

Continuous education, trainings and professional development was ranked as the fourth most important motivational factor. The importance of this factor was clarified in previous studies as mentioned previously. There is shortage in training and continues education in Palestinian hospitals. We think that continuous education and training programs should be supported by

good management practices in the organization [31]. This can guarantee a fair and equal distribution of these programs which will help improving the performance and quality of health services. Moreover, it will initiate a condition of competition between employees to perform better in their job which will lead to better development opportunities.

Working and living conditions was ranked as the fifth most important motivational factors. Kamanzi and Nkosi (2011) suggest that improving job description, criteria for promotion and career progression are important actions that can promote nurses' motivation and proved that in the study [29]. Lack of job description was found a demotivator [31]. He mentioned that the lack of a clear job description was found as a barrier to job motivation for Iranian nurses in 2008. Songstad (2012) suggests that "*working conditions is a key factor in ensuring a motivated and well performing staff*" [13]. There is need to prepare clear job description and promotion strategy to enhance better motivation and performance.

### **6.3 The relationship between motivational factors and study variables**

Place of work was found as an independent variable that correlated significantly with motivational factors affecting the healthcare worker's choice of work place. Non-governmental hospitals were identified as a better place that motivated healthcare workers to work in. According to the researcher's knowledge, non-governmental hospitals offer more opportunities for continuous education and further chances for trainings. Also, they give better salaries and have beneficial incentives system that encourages healthcare workers to choose non-governmental hospitals as work place. They provide their staff with motivators to attract and motivate them to do their job in an excellent way.

Our study demonstrated that healthcare workers who have been working 1-5 years in the job have the highest motivational factors. Possible explanation is that when they are still new to their field they have more passion, motivation, and dreams to build a better career. They will be looking for building good skills and experiences in the field to have better opportunities for growth or better working offer. Those who had an experience of more than 10 years had less motivational factors to affect their choice. Stability feeling might be an explanation for those results. However, fresh graduated will be seeking for the best choice to have greater opportunities. Special training courses and motivational strategies should target this group with more than 10 years' experience.

Manager motivation was a significant motivational factor to affect the choice of work place. Those motivated by manager had higher motivational factors than those not motivated. Similarly, good management was highlighted as the most important motivating factor for healthcare workers [31]. Songstad (2012) found that the experience of the unseen improvements in HRM, after introducing performance appraisal in terms of feedback or encouragement and the postponed introduction of the results-based payment system, have caused disappointment and feeling of unfairness in working conditions [13]. Well-educated managers with good skills in management are needed, to motivate their staff in improving their performance.

## **6.4 Recommendations**

The findings of this study highlighted the most important motivational factors needed for healthcare worker to provide good quality of health services. Many interventions are needed to assure better motivation for those who work in health that include:

1. Implementation of legislations regarding working conditions assuring better financial and non-financial incentives.
2. Improvements on HRM and support their practices are very important to ensure motivated and well performed healthcare workers in Palestine.
3. Engagement of healthcare workers in policy and decision making regardless of their position.
4. Having clear job descriptions with clear criteria for promotion and ensure that all workers have the same chances for growth.
5. Offering equal chances of education, training and performance appraisal programs for all healthcare workers regardless of his/her position.
6. Building leadership on healthcare and putting the right person at the right place are needed. There is need for well-educated leaders with good skills on management to motivate and improve staff performance.

## **6.5 Conclusion**

Healthcare systems in low-income countries face great challenges in achieving their main goal of providing good quality in health services. Palestine is one of these countries which has a special case by being the last country in the world that is still under occupation.



Occupation increases the obstacles that Palestinian health system faces. These obstacles can be described in financial and economical problems, shortages of trained healthcare workers and inequitable distribution of healthcare workers. With all given circumstances, motivation of human resources becomes the most vital source for quality of health services.

The study findings brought out some information about the motivational factors affecting choice of work place and factors affecting doing work properly. Motivational variables were tested to detect any significant relationships.

Recognition, rewards and appreciation, helping people, opportunities for growth, working according to the own principles and ethics, continuous education, trainings and professional development opportunities and ensuring job security were the most important motivational factors affecting the healthcare workers' choice of work place. On the other hand, continuous education, trainings and professional development opportunities, working and living conditions, ability to share creativity and leadership, ensuring job security and full and part-time positions were the most important motivational factors needed by healthcare workers to do their work properly.

No significant correlation was identified between motivational factors affecting the choice of work place or to do work properly and gender, age, marital status, department, level of education, job title, employment status and duration of work in the same hospital. On the other hand, place of work and duration of work in the job were significantly correlated with the motivational factors affecting the choice of work place. We argue that direct interventions should be started to improve situations like ensuring job security, offering equal chances for

education and training, improving working conditions, improving employee recognition, rewards and appreciation, and offer opportunities for growth.

This study has shown the importance of motivational factors to healthcare workers. Motivation is important in any context and in any setting, but still of greater importance for low-income countries and those of limited resources. The study's results have found short-listed factors to work on so that our system can provide a better quality services in the presence of all the obstacles mentioned.

### **6.6 Areas for future research**

The study results cleared up some paths for further following research:

1. Further research is required to investigate and relate political effects on motivational factors. This can be done through a qualitative detailed research.
2. Further research on the effect of non-financial motivational factors on the quality of health services.
3. Replication of the study to be more comprehensive and to include other areas of the West Bank. For example; to make a comparison between governmental and non-governmental hospitals in the South and middle of the West Bank and to compare hospitals from the same sector together.

## **6.7 Summary**

This chapter provided a full discussion of the results that was presented in the previous chapter. It has also shown the limitations that faced our study. It provided a conclusion of the study, recommendations and further areas for future researches.

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## Appendixes

Appendix 1: Frequency of motivational factors for choosing work place.

Variable	Least important	Somewhat Important	Important	More important	Most important
- Salary/Pay	5.2	16.0	38.1	16.0	24.7
- Work itself (interesting job)	3.5	18.6	35.1	27.7	15.2
- Supervision and management	14.7	17.7	34.2	19.9	13.4
- Recognition, reward and appreciation	4.8	13.4	18.2	27.3	36.4
- To help people	1.7	5.6	26.4	29.0	37.2
- Close to my home	18.6	26.0	25.5	16.5	13.4
- My friends work here	24.2	29.0	26.4	12.1	8.2
- Somebody from my family works here	60.2	19.9	9.1	6.5	4.3
- Opportunities for growth	9.5	15.2	25.1	20.3	29.9
- I couldn't find any other job	45.0	22.5	17.3	10.4	4.8
- Nothing motivates me to work here	41.1	18.6	22.9	8.2	9.1
- Knowing new people and widening the knowledge in the different working systems	6.9	14.7	40.3	27.7	10.4
- Specific job description	10.8	16.9	33.8	22.1	16.5
- Working according to my own principles and ethics	0.9	3.9	23.8	29.0	42.4
- Continuous education, trainings, and professional development opportunities	5.2	8.7	29.9	26.0	30.3
- Ability to share creativity and leadership	8.7	15.6	28.1	30.3	17.3
- Ensuring job security	7.8	6.9	22.9	29.4	32.9
- Full-time or part-time positions	8.7	8.2	32.9	21.2	29.0

Appendix 2: Frequency of motivational factors to do work properly.

<b>Variable</b>	<b>Least important</b>	<b>Somewhat Important</b>	<b>Important</b>	<b>More important</b>	<b>Most important</b>
- Wage/Salary	8.7	8.2	32.9	21.2	29.0
- Continuous education, trainings, and professional development opportunities	4.3	8.7	30.7	22.1	34.2
- Working and living conditions	2.2	9.5	24.2	33.3	30.7
- Benefits and allowances (incentives)	2.6	8.2	29.9	34.6	24.7
- Social recognition	3.9	10.4	32.9	30.3	22.5
- Job description and criteria for promotion and progression (opportunity for growth)	4.8	11.7	22.9	32.5	28.1
- Reward system	4.8	13.4	32.5	30.3	19.0
- Supervision and management	6.1	8.7	34.2	29.9	21.2
- Decentralized system (if present)	7.8	13.9	38.5	28.1	11.7
- Interpersonal relations, communication, and feedback	15.2	17.3	40.7	20.8	6.1
- Co-workers	5.6	13.4	35.9	31.6	13.4
- Flexible hours (shift system)	5.2	11.7	36.4	29.0	17.7
- Knowing new people and widening the knowledge in the different working systems	7.4	16.5	37.7	23.4	15.2
- Ability to share creativity and leadership	5.6	12.1	34.6	35.1	12.6
- Working according to my own principles and ethics	10.4	12.6	32.0	31.6	13.4
- Ensuring job security	1.7	9.5	19.5	29.4	39.8
- Full-time or part-time positions	1.7	7.4	22.5	32.0	36.4
- I enjoy my job	4.8	11.7	35.9	28.1	19.5

**SECTION 1: Demographic Data and general questions**

**1. Gender:**

- a) Male.
- b) Female.

**2. Age:**

- a) Less than 25 years old.
- b) 25 – 35 years old.
- c) 36-45 years old.
- d) 46 years and above.

**3. Marital Status:**

- 1) Single.
- 2) Married.
- 3) Divorced.
- 4) Widowed.

**4. Which unit (department/ working area) do you work in most (choose one answer only)?**

- 1) Many different hospital units/ no specific unit.
- 2) Medicine (non-surgical).
- 3) Obstetrics.
- 4) Emergency department.
- 5) Intensive care unit (any type).
- 6) Rehabilitation.
- 7) Pharmacy.
- 8) Laboratory.
- 9) Radiology.
- 10) Anesthesiology.
- 11) Other, please specify  
\_\_\_\_\_.

**5. Are you satisfied about your field?**

- 1) Yes.
- 2) No.

**6. Do you feel that your employer can motivate you?**

- 1) Yes.
- 2) Not really.
- 3) No.

## **SECTION 2: Background information**

### **1. Highest degree of education:**

- |                          |              |
|--------------------------|--------------|
| 1) Diploma.              | 2) Bachelor. |
| 3) High diploma.         | 4) Master.   |
| 5) Other, please specify |              |

\_\_\_\_\_.

### **2. Work Position:**

- |                     |                          |
|---------------------|--------------------------|
| 1) Nurse.           | 2) Doctor.               |
| 3) Radiologist.     | 4) Medical technologist. |
| 5) Physiotherapist. | 6) Other, please specify |

\_\_\_\_\_.

### **3. Work Place:**

- 1) Governmental hospital.
- 2) Non-Governmental hospital.

### **4. Work Status:**

- 1) Full-time.
- 2) Part-time.

### **5. How long have you been working in this field?**

- |                      |                        |
|----------------------|------------------------|
| 1) Less than 1 year. | 2) 1 to 5 years.       |
| 3) 6 to 10 years.    | 4) More than 10 years. |

### **6. For how long have you been working at your current hospital?**

- |                      |                        |
|----------------------|------------------------|
| 1) Less than 1 year. | 2) 1 to 5 years.       |
| 3) 6 to 10 years.    | 4) More than 10 years. |

**SECTION 3: Please indicate the motivational factors from 1 (least important) to 5 (most important)**

**1. Please rank these factors that motivated you to choose working at this hospital?**

	<b>1</b> <b>Least</b> <b>important</b>	<b>2</b> <b>Somewhat</b> <b>Important</b>	<b>3</b> <b>Important</b>	<b>4</b> <b>More</b> <b>important</b>	<b>5</b> <b>Most</b> <b>important</b>
Salary/Pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Work itself (interesting job)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Flexible hours (shift system)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supervision and management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Recognition, reward and appreciation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To help people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Close to my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My friends work here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Somebody from my family works here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Opportunities for growth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I couldn't find any other job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Nothing motivates me to work here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Knowing new people and widening the knowledge in the different working systems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to share creativity and leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Specific job description	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Continuous education, trainings, and professional development opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working according to my own principles and ethics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Ensuring job security	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Full-time or part-time positions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I enjoy my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**2. Please rank these factors in your opinion that motivate you to perform your job the best of?**

	<b>1 Least important</b>	<b>2 Somewhat Important</b>	<b>3 Important</b>	<b>4 More important</b>	<b>5 Most important</b>
Wages/ Salary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Continuous education, trainings, and professional development opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working and living conditions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Benefits and allowances (incentives)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Social recognition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Job description and the criteria for promotion and career progression (Opportunity for advancement)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reward system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supervision and management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Interpersonal relations, communication, and feedback	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Decentralized structure (If present)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Co-workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Flexible hours (Shift system)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Knowing new people and widening the knowledge in the different working systems  1  2  3  4  5

Ability to share creativity and leadership  1  2  3  4  5

Working according to my own principles and ethics  1  2  3  4  5

Ensuring job security  1  2  3  4  5

Full-time or part-time positions  1  2  3  4  5

I enjoy my job  1  2  3  4  5

**SECTION 4: Your comments please. Feel free to write any comments about motivational factors in your hospital.**

**THANK YOU FOR COMPLETING THIS SURVEY**

#### Appendix 4: Arabic version of questionnaire



جامعة القدس

كلية الدراسات العليا

#### كلية الصحة العامة

اخي الكريم/اختي الكريمة...

يقوم الباحث بعمل دراسة بعنوان " العوامل المحفزة للطاغم الطبي: مقارنة بين المستشفيات الحكومية والمستشفيات غير الحكومية في جنوب الضفة الغربية/فلسطين " وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في السياسات والادارة الصحية/جامعة القدس. لذلك تم اعداد هذا الاستبيان بهدف جمع البيانات حيث يضم اربعة اقسام رئيسية: القسم الاول ويهدف الى جمع بيانات ومعلومات شخصية (ديمغرافية) بالاضافة الى اسئلة عامة تتعلق بالمجيب، في حين ان القسم الثاني يأتي للاستعلام عن الخلفية العلمية والعملية للمجيب. القسم الثالث يهدف الى جمع معلومات عن العوامل المؤثرة على حافزية الطاقم الطبي في المستشفيات المشتملة عليها الدراسة، وينتهي الاستبيان بالقسم الرابع المشتمل على اي تعليقات اضافية يرغب المجيب باضافتها لاغناء هذا الاستبيان.

نرجوا منكم الاجابة بصراحة وموضوعية علما بان هذه المعلومات تتسم بالسرية التامة ولن يتم استخدامها الا لاغراض البحث العلمي الهادف الى وضع توصيات لتحسين وتطوير طريقة اخذ القرارات المبنية على الحقائق العلمية.

نشكر حسن تعاونكم

الطالب: تامر عوض

جامعة القدس



## القسم الاول: معلومات ديمغرافية

1. الجنس:

(1) ذكر.

(2) انثى.

2. العمر: \_\_\_\_\_

3. الحالة الاجتماعية:

(1) أعزب.

(2) متزوج.

(3) مطلق.

(4) منفصل.

4. في أي قسم تعمل؟ (الرجاء اختيار اجابة واحدة فقط)

(1) أقسام متعددة/لا يوجد قسم محدد.

(2) الباطنية.

(3) الجراحة.

(4) الطوارئ.

(5) وحدة العناية المكثفة.

(6) التأهيل والعلاج الطبيعي.

(7) الصيدلية.

(8) المختبر.

(9) الأشعة.

(10) التخدير.

(11) غيرها، الرجاء التحديد

\_\_\_\_\_.

## القسم الثاني: معلومات أساسية

1. أعلى درجة علمية حصلت عليها:

(1) دبلوم.

(2) بكالوريوس.

(3) دبلوم عالي.

(4) ماجستير.

(5) أخرى، الرجاء تحديدها

\_\_\_\_\_.

2. المسمى الوظيفي:

- (1) ممرض/ة.  
(2) دكتور/ة.  
(3) فني/ة أشعة.  
(4) فني/ة مختبر.  
(5) معالج/ة طبيعي/ة.  
(6) أخرى، الرجاء تحديدها
- 

3. مكان العمل:

(1) مستشفى حكومي.

(2) مستشفى غير حكومي.

4. الحالة الوظيفية:

(1) دوام كلي.

(2) دوام جزئي.

5. منذ متى وأنت تعمل في مهنتك؟

(1) أقل من سنة.

(2) سنة إلى 5 سنوات.

(3) 6 إلى 10 سنوات.

(4) أكثر من 10 سنوات.

6. منذ متى وأنت تعمل في المستشفى الحالي؟

(1) أقل من سنة.

(2) سنة إلى 5 سنوات.

(3) 6 إلى 10 سنوات.

(4) أكثر من 10 سنوات.

7. هل أنت راضٍ عن مهنتك؟

(1) نعم.

(2) لا.

8. هل تشعر بأن مسؤوليتك في العمل يستطيعون تحفيزك للعمل؟

(1) نعم.

(2) لا.

(3) نوعاً ما.

**القسم الثالث: الرجاء تحديد العوامل المحفزة من 1 (الأقل أهمية) الى 5 (الأكثر أهمية)**

9. الرجاء تحديد أهمية العوامل المحفزة التالية والتي عملت على تحفيزك لاختيار العمل في هذا المستشفى وذلك بوضع اشارة "X" في الفراغ الذي يمثل اجابتك الأفضل.

5 الأكثر أهمية	4 أكثر أهمية	3 مهم	2 نوعاً ما مهم	1 الأقل أهمية	
5	4	3	2	1	الراتب/الأجر
5	4	3	2	1	العمل نفسه (عمل مثيراً للاهتمام)
5	4	3	2	1	الإشراف والإدارة (عملية التفاعل والتعاون بين المشرفين والإداريين مع الموظفين)
5	4	3	2	1	أن أكون معروف، محترم وذو تقدير بين الناس
5	4	3	2	1	مساعدة المرضى
5	4	3	2	1	العمل قريب من منزلي
5	4	3	2	1	أصدقائي يعملون هنا
5	4	3	2	1	أحد من عائلتي يعمل هنا
5	4	3	2	1	إمكانية الحصول على فرصة التطور في مهنتي
5	4	3	2	1	لم أستطع أن أجد وظيفة أخرى
5	4	3	2	1	لا شيء يحفزني للعمل
5	4	3	2	1	معرفة أناس جدد وتوسيع معرفتي بأنظمة العمل المختلفة

5	4	3	2	1	لدي وصف وظيفي دقيق (ان يكون لدي مهام ووظائف واضحة)
5	4	3	2	1	العمل بمبادني وأخلاقي
5	4	3	2	1	التعليم المستمر والتدريب وفرص التطور المهني
5	4	3	2	1	القدرة على المشاركة في العملية القيادية للمؤسسة ومشاركة أفكاره الابداعية
5	4	3	2	1	ضمان الأمان الوظيفي (ضمان الاستمرار في العمل دون القلق على المستقبل)
5	4	3	2	1	دوام كامل أو دوام جزئي

10. الرجاء تقييم أهمية كل عامل من العوامل المحفزة التالية والتي في رأيك تقوم بتحفيزك للقيام بعملك بالشكل الأفضل وذلك بوضع اشارة "X" في الفراغ الذي يمثل الخيار الأفضل لك.

5 الأكثر أهمية	4 أكثر أهمية	3 مهم	2 نوعاً ما مهم	1 الأقل أهمية	
5	4	3	2	1	الراتب/الأجر
5	4	3	2	1	التعليم المستمر والتدريب وفرص التطور المهني
5	4	3	2	1	ظروف العمل والمعيشة (بيئة العمل وظروفه)
5	4	3	2	1	الحوافز والبدلات
5	4	3	2	1	التقدير الاجتماعي

5	4	3	2	1	الوصف الوظيفي ومعايير الترقية وفرص التقدم الوظيفي
5	4	3	2	1	نظام المكافآت (مكافآت وعلاوات تشجيعية)
5	4	3	2	1	الإشراف والإدارة (عملية التفاعل والتعاون بين المشرفين والإداريين مع الموظفين)
5	4	3	2	1	الهيكلية اللامركزية (إن وجدت)
5	4	3	2	1	العلاقات الشخصية والتواصل والحصول على التغذية الراجعة في العمل
5	4	3	2	1	زملاء العمل (وجود زملاء وصداقات داخل العمل تشجع العطاء وتدعم القيام بالمهام بطريقة أكثر سهولة)
5	4	3	2	1	ساعات العمل المرنة (نظام المناوبات)
5	4	3	2	1	معرفة أناس جدد وتوسيع معرفتي بأنظمة العمل المختلفة
5	4	3	2	1	القدرة على المشاركة في العملية القيادية للمؤسسة ومشاركة أفكار الابداعية
5	4	3	2	1	العمل بمبادئي

					وأخلاقي
5	4	3	2	1	ضمان الأمان الوظيفي
5	4	3	2	1	دوام كامل أو دوام جزئي
5	4	3	2	1	أنا أستمتع بعلمي

**القسم الرابع: تعليقات اخرى:** أرجو عدم التردد في كتابة أي تعليقات تتعلق بالعوامل المحفزة في المستشفى الذي تعمل به.

شكرا لاكمالكم هذا المسح