Migration Letters

Volume: 19, No: S5 (2022), pp. 255-271

ISSN: 1741-8984 (Print) ISSN: 1741-8992 (Online)

www.migrationletters.com

Relationship Between Healthcare Providers' Motivation And Patients' Outcomes In Hospital Departments

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Abstract

***Background**: In healthcare organization, motivation is a key idea of management and control. Consequently, as soon as the healthcare providers (HCPs) are motivated the ensuing of labor productiveness extended which cause accurate patients' outcomes.* ***Aim of this study**: examine the relationship among HCPs' motivation and patients' outcomes in hospital departments.* ***Methods:** A descriptive layout of cross-sectional was carried out in hospital departments at King Faisal Hospital in Makkah, KSA.* ***Subjects**: There were two subject groups involved in this study. All HCPs who're working inside the pervious setting with at least one year of experience during data collection, became covered with inside the examine (N=84) approximately, total patients who are treating with inside the pervious setting during data collection, became covered with inside the examine (N =373) approximately.* ***Tools for data collection:** Two tools have been used to collect the data,* ***first tool:** Questionnaires about motivating work factors**.** It consists of 45 items.* ***Second tool:** Clinical Patients' Outcomes Checklist. It is composed of (33 items), In addition demographic characteristics data sheet.* ***Results:** the studied was exposed to statistically significant relationship among HCPs' motivation and patients' clinical outcomes and when HCPs' motivation increased lead to increased patients' outcomes and vice versa.* ***Conclusion:** The end result of the present study discovered that, there has been a statistical significant relationship among HCPs' motivation and patients' outcomes in hospital departments. Also, the total motivation was low and high total clinical outcomes.* ***Recommendations:** Hospital administrators and healthcare supervisors should improve the HCPs' job motivation by creating a collaborative work and cooperative working environment and spirit of teams among HCPs. Offer non-stop training to enhance your HCPs' talents practice, encourage HCPs' to take part in choice making problem solving. HCPs should improve their communication skills; provide accurate information to their patients and attending training programs.*

***Keywords:** Motivation, Patients' outcomes.*

[1]Introduction:

In healthcare organization, motivation is a critical tool to measure healthcare professional's

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(HCP's) response which lead to increasing challenges and demands [(1)]. Motivation of HCPs is vital to generate the organizational commitment toward the patients and the hospital. Therefore, it's very important to know the knowledge about how motivates and satisfies the HCPs [(2)]. HCPs are a key driving force of any health care organization who gives never-ending effort to put its decisions into action. For that reason, the issue of HCPs' motivation has become an indispensable part of the human resources management strategy of a health care organization [(3)].

Buchbinder and **Shanks**, (2011) [(4)] defined Motivation as the action providing to the HCPs to be a motive and help HCPs to take action. They added that motivation comes from some needs when the needs was fulfilled that leads to HCPs were motivated. Moreover, Motivation refers to the desire of an individual to put greater efforts to attain particular goals, and it is an art with the intention of motivating the HCPs to complete their responsibilities in a particular way [(5)].

There are two special motivational types: intrinsic motivation or extrinsic motivation. **First,** intrinsic motivation is an inner pressure that leads HCPs to fulfill private and organizational goals. While, intrinsic motivation in the healthcare is described as pleasure and self-satisfaction in carrying out their obligations in place of working for outside rewards. HCPs who have been intrinsic motivated have inner pressure that forms their behaviors to performing responsibilities with none any outside effects [(6)]. Factors which impact intrinsic motivation took place while duties are completed for inner achievement or enjoyment of the duties that include: responsibility, cooperation, autonomy, competency, social interactions, self-esteem and a sense of belonging [(7)].

Second, Extrinsic motivation is an outside pressure that leads HCPs to meet personal and organizational goals [(6)]. Extrinsic rewards which include rewards, pay and benefits [(8)]. It additionally may be in the forms of good relationship between HCPs, good facilities, good working conditions and better administrator's quality at the unit [(9)]. Extrinsic motivation within the healthcare generated via external stimuli which include prizes, positions, awards, incentives leads to the HCPs achieved work in effective manner [(6)]. In the health care systems, motivation performs an important role in increases productivity which was manifested in patients' outcomes. The increasing and decreasing of work motivation factors are range in keeping with nature, standards of HCPs' abilities and personalities. Work motivation factors have become a vital tool to modify and tailor HCPs' behaviors and its results [(10)]. Therefore, it's crucial for the healthcare managers to inspire their HCPs' as a way to meet the preferred outcomes [(11)].

Regarding to **Simeza, (2013)** [(11)] and **Siow, (2012)** [(12)] Patient outcomes are defined as measurable or observable consequences in reaction on your interventions or consequences of interventions received from the Patients. They classified it into two main parts: patient functional status/outcomes and patient satisfaction. **First,** affected patient functional status includes, health status, well-being and self-care abilities as affected patient's ability to walk, talk, sleep, and get dressed his/ herself. **Second,** affected patient satisfaction with care provided including treatment with respect, effective communication, honest, and providing educational information.

In the same respect, **Liu** et al., (2014) [(13)] described patient functional status/outcomes as patient cap potential to finished the everyday life activities, satisfy traditional needs, and keep fitness or health. They emphasized on measuring functional status by measuring performance to quantifying patients' outcomes. Also, they mentioned patient satisfaction as main theme to measure patient outcomes and they described it as patient reporting of happiness or satisfaction with intervention, HCPs made sure that patients had privacy when required, HCPs knew what to do for each patients, thought ahead about patient needs, helped patients suffers comfortable within the health center and HCPs helped patients manipulate fears about their illness.

In the health care systems many barriers may confront healthcare organization to achieve desired patient outcomes as; not enough skilled and experienced HCPs, frustrated HCPs, lack of administrative skills, and bad working conditions as lack of respect, inadequate remuneration, poor communication, lack of recognition and centralized decision making [11]. There are many international studies [6, 11, 14], which were conducted to investigate relationship between HCPs' motivational factors and patients' outcomes. Study was done in Malaysia by **Hee** et al., (2016) [6] revealed that significant relationship to HCPs' high job performance also intrinsic motivation was positive.

Understanding the effect of HCPs' motivation and motivational factors on patients' outcomes are extremely important to healthcare administrator to improve patient care because HCPs who are more motivated usually intensify their effort to become more committed to the organizational goal [9]. HCPs work motivation has an effect on wellbeing, organizational performance, satisfaction, retention, engagement and commitment [15]. Therefore, this study aims to examine the relationship among HCPs' motivation and patients' outcomes in hospital departments.

Methods:

Descriptive correlational study design carried out at hospital department at King Faisal Hospital in Makkah, KSA. **Subjects**: There were two subject groups involved in this study. All HCPs who're working inside the pervious setting with at least one year of experience during data collection, became covered with inside the examine (N=84) approximately, total patients who are treating with inside the pervious setting during data collection, became covered with inside the examine (N =373) approximately.

Tools for data collection: Two tools have been used to collect the data, **first tool: Motivating Work Factors Questionnaire;** it was developed and applied by **El- sayed**, (2008) [16] and used by **Ellis and Hartley,** (2000) [17] based on Herzberg's motivator and hygiene theory. It consists of 45 items, divided into 7 domains, namely: job assurance (10 questions), hospital policy (14 questions), work nature (3 questions), peer interaction (5 questions), supervision (5 questions), work responsibility (4 questions), and achievements (4 questions). Responses was measured on a five point Likert rating scale ranged from (1) "none" to (5)" always". 75% or more indicate higher motivation [18].

Second tool: Clinical Patients' Outcomes Checklist; It was developed by **Simeza, (2013)** [11] to measure clinical patient outcomes. It is composed of (33 items) divided into two domains: first, related to patients' functional status / outcomes (13 items). Second, related to patient's satisfaction (20 items). Responses was measured on a five point Likert rating scale ranged from (1) "strongly disagree" to (5)" strongly agree". **In addition, demographic characteristics data sheet,** for HCPs about (age, educational qualification, years of unit experiences, and marital status), and questionnaires for patient's about (age, sex, marital status, educational qualification and length of stay in unit).

An official permission was given from the University and the responsible authorities of the study settings after clarification of the purpose of the study. The two tools were translated into Arabic, and examined for its content validity and translation by five experts in the field of the study. Accordingly, the necessary adjustments were done. The two tools were tested for its reliability using appropriate reliability tests. Pilot study was carried out on (10%) of total sample size HCPs (n=10) and patients (n=37), who will not be included in the study sample; in order to examined and to ensure the clarity and feasibility of the tool and to recognize barriers and problems that may be faced during data collection, and the necessary modifications have been done. Data was collected from the recognized HCPs, by the researchers by a hand- delivered questionnaire at their working setting after explaining the goal of the study. The data collection took about two months from February 2023 to April 2023 and the estimating time needed for filling the tools ranged between 20 to 30 minutes.

Data obtained was analyzed through using the suitable statistical tests. The

reliability of the two tools was examined statistically the usage of Cronbach's Alpha Coefficient test to measure the inner consistency of the items composing each dimension of the tools. The result of Cronbach's Alpha Coefficient test proved to be strongly dependable for motivation factor 0.94, and 0.89 for patient outcome. The collected data was coded and putting in a special format to be appropriate for computer feeding. Following information entry, checking and verification process were carried out in order to avoid any mistakes. Data become analyzed by using the statistical package for social science SPSS (version 20). The following statistical analysis measures had been used: **a. Descriptive statistical measures**, which included numbers, percentages, and averages (Minimum, Maximum, Arithmetic mean (X), and Standard Deviation (SD). **b. Statistical analysis tests**, which included: Chi square (X^2), student T test and ANOVA test.

Ethical considerations: Approval was given from the ethical committee at the University, prior to the start of the study. An informed written consent was received from the HCPs after an explanation the aim of the study. Privacy, confidentiality, and the right to refuse to participate or withdraw from the study were assured during the study. Maintained anonymity concerning data collected.

Results:

Table (1) indicates the HCPs' age ranged from 25 to 59 years with a mean of 35.90 ± 7.876 years. 50.0% of them aged less than 35 years, while 2.4% of them aged ≥ 55 years. Regarding the HCPs gender, the big majority were females (94%), while only 6.0% were males. In relation to educational qualifications, 59.5% of them had a bachelor degree, as compared to (14.3%) of them had master or PhD. Additionally, the table reveals that the years of experience were (32.1%) of the HCPs had 5 to < 10 years of experience, as compared to (8.3%) of them who had much less than 10 to < 15 years of experience. Lastly, the majority (90.5%) of the HCPs had been married with a mean score of 12.29 ± 9.721. (4.8%) of them divorced / widowed.

Table (2) shows that the factor of peer interaction achieved a high mean percentage score (77.08 % respectively) while, the factor of job assurance achieved a low mean percentage score (46.26 % respectively). Finally, (59.86% respectively) of the HCPs had a total motivation.

Table (3) illustrates that HCPs reported high motivation about peer interaction, (50%, respectively). While, the HCPs reported low motivation about job assurance, work nature factors (82.1%, 50%, respectively). Finally, 51.2% reported low total motivation.

Table (4) clarified that 50% of HCPs aged from 25 to 35 years had lowest motivation level. Additionally, 94% of female HCPs had lowest motivation level. Furthermore, 59.5% of the HCPs' educational level (Bachelor degree) had lowest motivation level. Also, 32.1% of HCPs' years of experience 5 to<10 years had lowest motivation level. Finally, 90.5%of HCPs married had lowest motivation level, respectively.

Table (5) appeared that highly statistically significant relations were found among job assurance and hospital policy, work nature and total motivation (p= 0.000**). Moreover, the job assurance had a significant relation to work responsibility (p=0.005*). Also, hospital policy had statistically highly significant relations with work nature, supervision, work responsibility, achievement or total motivation (p= 0.000**). Moreover, hospital policy had a significant relation to peer interaction (p=0.005*). While, work nature had statistically highly significant relations with peer interaction, supervision, work responsibility, achievement or total motivation (p= 0.000**).

Also, **Table (5)** shows peer interaction had statistically highly significant relations with supervision, work responsibility, achievement and total motivation (p= 0.000**). While, supervision had statistically highly significant relations with work responsibility, achievement also total motivation (p= 0.000**). Additionally, work responsibility had

statistically highly significant relations with achievement and total motivation (p= 0.000**). Finally, achievement had statistically highly significant relations with total motivation (p= 0.000**).

Table (6) shows that the patients' age ranged from 15 to 87 years with a mean of 53.43 ± 15.12 years. More than half, 76.0% of them were aged ≥ 50 years, while 3.5 % of them aged less than 20 years. Regarding the patients gender the vast majority were males 57.6 %, while only 42.4% were females. In relation to 63.3 % of them were married, compared to 6.2% of them were divorced. Additionally, the table reveals that the patients' educational level were 35.9 % had secondary / technical education, compared to 4.8 % had illiterate.

Table (7) illustrates that 78.3% of patients reported moderate functional status; while 78.3 % of patients reported high patients' satisfaction. Finally, 55.0 % of patients reported high total clinical outcomes.

Table (8) clarifies that 100 % of the patients reported moderate levels of functional status, aged from < 20 to 30 years, 97.7 % of them were single and 89.7 % of them educational level (preparatory) had highest statistically significant (p= 0.000**).

Table (9) clarifies that 100% of the patients reported high levels of satisfaction who aged < 20 years, had highest level of satisfaction (p= 0.001**). Also, 95.7 % divorced patients and 88.9 % educational level (Illiterate) had highest level of satisfaction (p= 0.000**). Moreover, 84.8 % of them female patients had statistically significant (p= 0.022*) respectively.

Table (10) clarifies that 67.0% of the patients reported high total clinical outcomes aged ≥ 55years, 63.3% of them married, 35.9% of them the educational level (secondary / technical). Finally, 57.6% of them male patients, had statistically significant, (p= 0.052*) respectively.

Table (11) reveals that highly statistically significant relations were found between functional status and patients' satisfaction, total clinical outcomes (p= 0.000**). Moreover, the patients' satisfaction had statistically highly significant relations with total clinical outcomes (p= 0.000**).

Table (12) reveals that statistically significant relation was found between HCPs' motivation and patients' clinical outcomes (p= 0.005*).

Table (1): Demographic characteristics of HCPs working at the study setting (n= 84)

HCPs' demographic Characteristics			No.	%
Age (years)				
25-			42	50.0
35-			26	31.0
45-			14	16.7
≥55			2	2.4
Min- Max	25-59	Mean ± SD	35.90 ± 7.876	
Gender				
Male			5	6.0
Female			79	94.0
Educational level				
Diploma			22	26.2
Master or PhD			12	14.3
Bachelor degree			50	59.5
Years of experience				
<5			20	23.8
5-			27	32.1

HCPs' demographic Characteristics		No.	%
10-		7	8.3
15-		8	9.5
≥ 20		22	26.2
Marital status			
Single		4	4.8
Married		76	90.5
Divorced /Widowed		4	4.8
Min- Max	1-41	Mean ± SD	12.29 ± 9.721

Table (2): Mean scores percentage of HCPs' motivation work factors (n=84)

Items	Mean Scores		an Percentage Score	nk
	Min- Max	Mean ± SD		
Job assurance	10-39	23.13 ± 7.120	46.26%	
Hospital policy	14-57	40.39 ± 8.917	57.70%	
Work nature	5-15	10.75 ± 2.634	53.75%	
Peer interaction	7-25	19.27 ± 3.455	77.08%	
Supervision	5-25	15.23 ± 3.665	60.92%	
Work responsibility	6-19	12.76 ± 3.126	63.80%	
Achievement	4-20	13.15 ± 2.919	65.75%	
Total Motivation	70-182	134.69 ± 23.641	59.86%	

High Means percentage score: 66.6-100% Moderate Means percentage score: 33.3-66.6% Low Means percentage score: 0-33.3%

Table (3): Distribution of HCPs according to their levels of motivation work factors (n= 84)

Items	Levels of Motivation Work Factors					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
Job assurance	69	82.1	15	17.9	0	0.0
Hospital policy	39	46.4	44	52.4	1	1.2
Work nature	42	50.0	42	50.0	0	0.0
Peer interaction	4	4.8	38	45.2	42	50.0
Supervision	31	36.9	39	46.4	14	16.7
Work responsibility	25	29.8	40	47.6	19	22.6
Achievement	19	22.6	42	50.0	23	27.4

Items	Levels of Motivation Work Factors					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
Total Motivation	43	51.2	38	45.2	3	3.6

Table (4): Relationship between the total motivation of HCPs and their demographic characteristics (n= 84)

X^2 Chi Square Test * statistically significant at $p \leq 0.05$ ** highly significant at $P \leq$

CPs' demographic characteristics	Total N=84		Test of Significance
	No.	%	
e			
	42	50.0	X^2=7.578 P=0.476
	26	31.0	
	14	16.7	
5	2	2.4	
nder			
le	5	6.0	X^2=0.303 P=0.860
nale	79	94.0	
ucational level			
loma	22	26.2	X^2=4.374 P=0.626
ster or PhD	12	14.3	
chelor degree	50	59.5	
ars of experience			
	20	23.8	X^2=12.975 P=0.113
	27	32.1	
	7	8.3	
	8	9.5	
0	22	26.2	
rital status			
gle	4	4.8	X^2=1.751 P=0.941
rried	76	90.5	
orced/Widowed	4	4.8	

0.001

Table (5): Correlation Matrix among studied HCPs' motivation work factors (n= 84).

		Job assurance	Hospital policy	Work nature	Peer interaction	Supervision	Work responsibility	Achievement	Total Motivation
ob assurance									
ospital policy		0.658 0.000**							
Work nature		0.504 0.000**	0.603 0.000**						
er interaction		0.161 0.144	0.303 0.005*	0.498 0.000**					
Supervision		0.176	0.402	0.447	0.701				

		Job assurance	Hospital policy	Work nature	Peer interaction	Supervision	Work responsibility	Achievement	Total Motivation
		0.109	0.000**	0.000**	0.000**				
Work responsibility		0.302 0.005*	0.554 0.000**	0.544 0.000**	0.603 0.000**	0.714 0.000**			
Achievement		0.164 0.137	0.395 0.000**	0.373 0.000**	0.544 0.000**	0.606 0.000**	0.553 0.000**		
tal Motivation		0.717 0.000**	0.871 0.000**	0.751 0.000**	0.620 0.000**	0.681 0.000**	0.760 0.000**	0.610 0.000**	

r: correlation coefficient * Statistically significant at $p \leq 0.05$ **highly significant at $P \leq 0.001$

Table (6): Demographic characteristics of patients treating at the studies settings (n= 373).

tients' demographic characteristics	**Total N=373**	
	No.	**%**
Age		
<20	13	3.5
20-	15	4.0
30-	43	11.5
40-	52	13.9
≥50	250	67.0
Min- Max 15-87	Mean ± SD 53.43 ± 15.12	
Gender		
Male	215	57.6
Female	158	42.4
Marital status		
Single	43	11.5
Married	236	63.3
Divorced	23	6.2
Widowed	71	19.0
Educational level		
Illiterate	18	4.8
Primary education	122	32.7
Preparatory education	68	18.2
Secondary /Technical education	134	35.9
University education	31	8.3

Table (7): Distribution of studied patients' levels of clinical outcomes (n= 373).

Items	**Levels of Clinical Outcomes**					
	Low		**Moderate**		**High**	
	No.	**%**	**No.**	**%**	**No.**	**%**

Functional Status	73	19.6	292	78.3	8	2.1
Patients' Satisfaction	19	5.1	62	16.6	292	78.3
Total Clinical Outcomes	19	5.1	149	39.9	205	55.0

Table (8): Relationship between the studied patients' levels of total functional Status and their demographic characteristics (n= 373).

Patients' characteristics	Levels of Functional Status						Total N=373		Test of Significance
	Low (N= 73)		Moderate (N= 292)		High (N= 8)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
<20	0	0.0	13	100.0	0	0.0	13	3.5	X^2=45.250
20-	0	0.0	15	100.0	0	0.0	15	4.0	P=0.000**
30-	4	9.3	39	90.7	0	0.0	43	11.5	
40-	4	7.7	42	80.8	6	11.5	52	13.9	
≥50	65	26.0	183	73.2	2	0.8	250	67.0	
Sex									
Male	42	19.5	170	79.1	3	1.4	215	57.6	X^2=1.369
Female	31	19.6	122	77.2	5	3.2	158	42.4	P=0.504
Marital status									
Single	1	2.3	42	97.7	0	0.0	43	11.5	X^2=69.835
Married	38	16.1	196	83.1	2	0.8	236	63.3	P=0.000**
Divorced	2	8.7	17	73.9	4	17.4	23	6.2	
Widowed	32	45.1	37	52.1	2	2.8	71	19.0	
Religion									
Muslim	73	20.3	279	77.5	8	2.2	360	96.5	X^2=3.736
Christian	0	0.0	13	100.0	0	0.0	13	3.5	P=0.154
Educational level									
Illiterate	4	22.2	12	66.7	2	11.1	18	4.8	X^2=41.233
Primary	41	33.6	76	62.3	5	4.1	122	32.7	P=0.000**
Preparatory	6	8.8	61	89.7	1	1.5	68	18.2	
Secondary /Technical	15	11.2	119	88.8	0	0.0	134	35.9	
University	7	22.6	24	77.4	0	0.0	31	8.3	

Table (9): Relationship between the studied patients' levels of total satisfaction and their demographic characteristics (n= 373).

Patients' characteristics	Levels of Satisfaction						Total N=373		Test of Significance
	Low (N= 19)		Moderate (N= 62)		High (N= 292)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
<20	0	0.0	0	0.0	13	100.0	13	3.5	X^2=26.103 P=0.001**
20-	2	13.3	1	6.7	12	80.0	15	4.0	
30-	5	11.6	1	2.3	37	86.0	43	11.5	
40-	0	0.0	5	9.6	47	90.4	52	13.9	
≥50	12	4.8	55	22.0	183	73.2	250	67.0	
Sex									
Male	15	7.0	42	19.5	158	73.5	215	57.6	X^2=7.615
Female	4	2.5	20	12.7	134	84.8	158	42.4	P=0.022*

Patients' characteristics	Levels of Satisfaction						Total N=373		Test of Significance
	Low (N= 19)		Moderate (N= 62)		High (N= 292)				
	No.	%	No.	%	No.	%	No.	%	
Marital status									
Single	5	11.6	1	2.3	37	86.0	43	11.5	
Married	12	5.1	37	15.7	187	79.2	236	63.3	X^2=26.519
Divorced	0	0.0	1	4.3	22	95.7	23	6.2	P=0.000**
Widowed	2	2.8	23	32.4	46	64.8	71	19.0	
Religion									
Muslim	19	5.3	61	16.9	280	77.8	360	96.5	X^2=1.671
Christian	0	0.0	1	7.7	12	92.3	13	3.5	P=0.434
Educational level									
Illiterate	0	0.0	2	11.1	16	88.9	18	4.8	
Primary	3	2.5	24	19.7	95	77.9	122	32.7	X^2=28.301
Preparatory	6	8.8	3	4.4	59	86.8	68	18.2	P=0.000**
Secondary /Technical	4	3.0	27	20.1	103	76.9	134	35.9	
University	6	19.4	6	19.4	19	61.3	31	8.3	

X^2 Chi Square Test * statistically significant at $p \leq 0.05$ ** highly significant at $P \leq 0.001$

Table (10): Relationship between the total clinical outcome of studied patients and their demographic characteristics (n= 373).

atients' demographic characteristics	Total N=373		Test of Significance
	No.	%	
Age			
<20	13	3.5	
20-	15	4.0	X^2=46.634
30-	43	11.5	P=0.000**
40-	52	13.9	
≥50	250	67.0	
Gender			
Male	215	57.6	X^2=5.930
Female	158	42.4	P=0.052*
Marital status			
Single	43	11.5	
Married	236	63.3	X^2=44.404
Divorced	23	6.2	P=0.000**
Widowed	71	19.0	
Educational level			
Illiterate	18	4.8	
Primary	122	32.7	X^2=57.737
Preparatory	68	18.2	P=0.000**
Secondary /Technical	134	35.9	
University	31	8.3	

X^2 Chi Square Test * statistically significant at $p \leq 0.05$ ** highly significant at $P \leq 0.001$

Table (11): Correlation Matrix among the studied patients' clinical outcomes dimensions (n= 373).

Items		nctional Status	Patients' Satisfaction	tal Clinical Outcomes
Functional Status	r P			
atients' Satisfaction	r P	0.427 0.000**		
Total Clinical Outcomes	r P	0.680 0.000**	0.953 0.000**	

r: correlation coefficient * Statistically significant at p ≤ 0.05 **highly significant at P ≤ 0.001

Table (12): Relationship between HCPs' motivation and patients' clinical outcomes

Variable		HCPs' motivation	patients' clinical outcomes
HCPs' motivation	r P	1	0.923 (0.005*)
Patients' clinical outcomes	r P	0.923 (0.005*)	1

r: correlation coefficient * Statistically significant at p ≤ 0.05 **highly significant at P ≤ 0.001

Discussion

Motivation for HCPs and patients' outcomes are considered important concepts of management in healthcare [(11)]. Patients' outcome in the health care organization depends on skills, knowledge and motivation to HCPs. So, it is important for managers to motivate HCPs to obtain the desired outcomes [(11, 18)]. Therefore, the present study aimed to examine the relationship among HCPs' motivation and the patients' outcomes in hospital departments. The present study showed that the motivation was low. From the perspective of the researchers, this result may be related to; absence of authority, absence of support for HCPs, centralized management, and increased HCPs' work load. This results matching with a study was done at Ethiopia, by **Negussie and Oliksa** (2020) [(19)], who revealed that HCPs' job motivation was low. Another study was inconsistent with this result at the University of Tampere, by **Toode** (2015) [(20)], who revealed that the HCPs appeared to moderately motivate to work, and the majority of HCPs had a strong intrinsic motivation.

This result was inconsistent with a study was done by **Atia,** (2012) [(18)], who mentioned that a lot of the studied HCPs had highly motivated. Also, this result is incongruent with a study was done by **Mabrouk** (2021) [(21)], who demonstrated that highly statistical significance among the HCPs who implement the motivation program. Moreover, a study was done by **Gunawan, Hariyati and Gayatri** (2019) [(22)], who found that good motivation lead to the HCPs make the best effort to give good service. Also, a study was done at Korle Bu by **Aduo-Adjei, Emmanuel and Forster** (2016) [(23)], who revealed that intrinsic or extrinsic motivating factors affect the work performance of the HCPs and lead to the motivation high.

According to mean score of motivating work factors (MWF) domains were ranked as the following: peer interaction, achievement, work responsibility, supervision, hospital policy, nature of work and job assurance. In the opposite, **Atia** (2012) [(18)], mentioned that the domains of MWF had different ranking: peer interaction, work responsibility, nature of work, supervision, hospital policy, achievement, and job assurance. Regarding the peer interaction domain, the current study appeared that half of the HCPs had high motivation in relation to peer interaction. From the perspective of the researchers, most of the studied HCPs having cooperation and a high spirit of teamwork that will increase motivation, improve performance, and will improve patient outcomes. This result was supported by **Toode,** et al. (2015) [(20)], who revealed that most of the HCPs

were motivated. Therefore, it is important to maintain motivation which leads to feel continuously valued and their autonomy is respected.

This finding is compatible with a study by **Ayalew**, et al.(2021) [24], revealed that the HCPs' job satisfaction with the intrinsic motivational factors were moderate. Also, another study was done by **Gunawan, Hariyati and Gayatri** (2019) [22], mentioned that the HCPs will be motivated to improve their competence and affecting the performance. Furthermore, another study was done by **Toode**, et al. (2014) [25], who illustrated that the key factors which influence on HCPs' motivation such as individual achievements, autonomy and training. Also, the study was done by **Kitsios**, et al. (2021) [26], appeared that the relationships with HCPs and the level of achievement considered a key of motivation, while the level of rewards and job characteristics play a secondary role.

Regarding the work responsibility domain, the current study revealed that the minority of HCPs had moderate motivation in relation to work responsibility. This results is disagreement with the study was conducted by **Guinot, Monfort and Chiva** (2021) [27], who revealed that HCPs were participation in decisions influenced on job satisfaction both directly and indirectly and lead to increased HCPs' perception of trust and increased motivation. This finding was inconsistent with the study was conducted by **El Sayed and Ali** (2017) [28], who demonstrated that there is a significant correlation between motivation and decision making. Additionally, a study was done by **Herman, Deal and Lopez** (2011) [29], who stated that staff positions without access to opportunities were more likely to be less motivated.

Regarding the supervision domain, the current study revealed that the minority of the HCPs had moderate motivation in relation to supervision. This results was inconsistent with the study was done by **Demirhan** (2020) [30], who revealed that a positive managers' leadership behaviors lead to increases the work motivation. Moreover, a study was conducted by **Rabbani**, et al. (2016) [31], who discovered that the health supervisors are motivated through their role in providing supportive supervision to HCPs and through the support obtained from their coordinators and managers. Also, another study was conducted by **Koivu, Saarinen and Hyrkas**, (2012) [32], who demonstrated that the HCPs who received efficient clinical supervision were more motivated and committed to the organization.

Regarding the hospital policy domain, the current study revealed that a lot of the HCPs were moderately motivated in relation to hospital policy. This finding was consistent with the study was done by **Alhakami and Baker** (2018) [33], who revealed that the a lot of the study HCPs have a significantly higher positive perception as regards work shared values and their influence on work. Similarly, a study was done by **Bahrudin et al.,** (2017) [34], who mentioned that there is a high relationship between policy and motivation. Additionally, a study was done by **Sleem and Zakaria** (2015) [35], who found that the majority of the HCPs had the highest motivation regarding integrated regulation. Furthermore, there is a study was conducted by **Mosadeghrad, Ferlie and Rosenberg** (2011)[36], who stated that when decreased the level of job stress in the organization by increasing HCPs' satisfaction with policies, and participation in policy development will lead to increase HCPs' motivation.

Regarding the work nature domain, the current study illustrated that a lot of the studied HCPs were moderately motivated in relation to work nature. This finding is disagreement with a study was done by **Nasurdin et al.,** (2020) [37], who revealed that the work nature imperative in motivating HCPs to work and exert more effort in their job tasks. Also, this result was incompatible with the study was done by **Farman**, et al. (2017) [38], who illustrated that there were a positive correlation relationship among the HCPs' job satisfaction or the HCPs performing work effectively which effect on HCPs' motivation.

This finding is inconsistent with the study was conducted by **Baljoon**, et

al.(2019) [39], who revealed that there was a positive relationship between pay, promotion, supervision, nature of work, communication and working conditions and HCPs motivational level. Moreover, a study was done by **Abu Yahya** (2019) [40], who revealed that high internal motivation among HCPs needed a lot of enjoyment of their work atmosphere, higher salary, and should be given motivation to improve a HCPs' challenge, autonomy and competency. Additionally, this study was inconsistent with the study was done by **Kanat-Maymon, Yaakobi and Roth** (2018) [41], who revealed that authority is a unique motivational force that may impact on organizational outcomes.

The result of the present study demonstrated that there wasn't statistical significant relationship among all demographic characteristics of the studied HCPs and total motivation. This result was agreed with Garcimartín, et al. (2022) [42], who suggested that motivational interviewing delivered by trained HCPs is effective in improving self-care by patients. Moreover, a study was done by **van Beers**, et al. (2021) [43], who illustrated that the specific motivational regulations predict dietary quality and physical activity improvements of patients' status. Therefore, motivation may be a key to achieving behavior change. Additionally, a study was done by **Baljoon**, et al. (2018) [44], who discussed that HCPs work motivation would affected by many personal and organizational factors which were crucial in affecting the level of HCPs' motivation.

The results of the current study appeared that a high total clinical outcomes. From researchers point of view this might be due to the HCPs was friendly toward patients, not abrupt patients about any changes in his cases and gave patients time to fully describe their status. The majority of the studied patients reported moderate functional status. Also, a lot of the studied patients reported high patients' satisfaction. From the perspective of the researcher this might be due to the HCPs treating them with respect, friendly ship and honest about their conditions. This finding was supported with the study was done by **Mobolaji,** et al. (2020) [45], who revealed that some of patients had a high level of satisfaction with care. Also, these finding disagrees with study was done by **Fouad et al.,** (2020) [46], who found out that half of patients low answered to a highly level of satisfaction and the majority of patients exhibited responses toward level of satisfaction was a moderate.

Also, the study was done by **Hussain**, et al. (2019) [47], who illustrated that a significantly positive impact on patient satisfaction to promote a higher level of satisfaction. Also, another study was done by **Lu, Zhao and While** (2019)[48], who illustrated that HCPs' job satisfaction when increased lead to improved patients' perceptions of care quality and make sure an adequate workforce to increase the quality of patient care. This end result become incongruent with **Abd-El-Aziz and Wahab** (2019) [49], who found that moderately satisfied with quality of care given to patients. There wasn't statistical significant positive correlation among HCPs' satisfaction and patients' satisfaction with quality of care. Also, this finding agreed with study was done by **Shinde** and **Kapurkar** (2014) [50], who revealed that statistically significantly high patient satisfaction with care provided.

Also, the study was done by **Ammo**, et al. (2014) [51], which showed an acceptable level of satisfaction with the healthcare system delivered. These results come in the same line with the studies done by **Abou Zeina** et al., (2013) [52] and **Elsayed, El-Melegy** and **El- Zeftawy** (2013) [53], who mentioned that patients become satisfied in health care facility through completing some expectations regarding his health status and his humanity and rights.

The result of this study reveals that highly statistical significant relations were present among total clinical outcome and their demographic characteristic. This finding is matching with a study was done by **Iqbal**, et al (2021) [54], who founded that the a lot of patients were satisfied with care. Also, this result was congruent with the study was done by **Ebada**, et al. (2019) [55], who discussed that implementation of self-care management has positive effect on improving patient's self-care, which enhancing all dimensions of patients' outcomes. Moreover, a study was done by **Karaca and Durna** (2019)[56], who revealed that patients were more satisfied with the caring by HCPs and less satisfied with

the information given.

Also, a study was done by **Hussein**, et al. (2018) [57], who demonstrate that intervention program had statistical significant positive effect on clinical outcomes. Also, this study result was disagreement with a study was done by **Adhikary**, et al. (2018) **[58]**, who illustrated that the patients are not satisfied with their received care. In this respect with these findings, study was done by **Hasanah**, et al. (2017) [59], who revealed that there were a significant relationship between HCPs caring and patient satisfaction. Also, the study was done by **Batbaatar** et al. (2015) [60], who demonstrate that patients' satisfaction reflects patients' perceptions and desires towards health service utilization. Additionally, this results disagreement with the study was done by **Palmer**, et al (2014) [61], who founded that patients are less satisfied with the aspects of care. However, this study was inconsistent with a study by **Ndambuki** (2013) [62], who, founded that patients had been satisfied with services.

These study findings refereed that there has been a statistical significant relationship among HCPs' motivation and patients' outcomes and demonstrated that when HCPs' motivation increased lead to increase in patients' outcomes, vice versa. This finding is congruent with a study was done by Likewise, **Jonker et al.,** (2022) [63], who said that HCPs' involvement in clinical research is associated with better patient feedback and improved patient outcomes including mortality. This result was consistent with the study by **Ramdan et al.,** (2021) [64], who illustrated that there was relationship among HCPs' motivation factors and patients' satisfaction.

Furthermore, a study was done by **Fernet** et al. (2017) [65], who explain that how motivation quality effects on the patient outcome. In addition, the study was done by **Odoom** (2015)[66], who studying the effect of motivation on the HCPs performance and finding HCPs are motivated by intrinsic and extrinsic factors, which relevant for effective work performance among HCPs. Also, this finding was compatible with the study was applied by **Bodur and Infal** (2015) [67], who revealed that there were a significant relationship among some motivation sources, satisfaction from the unit and perception of work stress.

Conclusion:

The finding of the current study demonstrated that, there was a statistical significant relationship among HCPs' motivation and patients' outcomes in hospital departments. Also, the total motivation was low and high total clinical outcomes. Based on the findings of this study recommended that hospital administrators should consistently implementing professional interventions and strategies for managing HCPs'motivation and patients' outcome to foster a supportive work environment, enhance job satisfaction, and reduce turnover. Moreover, Create an equitable work environment and keep clear and open communication with HCPs through conducting frequent periodic meetings to discuss and discover their work problems and complaints.

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