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The Relationship Between Nurses' Motivation and Their Performance at European Gaza Hospital

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Dedication

Heartfelt thanks for all those who encouraged and assisted me in achieving my degree.

To my family … my father … my mother … my brothers and sisters … I deeply appreciate that you were always there in spirit with me … gave me the support and space I needed to realize this accomplishment … and inspired me with your own achievements.

Hala Ayyash

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First of all, praise and gratitude be given to Allah the almighty for giving me such a great strength, patience, courage and ability to complete this research, and peace and blessings of Allah be upon the noblest of all Prophets and messengers, our prophet Muhammad, all thanks for Allah who granted me the power and capability to complete this thesis.

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Hala Ayyash

Declaration

I declare that this research is my own work and that no part of it has been copied from any other previous works on the subject, except in such instances where acknowledgment has been duly made.

Signature:
Hala

Abstract

Work motivation plays an important role in enhancing job performance. To maintain effectiveness and development, managers need to adopt a clear, attainable motivational system in their organization.

This study aimed to examine the relationships between motivation and performance among nurses working in European Gaza Hospital. The sample of this study consisted of 170 nurses (96 male and 74 female) and the response rate was 100.0%. The researcher used self-constructed, self-administered questionnaire for data collection and the currently in use performance appraisal scheme. Pilot study was performed on 26 subjects for the purpose of ensuring the validity and reliability of the questionnaire, including split half (r = 0.7530) and Cronbache alpha coefficient (0.7576). The researcher used the SPSS program version 13 for data analysis. Different statistical procedures were used for data analysis including cross tabulation, percentage, mean, Pearson correlation test, t. test, ANOVA and Scheffe test.

The results showed that the motivation level among the study subjects was 66.21% and the average performance level according to the annual appraisal was 82.08%. The average performance among nurse subordinates was 80.39% and 83.77% among nurse managers based on the scores obtained from the annual appraisal forms. When asked to rank motivators, participants had considered the in-service training as the highest motivator (M = 8.12out of 10) followed by working hours schedule (M = 7.00). Salary was ranked as the seventh factor (M= 4.87). The lowest motivator was respect from others (M = 2.78),

Male nurses have had a higher level of motivation compared to female nurses with statistically significant differences at 0.05 (p = 0.000). There were no significant differences in motivation in relation to qualification and years of experience. Nurse managers have had a higher level of motivation compared to nurse subordinates (P = 0.034). There were no significant differences in motivation between nurses working in cold departments and hot departments and there were no significant differences in motivation in relation to monthly salary. There were no significant differences in performance between male and female nurses. Pearson correlation test showed significant relationships at 0.05 (r= 0.162, P = 0.035) between work motivation and performance scores obtained from appraisal forms.

The study concluded that nurses working at EGH are generally motivated and their performance was high. The results of the study raised the need to consider the findings of this study particularly providing training and equitable work schedule in order to enhance motivation and reinforce performance.

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List of Abbreviations

EGH	European Gaza Hospital
GS	Gaza Strip
WB	West Bank
PCBS	Palestinian Centre Bureau of Statistics
PA	Palestinian Authority
MOH	Ministry of Health
UNRWA	United Nation Relief and Work Agency for Refugees of Palestine
NGOs	Non-governmental Organizations
IRS	Internal Revenue Services
PM	Performance Management
PA	Performance Appraisal
NIOSH	National Institute of Safety and Health
SPSS	Statistical Package for Social Sciences

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Chapter One

1. 1 Introduction

Nowadays, with the evolution of modern technology and complexity of life, people's demands and needs increased considerably. Among those needs is the challenge of affording health services to meet the raising expectations of people. Health team members are responsible for offering health services that are satisfactory and meet people's demands. Nurses play a major role in this area. Nurses are the backbone of health care delivery team, and they need to be motivated in order to perform their work efficiently (Hamidu, et.al. 2009). Motivation is an important tool that is often under-utilized by managers in today's workplace. Managers use motivation in the workplace to inspire people to work, both individually and in groups to produce the best results for business in the most efficient and effective manner (Bessell, 2008).

Motivation is defined as caused behavior, the switch that turns the motor on. It is sparked by internal and external interacting forces that modifies one's perception of, and commitment to goals; it is a phenomenon internal to the individual but can be influenced by a variety of circumstances, including other people (co-workers and managers) and overall conditions in a setting (Bass, 1991). Cloninger (1996) defined motivation as "the energy or drive that directs an individual toward goal achievement'. Motivation is "the force that gives impetus to behavior by arousing, sustaining and directing it toward the attainment of goals" (Wortman & Loftus, 1992).

Motivation in the work context can be defined as individual's degree of willingness to exert and maintain an effort towards organizational goals. Health sector performance is critically dependant on workers motivation, with service quality, efficiency and equity, all directly mediated by worker's willingness to apply themselves to their tasks (Franco, et al., 2002).

Individual's motivators are not constant and influenced by changes in the organization. A person's interest, ability and will to accomplish, while essential for success, are not sufficient to ensure the kind of performance needed to accomplish goals. Work-related goals are formulated and carried out in organizations where the worker is affected by numerous changing events over which he or she has little control (Davis, 1981).

Climate is a strong determinant of opportunities afforded nurses in the organization, which result in high or low motivation. The effectiveness of nurse leaders in organizations greatly influences the climate in which nurses at all levels function (Murray & DiCrose, 2003). Managers play an important role in enhancing motivation among their subordinates, to do so; managers must shift from being order givers to being facilitators. Individuals participating in ongoing staff involvement in matters that pertain to practice are rewarded through improved performance, increased responsibility, increased dependence, improved knowledge of the overall organization and improved capacity to change (Murray & DiCrose, 2003).

Managers need to adopt different strategies to improve motivation, there is no formula to improve motivation that would apply to all situations, or to take what has been successful in one situation and apply it to another. Differences exist between individuals and within groups that spring from ability, experience, performance, values, cultures, ideals, time, place and beliefs. Such wide variations make uniformity impossible. Davis (1981). pointed out that primary physiological needs differ in intensity from person to person and in the same person from time to time, and the secondary psychological needs are vague and change with one's level of maturation.

Performance is defined as "behaviors enacted by an employee that are aimed at meeting organizational goals". Performance, in this context, includes only those actions or

behaviors that are relevant to the organization's goals and can be scaled in terms of each individual's proficiency (Campbell, 1993).

Conducting regular performance appraisals is an important workforce development strategy for organizations. Performance appraisals offer a valuable opportunity to recognize and reward workers' efforts and performance, detect key barriers and facilitators to work practice and identify professional development needs and opportunities. Investing time in regular, structured performance appraisals is a key strategy for supervisors and managers to support, motivate and reward workers (Skinner, 2005).

1.2 Research problem

Motivation at work is widely believed to be a key factor for performance of individuals and organizations development. Performance depends on whether the staff perceives themselves as able to do things, whether they are willing to do things and whether they have the means to do them. The motivation of staff is ability to put staff in effort to do the job.

There is no available data regarding motivation status among nurses working at European Gaza Hospital (EGH) and there are no formal strategies to improve motivation and meet nurses needs, which in consequence could be reflected on enhancing nurses performance and improve quality of nursing services afforded. To have accurate data – regarding level of motivation - that would be a key factor in designing strategies to enhance motivation and improve performance levels, the researcher in this study will examine if there is a relationship between motivation and performance among nurses working at EGH.

1.3 Justification of the study

The administration of EGH in its mission statement on the year 2000 raised the logo "Patients First". To achieve that logo, hospital staff needs to put extra effort to maintain high standards of nursing care and high levels of performance. On the other hand, the hospital administration should afford a motivating work environment to enable its nurses to function at their best.

From the researcher's experience in working in different departments in the hospital, she noticed a decline in nurses' attitudes and initiations, which could be reflected on their performance. At the same time, there is no formal reward system that may enhance nurses' motivation and its contribution on performance. Also, according to the researcher's knowledge, there were no previous researches that studied nurses' motivation and performance locally, which make it the first study to be done.

The results of this study will highlight the need for implementing proper strategies to improve motivation and raise performance levels among nurses to accomplish the hospital's logo "Patients First".

1.4 Main objective of the study

The main objective of this study is to examine the relationship between motivation and performance among nurses working at EGH.

1.4.1 Specific objectives

- To determine the level of motivation among nurses working at EGH.
- To identify the level of performance of nurses working at EGH.
- To examine the relationship between motivation and work performance.
- To explore the differences in motivation among nurses regarding gender.

- To identify the differences in motivation among nurses regarding department type (cold department – hot department).
- To determine the differences in motivation among nurses regarding years of experience.
- To examine the differences in motivation among nurses regarding qualification (diploma – bachelor – post graduate).
- To explore the differences in motivation among nurses regarding position (regular nurse – nurse manager).
- To examine differences in performance of nurses in relation to gender.
- To examine differences in performance of nurses in relation to position.
- To suggest recommendations to enhance motivation and improve performance.

1.5 Definition of terms

Motivation

"The willingness to exert high levels of effort toward organizational goals, conditioned by the effort's ability to satisfy some individual need" (Stephen, 2005).

The researcher defines motivation operationally as the total scores gained on motivation questionnaire that are calculated from the following dimensions: communication and morale, recognition and rewards, interest and enjoyment, work conditions and environment, and supervision and management.

Performance

"Is the process of evaluating how well employees perform their jobs when compared to a set of standards, and then communicating that information to those employees" (Mathis & Jackson, 2000).

The researcher defines performance operationally as the total scores gained on performance appraisal format that are calculated from the following dimensions: productivity and progress, communication and team work, self management, and responsibility and initiation.

Nurse

"Is a health-care professional, who along with other health care professionals, is responsible for the treatment, safety, and recovery of acutely or chronically ill or injured people, health maintenance of the healthy, and treatment of life-threatening emergencies in a wide range of health care settings" (Kathleen, et al, 2002).

The researcher defines nurse operationally as any individual, male or female, holding a recognized certificate in nursing from an accredited nursing school, and currently employed at EGH.

Nurse manager

The researcher defines nurse manager in this study as any nurse, male or female, who is assigned formally a managerial tasks with corresponding authority including head nurses and supervisors.

Nurse subordinate

The researcher defines nurse subordinate in this study as any nurse, male or female, who works in departments under direct supervision of head nurse and performs nursing activities and procedures that relates directly to nursing care.

Nursing

Encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy,

promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (The Oxford English Dictionary, 1989).

The researcher defines nursing operationally as a profession aimed to take care of sick persons in a humanistic manner from physiological, psychological, social and spiritual aspects.

1.6 Context of the study

This study was conducted in Gaza Strip (GS), therefore the researcher presented some background information about the population, geographical, socio-economical and political situation, health situation and health care services.

1.6.1. Demographic context:

Palestine (historical Palestine) is a small country, its area about 26,323 sq. km . Now Palestine comprises two areas separated geographically, the West Bank (WB) and Jerusalem and Gaza Strip (GS), with total area of 6,020 sq. km (Palestinian Centre Bureau of Statistics (PCBS), 2007). GS is a narrow band of land located on the south of Palestine, constituting the coastal zone of the Palestinian territory along the Mediterranean Sea between Egypt and Israel. It is 45 Kilometres long and 6-12 Kilometres wide with an area of 365 sq. km (PASSIA, 2008). The strategic position of it, is being at the cross road of Africa, Asia and Europe made it target for and conquerors over the centuries. According to PCBS survey which has been carried out in 2007, the total population in the WB and GS is 3,761,646 inhabitants, of them 1,416,543 were living in GS concentrated mainly in 7 towns, 10 small villages and 8 refugee camps (PCBS, 2009). GS is lying on the cost of the Mediterranean Sea with a population density of 4,118 inhabitants per sq.km.

The Palestinian society is considered a young population, age structure in the GS is similar to that in many developing countries with 49.3% of people aged less than 14 years and sex ratio is 103 males per 100 females (PCBS, 2009).

According to the last available statistics, the percentage of illiteracy in GS is 5.5% of the population more than 10 years old, compared with 11.3% in 1997 for the same group of population (PCBS, 2009).

1.6.2. Socio-political context

West Bank and GS have been occupied by Israel after the Six Day War in 1967. GS was run by Egypt between 1948 and 1967 after the partition of the British Mandate of Palestine and the declaration of what is called "Israel". Afterwards, Israel built further settlements in the occupied land (Bhat, 2008). The implementation of the partial autonomy in 1994 and the establishment of the Palestinian Authority (PA) had its impacts on the society after the many devastating wars and the long years of occupation and dispersion over the globe (Hamad, 2009). However, Israel still holds overall sovereignty over the GS. It has the upper hand over borders, movement of goods and travellers in and out of GS, particularly the Palestinians themselves. It also controls trade, the commercial market, water, the main sources of energy, the means of communications and the overall security. Hence, it still has a hold over the Palestinian economy (Hamad, 2009).

Since 2000, there has been a chronic down turn in wage income from Israel due to the security closure of the borders between GS and Israel till it reached the zero level now. This has been complicated by the massive contraction of employment opportunities inside GS due to the current collapse of economy due to production factors such as lack of raw materials, fuel and electricity as well as to market failure resulting from closure, lack of transportations and widely prevailing poverty.

1.6.3. Socio-economic context:

Economic crisis has been caused by restriction on the movement of people and goods. The Palestinian recession is among the worst in the modern history; average personal incomes have been declined by more than a third since 2000 and nearly a half of Palestinian now live below the poverty line, 43% still live below the poverty average (World Bank, 2004). According to the PCBS, the subsistence poverty was 23% and that 56% of all households in the occupied Palestinian territory are living below the poverty line (80% in 2006 – versus 63% in 2005 – in the GS and 43% in the WB) and that means that over two million people are attempting to subsist on less than $ 2 / person / day (PCBS, 2007). According to World Bank approximately 3 out of 5 Palestinians live under the income poverty line and one third of the Palestinians live under the consumption poverty. Despite poverty the Palestinians are eager to learn, literacy ratio in 2004 among hose aged 15 years and more is 92.3% (male: 96.5%, female: 88%) which is considered among the highest percentage of literacy rates of Arab countries (PASSIA, 2007).

1.6.4. Health care context

Palestine experience in health care system is unique and complicated. The several years of occupation and the following unilateral withdrawal of the Israelis from GS did strongly influence the health care system in Palestine. The consequences of closures and separation formed a great challenge for the ministry of health as it created obstacles regarding the accessibility to health care services and affects the unity of the health care system in all Palestinian governorates (MOH, 2004).

Health care services in Palestine are provided by five sectors, which is Ministry of Health (MOH), UNRWA, Medical Military Services, Non-Governmental Organizations (NGOs) and private sector. MOH is the main health care provider; it provides primary, secondary

and tertiary services and purchases some services from private providers locally and abroad (MOH, 2006). MOH plays the main role in providing and controlling immunizations scheme, public health activities, licensing and registration of health facilities. Health care financing is mainly provided through the government, apart from the out-of-pocket health financing which is the first source of health financing in Palestine (MOH, 2006). Additionally, external donations constitute a considerable source for health funding. UNRWA mainly provides primary health care services to the refugee population. The Medical Services for Police provides preventive and curative services for policemen, general security persons and their families, in addition to the general population. UNRWA operates 20 PHC centers (WHO, 2009). The NGOs sector is extensive: from missionary hospitals, to facilities supported by international organizations, to community health centers. The NGOs sector operates about 50 centers (WHO, 2009). The private for-profit health sector also provides the three levels of care through wide range of practices (WHO, 2009).

1.6.5 Hospitals in Palestine

MOH is the main health care provider in Palestine with other health care providers, UNRWA, Medical Services for Police and General Security, health services of national and international Non Governmental Organizations (NGOs), and private health sector. MOH is the health authority responsible for supervision, regulation, licensure and control of the whole health services.

In Palestine the secondary healthcare is provided by governmental, non-governmental, UNRWA and private sectors. MOH is responsible for a significant portion of the secondary healthcare delivery system (60-70% of general and specialized hospital beds) and more than this proportion in hospital services (about 70% of hospital services). In

2005, there are 43 general hospitals with 3,726 beds, 10 specialized hospitals with 812 beds, 19 maternity hospitals with 322 beds and four rehabilitation centers with 165 beds (MOH, 2006).

1.6.6 MOH Hospitals

The MOH owns and operates 25 hospitals (13 in GS and 12 in the WB), furnished with 2,815 beds (1,499 in GS and 1,316 in the WB).

The general hospitals with 2,163 beds (1,199 in GS and 964 in WB), two psychiatrics hospitals with 319 beds (280 in WB and 39 GS), one ophthalmic hospital in GS with 31 beds and two Pediatric hospitals in GS with 222 beds (MOH, 2006).

According to Nursing Unit, the total number of registered nurses in GS about 6000 nurses, of them, 2228 nurses are employed at MOH health facilities (1839 in hospitals and 363 in PHC, 26 in administration office). 250 nurses are working at UNRWA health centers. The rest of nurses are working in private sector or unemployed (Nursing Unit, 2010).

1.6.7 European Gaza Hospital

EGH is a Ministry of Health hospital located in Khanyounis governorate at the southern area of Gaza Strip, funded by EU. The hospital construction started on 1993 on an area of 65.000 meter square and health services started on 15 July 2000. EGH is one of the respectful hospitals in Gaza Strip with capacity of 200 beds covering many specialties of health services including medical, surgical, pediatric and cardiac catheterization center. The hospital serves a population of around 500.000 inhabitants from the southern area of Gaza Strip and special clients are referred to the hospital from different areas in the strip for special medical management. Total number of hospital employees is 709 of them 228 nurses with different qualifications (European Gaza Hospital Records, 2010).

1.7 Lay out of the study

This study consists mainly from five chapters: introduction, conceptual framework and literature review, methodology, results and discussion, conclusion and recommendations.

The first chapter browsed general introduction to the study, where a brief background regarding the subject of the study was provided. The researcher illustrated the problem statement, justification for conducting the study, the general goal and specific objectives, research questions, definition of terms and context of the study.

The second chapter included two parts: the first part is conceptual framework where the researcher provided a schematic diagram of the conceptual framework of the study. The second part is the literature review related to the study topic and variables. Indepth detailed theoretical inquiry including previous studies were presented to enrich the study.

The third chapter described methodology including study design, population, sample, instruments, pilot study including validity and reliability of study instruments, ethical considerations, statistical analysis.

The fourth chapter composed of two parts: the first part presented the study results and discussion. The researcher treated the results in form of tables that make it easy for the reader to understand and make comments. The results were discussed in respect to available published previous studies that directly related to the topic of this study and its objectives.

Finally, in the fifth chapter, the researcher presented conclusion and recommendations in the light of the study results.

Chapter Two

Conceptual framework and Literature review

2.1 Conceptual framework

The conceptual framework is the map that guides the design and the implementation of the study and its mechanism for illustration and summarizing the study variables. It was designed by the researcher based on review of available literature and previous studies.

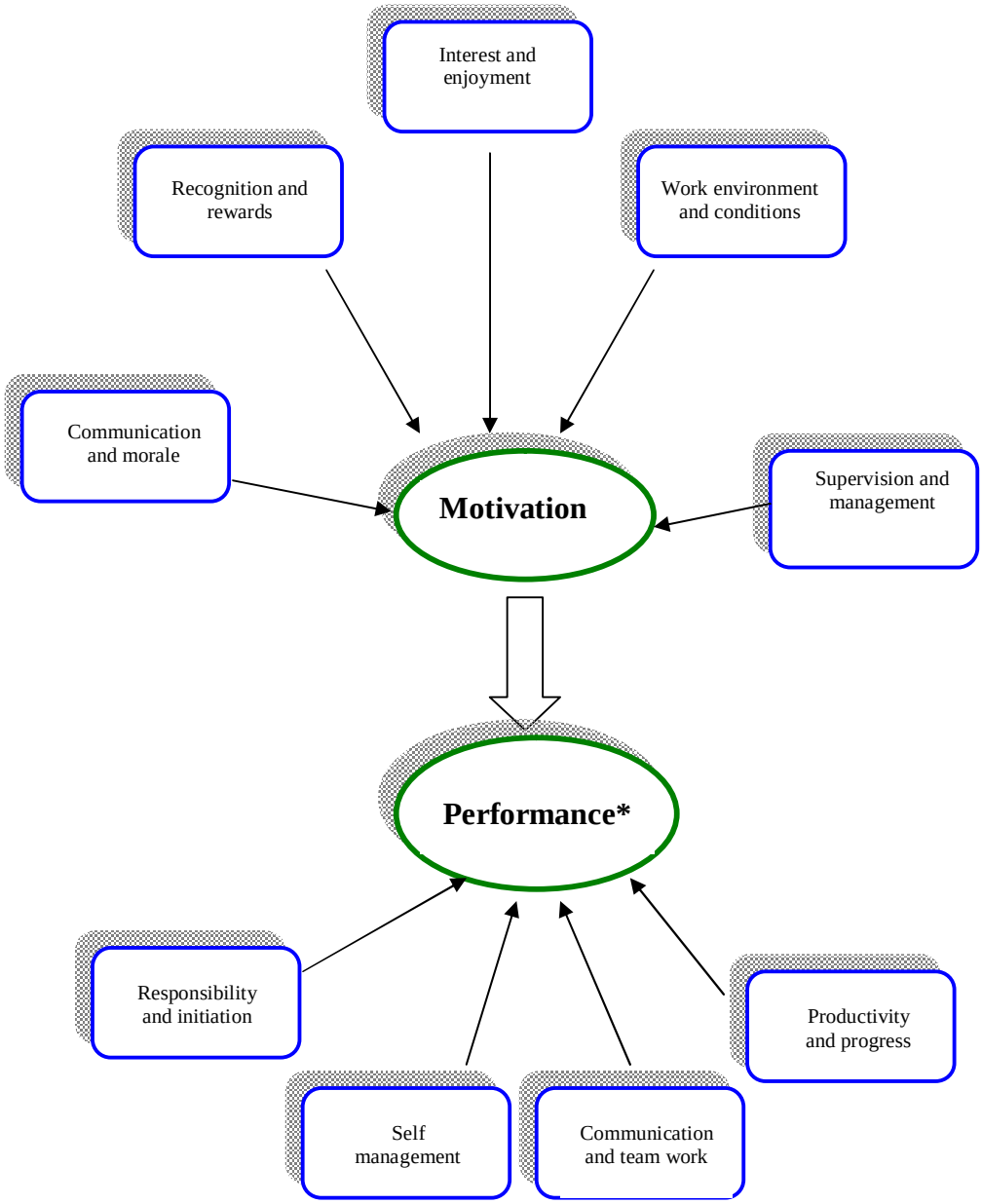

Figure 2.1 :Conceptual framework diagram

*Performance appraisal adopted from General Employee Council

The above diagram will be used to guide and direct the research process to make the findings meaningful and applicable. The diagram denotes that different factors are affecting employee motivation including communication and morale, recognition and rewards, interest and enjoyment, work environment and conditions, and supervision and management.

Also, it denotes that performance appraisal is composed of four dimensions: productivity and progress, communication and team work, self management, and responsibility and initiation.

Relying on the components of the conceptual framework, the researcher will be able to measure the level of motivation, evaluate performance and finds the relationship between motivation and performance among nurses working at EGH.

2.2 Literature Review

2.2.1 Motivation

Motivation is a complex area and it is different for each person. Motivational receptiveness and potential in everyone changes from day to day, from situation to situation.

2.2.2 Definitions of motivation

Motivation has been defined in different ways by different authors. "It reflects an internal state or condition (sometimes described as a need, desire, or want) that serves to activate or energize behavior and give it direction" (Kleinginna and Kleinginna, 1981a).

Franken (1994) described motivation as 'the arousal, direction, and persistence of behavior". Motivation is "the energy or drive that directs an individual toward goal achievement" (Cloninger, 1996: 230). It is "the force that gives impetus to behavior by

arousing, sustaining and directing it toward the attainment of goals" (Wortman & Loftus, 1992: 353). Motivation defined as caused behavior, the switch that turns the motor on. It is sparked by internal and external interacting forces that modifies one's perception of, and commitment to goals; it is a phenomenon internal to the individual but can be influenced by a variety of circumstances, including other people (co-workers and managers) and overall conditions in a setting (Bass, 1991:24). Motivation in the work context can be defined as "individual's degree of willingness to exert and maintain an effort towards organizational goals. Health sector performance is critically dependant on workers motivation, with service quality, efficiency and equity, all directly mediated by worker's willingness to apply themselves to their tasks" (Franco, et al, 2002: 1255 – 1266).

2.2.3 Importance of motivation

Historically, managers in any organization have always used motivation as a technique to perform tasks and duties. Motivation of staff is a major issue for all organizations. Humans are motivated by many factors such as psychological needs, physiological drives, survival, urges, emotions, hurts, impulses, fears, threats, reward, possessions, wishes, intentions, values, freedom, intrinsic satisfaction, self satisfaction, pleasure, dislikes, established habits, goals, ambitions, and above all, money (Chesser, 1993). Work is the most important force that spells the success of any workplace in the world. However, motivation is the key to getting it done. Importance of motivation in a workplace helps the workers charge up their batteries, focus their attention on work a lot better than before and give results that are par excellence. Employees who are highly motivated are the real assets of any organization. If you can successfully motivate an employee, they will work more productively, and energetically. They are more open towards assuming increased responsibility and the entire work atmosphere becomes charged with high energy. By

focusing on motivation consciously, an organization can transform their employees into high achievers and bring down the rate of employee turnover. Employees will be more enthusiastic about coming to work and you will observe less absenteeism (Buzzle.com, visited on 14.1.2011).

Motivation is not just important for one's own self but it is important in organizations where employees need to be motivated to achieve better results for the organization.

2.2.4 Motivation and emotions

Emotions (an indefinite subjective sensation experienced as a state of arousal) is different from motivation in that there is not necessarily a goal orientation affiliated with it. Emotions occur as a result of an interaction between perception of environmental stimuli, neural/hormonal responses to these perceptions (often labeled feelings), and subjective cognitive labeling of these feelings (Kleinginna and Kleinginna, 1981b). Evidence suggests that there is a number of core emotions (perhaps 6 or 8) that are uniquely associated with a specific facial expression. This implies that there are a small number of unique biological responses that are genetically hard-wired to specific facial expressions. A further implication is that the process works in reverse: if you want to change your feelings (i.e., your physiological functioning), you can do so by changing your facial expression. That is, if you are motivated to change how you feel and your feeling is associated with a specific facial expression, you can change that feeling by purposively changing your facial expression. Since most of us would rather feel happy than otherwise, the most appropriate facial expression would be a smile (Izard, 1990).

2.2.5 Types of motivation

2.2.5.1 Intrinsic motivation

Intrinsic motivation occurs when people engage in an activity without obvious external incentives. It comes from rewards inherent to a task or activity itself. This form of motivation has been studied by social and educational psychologists since the early 1970s. Research has found that it is usually associated with high educational achievement and enjoyment (Bandura, 1997).

2.2.5.2 Extrinsic motivation

Extrinsic motivation comes from outside of the performer. Money is the most obvious example, but coercion and threat of punishment are also common extrinsic motivations. Extrinsically motivated individuals are those who participate to receive a reward or avoid a punishment, they typically do not want to do the task and believe that it is out of their control on whether they succeed or not. If they do the task, they expect some sort of gain other than knowledge, such as praise, rewards, or avoiding punishment (Keefe and Jenkins, 1993).

2.2.6 Theories of motivation

2.2.6.1 Theory of human needs

According to Maslow (1954), human behavior is motivated by a set of basic needs. Which needs are most active in driving behavior depends on two principles: (1) a need which is satisfied is no longer active: the higher the satisfaction, the less the activity (the exception to this rule is the need for self-actualization); (2) needs can be ordered in a hierarchy, such that from all the non-satisfied needs, the one which is lowest in the hierarchy will be the most active. A lower need is more "urgent" in the sense that it must be satisfied before a

higher need can take over control. The lowest level of needs are called physiological needs. These are needs of the body as a physiological system which tries to maintain homeostasis. They consist of the need to breath air, hunger, thirst, avoidance of extreme heat and cold. These needs are such that if they are not satisfied the organism dies. The second need level: the need for safety.

Once safety and physiological needs are met, higher, more typically "human" needs come to the foreground, in the first place the need for love and belonging. This is the basic social or affiliation motive, which drives people to seek contact with others and to build satisfying relations with them. Satisfaction of belongingness needs triggers the emergence of the esteem need. In this stage of need gratification, persons also want to be esteemed, by the people they are in contact with, as well as by themselves: they want to know that they are capable of achievement and success (Heylighen, 1992).

When all these needs are satisfied, we are left with the last one, the highest need, the need for self-actualization. This need is fundamentally different from the previous ones, in the sense that all the previous ones can be conceived as drives towards the reduction of a deficiency. Such a deficiency means that there is a discrepancy between the actual state of the individual, and some fixed optimal or equilibrium state, characterized by adequate values of the basic variables, as well physiological variables such as temperature, level of sugar in the blood, etc., as psychological ones such as feeling of safety, of belongingness, of esteem.

The control which deficiency needs exert over the individual's behavior is implemented as a negative feedback loop, which diminishes deviations from the goal state. Self-actualization, on the other hand, may be called a growth need, in the sense that deviations from the previously reached equilibrium state are not reduced, but enhanced, made to grow, in a deviation-amplifying positive feedback loop. The deviations to be amplified are

changes which can be interpreted as improvements in some way of the overall personality, as development of remaining potentialities. If you eat food, your desire for it becomes less and less, in accordance with principle (1). However, if you develop your capacities, you want to develop them more and more (Heylighen, 1992).

2.2.6.2 Achievement theory

One theory of Achievement Motivation was proposed by Atkinson and Feather 1966. They stated that a person's achievement oriented behavior is based on three parts: the first part being the individual's predisposition to achievement, the second part being the probability of success, and third, the individual's perception of value of the task. Atkinson and Feather stated that the strength of motivation to perform some act is assumed to be a multiplicative function of the strength of the motive, the expectancy (subjective probability) that the act will have as a consequence the attainment of an incentive, and the value of the incentive (Zenzen, 2002).

Bar-Tal, Frieze and Greenberg 1974 believed that the individual's perception of probability for achieving the task would cause a need to achieve and a fear of failure. Both are strong emotions that influence the individual's decision on whether or not to attempt the task. If a task simultaneously arouses an individual's motivation to approach the task and motivation to avoid the task, then the sum of the two motivations will be the result. If the result is more positive to approach the task, then the individual will be motivated toward the task. If the result is more positive to avoid the task, then the individual will be motivated to avoid the task. The strength of motivation also is important. According to Atkinson and Feather, different variables are taken into account for each task, often this is done subconsciously, these variables factor into how much the individual is motivated to approach or avoid the task. In a person motivated to achieve, their behavior is directed by a positive possibility.

In a person motivated to avoid failure, their behavior is directed by an undesirable possibility. The same person may experience both motives at the same time depending on the situation. Which motive the person selects depends on the relative strength of the achievement motives, either to achieve success, or to avoid failure. An individual will find a task easy if they have a high probability of successfully completing the task. An individual will find a task hard if they have a low probability of successfully completing the task (Zenzen, 2002).

2.2.6.3 Two-factor theory

On 1959, Herzberg constructed a two-dimensional paradigm of factors affecting people's attitudes about work. He concluded that such factors as company policy, supervision, interpersonal relations, working conditions, and salary are hygiene factors rather than motivators. According to the theory, the absence of hygiene factors can create job dissatisfaction, but their presence does not motivate or create satisfaction.

In contrast, he determined from the data that the motivators were elements that enriched a person's job; he found five factors in particular that were strong determiners of job satisfaction: achievement, recognition, the work itself, responsibility, and advancement. These motivators (satisfiers) were associated with long-term positive effects in job performance while the hygiene factors (dissatisfiers) consistently produced only short-term changes in job attitudes and performance, which quickly fell back to its previous level.

In summary, satisfiers describe a person's relationship with what she or he does, many related to the tasks being performed. Dissatisfiers, on the other hand, have to do with a person's relationship to the context or environment in which she or he performs the job. The satisfiers relate to what a person does while the dissatisfiers relate to the situation in which the person does what he or she does (Gawel, 1997).

2.2.6.4 Expectancy theory

Expectancy theory derives from the early work of Lewin (1938) and Tolman (1959), who saw behavior as purposeful, goal directed, and largely based on conscious intentions. Vroom 1964 presented the first systematic formulation of expectancy theory as it related to the workplace. He argued that employees tend to rationally evaluate various on-the-job work behaviors (e.g., working harder) and then choose those behaviors they believe will lead to their most valued work-related rewards and outcomes (e.g., a promotion). Thus, the attractiveness of a particular task and the energy invested in it will depend a great deal on the extent to which the employee believes its accomplishment will lead to valued outcomes. Porter and Lawler 1968 expanded Vroom's initial work to recognize the role of individual differences (e.g., employee abilities and skills) and role clarity in linking job effort to actual job performance. Porter and Lawler also clarified the relationship between performance and subsequent satisfaction, arguing that this relationship is mediated by the extent and quality of the rewards employees receive in exchange for good job performance (Steers, et al, 2004).

2.2.6.5 Intrinsic motivation and the 16 basic desires theory

Steven Reiss has proposed a theory which found 16 basic desires that guide nearly all human behavior. The desires are:

- Acceptance, the need for approval
- Curiosity, the need to think
- Eating, the need for food
- Family, the need to raise children
- Honor, the need to be loyal to the
- Physical Activity, the need for exercise
- Power, the need for influence of will
- Romance, the need for sex

traditional values of one's clan/ethnic group
- Idealism, the need for social justice
- Independence, the need for individuality
- Order, the need for organized, stable, predictable environments
- Saving, the need to collect
- Social Contact, the need for friends (peer relationships)
- Status, the need for social standing/importance
- Tranquility, the need to be safe
- Vengeance, the need to strike back

In this model, people differ in these basic desires. These basic desires represent intrinsic desires that directly motivate people behavior, and not aimed at indirectly satisfying other desires. People may also be motivated by non-basic desires, but in this case this does not relate to deep motivation, or only as a means to achieve other basic desires (Reiss, 2004).

2.3 Performance

2.3.1 Definition

The oxford English dictionary (1989) defines performance as "the accomplishment, execution, carrying out and working out of any thing ordered or undertaken".

Performances mean both behavior and transform performance from abstraction to action. This indicates that performance is about doing the work as will as being about the results achieved, so when managing the performance of teams and individuals both inputs "behavior" and outputs "results" need to be considered (Huber, 2000).

2.3.2 Principles of performance

The principles of performance management have been summarized by Internal Revenue Services (IRS)1996 as follows:

- It translates corporate goals into individual's team, department and divisional goals.

- It helps to clarify corporate goals.
- It is a cantinas and evolutionary process, in which performance improves over time.
- It relies on consensus and cooperation rather than control or coercion.
- It encourages self-management of individual performance.
- It requires a management style that is open and honest and encourages two-way communication between superiors and subordinates.
- It requires continuous feedback.
- It measures and assesses all performance against jointly agreed goals.
- It should apply to all staff, and it is not primarily concerned with linking performance to financial reward (Armstrong, 2000).

2.3.3 Measurement of performance

Performance measures are agreed when setting objectives provide evidence of whether or not the intended result has been achieved and the extent to which the job holder has produced that result.

2.3.3.1 Performance measurement tools

Performance is measured from collected data. There are various methods and tools used including:

-Anecdotal Notes: Includes written records of observation of behaviors and attitudes of employees during their work and interaction with clients and colleagues.

-Open-Ended Essays: Description of the perception of performance written by an evaluator in essay form.

-Checklists: Lists of desired characteristics or behaviors that are expected from every employee in the institution.

-Rating scale: Likert-type scale within a range of numbers, such as 1 to 5, for assessing characteristics such as quality of work and initiative. Example of this type of rating (excellent = 5, very good – 4, good = 3, fair = 2 and weak = 1).

-Behaviorally anchored rating: Scales that focus on behaviors to increase objectivity of the appraisal (Veninga, 1982).

Many performance appraisal tools categorize performance into levels. Although the number of levels varies, seven levels have been identified:

1) Completely unacceptable 2) Marginally unacceptable 3) Marginally acceptable 4) Adequate 5) Good 6) Very good 7) Exceptionally good.

For behavioral descriptions of nursing performance, a range of categories include:

1) Unacceptable 2) Poor 3) Average 4) Good 5) Excellent (Huber, 2000).

2.3.4 Performance Management

Performance management (PM) is a process which is designed to improve organizational, team and individual performance and which is owned and driven by line managers. PM is concerned with getting the best performance from individuals in an organization, as well as getting the best performance from teams, and the organization as a whole. Effective PM therefore involves sharing an understanding of what needs to be achieved and then managing and developing people in a way that enables such shared objectives to be achieved (Dransfield, 2000: 69). PM is a process which contributes to the effective management of individuals and teams in order to achieve high levels of organizational performance. As such, it establishes shared understanding about what is to be achieved and an approach to leading and developing people which will ensure that it is achieved. PM is a process, not an event. It operates as a continuous cycle (Armstrong and Baron, 2004).

A well-developed PM system will include the following: A statement outlining the organization's values, a statement of the organization's objectives, individual objectives which are linked to the organization's objectives, regular performance reviews throughout the year, performance-related pay and training and counseling (Dransfield, 2000).

PM creates the context for – and the measure of – performance. Performance is defined as the potential for future implementation of actions in order to reach the objectives and targets. PM precedes performance measurement and gives it meaning (Lebas, 1995).

PM is a strategy which relates to every activity of the organization set in the context of its human resource policies, culture, style and communications systems. The nature of the strategy depends on the organizational context and can vary from organization to organization. In other words, PM should be: Strategic; it is about broader issues and long-term goals and integrated; it should link various aspects of the business, people management, and individuals and teams.

It should incorporate: Performance improvement; throughput the organization, for individuals, team and organizational effectiveness, development; unless there is continuous development of individuals and teams, performance will not improve, managing behavior; ensuring that individuals are encouraged to behave in a way that allows and fosters better working relationships (CIPD, 2010).

In the context of health care, nurse managers should nursing as a career and they should develop and implement various strategies to increase nurses' career commitment and nurses' job performance. These strategies should focus on nurse retention, staff development and quality of care (Mrayyan and Al-Faouri, 2008).

2.3.5 Performance Appraisal

Performance appraisal (PA) is one element in a broader organizational system of quality assurance. It is itself a system having several interdependent parts and is designed to serve organizations and individuals. Good PA provides a systematic, orderly source of information not available to the organization in any other way. PA system, inorder to be effective, must be suited to the philosophy, goals and objectives of an organization, understood by all personnel, enacted and operationalized by qualified managers and staff (Queen, 1995).

PA must be interactive to be effective. One-way evaluation results when supervisors, staff or both lack the knowledge or the skills needed to use the process or when they ignore the process of evaluation. This happens when the staff nurse does not actively participate in the process. In another instance, objective evaluation of performance remains an expectation of the staff nurse because the supervisor does not appropriately enact the process. Two-way participation in evaluation is important from a societal and professional perspective. Society expects professionals to maintain high standards of performance. This expectation is indeed challenging in light of today's rapidly changing knowledge and technology advances. Active participation in evaluation lies at the core of professional effectiveness. For a staff nurse to participate well in the process, adequate knowledge about PA is needed (Murray and DiCrose, 2003).

Purposes of PA includes: To maintain safe competent care, to meet organizational goals, to foster professional development and to develop ideas for clinical nursing research (Queen, 1995).

PA is multifaceted, dynamic and a managerial tool designed to evaluate performance, identify unrecognized talent and ability, influence motivation, assign rewards, take disciplinary action and encourage career goal planning (Murray and DiCrose, 2003). PA is

a process of systematically evaluating performance and providing feedback on which performance adjustments can be made. It works on the basis of the following formula:

Desired performance – actual performance = need for action (Dransfield, 2000).

2.3.6 Stress and job performance

Work stress is defined as the harmful physical and emotional responses that occur when job requirements do not match the worker's capabilities, resources, and needs (NIOSH, 1999). It is recognized world-wide as a major challenge to individual mental and physical health, and organizational health (ILO, 1986). Work stress can come from a variety of sources and affect people in different ways. Although the link between psycho-social aspects of the job and the health and well-being of workers has been well documented (Dollard and Metzer 1999), limited work has been done on the effects of distinct stressors on job performance. As well, various protective factors can prevent or reduce the effects of work stress, and little research has been done toward understanding these mitigating individual and organizational factors.

One important source of work stress is job strain. Physical exertion and job insecurity can also cause stress. Even in an era of increasing high-tech information industries, the physical demands of work are still relevant and important to many. Being seriously concerned about physical exertion of work can become a stressor. This is related to concerns about physical hazards and work injuries. Undoubtedly, uncertain job security and the fear of layoff is also an important source of psychological stress for some, especially during times of economic contraction (Williams, 2003).

St. Paul fire and marine insurance company conducted several studies on the effects of stress prevention programs in hospital settings. Program activities included employee and management education on job stress, changes in hospital policies and procedures to reduce

organizational sources of stress, and establishment of employee assistance programs. In one study, the frequency of medication errors declined by 50% after prevention activities were implemented in a 700- bed hospital. In a second study, there was a 70% reduction in malpractice claims in 22 hospital that implemented stress prevention activities. In contrast, there was no reduction in claims in a matched group of 22 hospitals that did not implement stress prevention activities (Jones, et al., 1998).

Stressed workers are also more likely to be unhealthy, poorly motivated, less productive and less safe at work. Some studies revealed that there is a relationship between stress at work and performance (Abu Al-Rub and Al-Zaru, 2008; Abu Al-Rub, 2004), other study showed that subjective stress at work leads to poor performance (Packard and Motowidlo, 2007). Another study indicated that there is inverse relationship between job stress and job performance, indicating that high stress result in low job performance (Kazmi, 2008). Also, the study of Jamal (1984) revealed negative relationship between stress and performance and employees' professional and organizational commitment were proposed to moderate the stress-performance relationship.

Shift workers were more likely to have high-strain jobs than other workers. They had higher levels of psychological demands and lower levels of job control. Furthermore, compared with regular schedule workers, shift workers were more likely to perceive their jobs as physically demanding and less satisfying. These findings are consistent with previous research indicating poorer general health and higher levels of work stress among shift workers (Harrington 2001; Shields 2006). Shift workers' stress may result from lack of socializing with family and friends, difficulty planning for family responsibilities, taking part in regular job activities or forming routines (Occupational Health Clinics for Ontario Workers 2005). It may also be related to the health effects shift work causes, such as disruption of circadian rhythm, reduction in quality and quantity of sleep, fatigue, anxiety,

depression and increased neuroticism (Harrington 2001). Long working hours – 12 hours shift – adds extra pressure on nurses, consequently affects their performance and productivity. This is supported by the study results of (Fitzpatrick, 1999) which showed that 12-hours shift decrease effectiveness of performance and raised the need to change the working hours shifts.

2.3.7 Rewarding performance

Rewards are important in attracting, motivating and retaining the most qualified employees, and nurses are no exception to this rule. This makes the establishment of an efficient reward system for nurses a true challenge for every hospital manager. A reward does not necessarily have a financial connotation: non-financial rewards may matter too, or may even be more important (Gieter, 2006).

Rewards play an important role in organizations: they influence a variety of work-related behavior (Eastaugh, 2002), as well as the motivation of employees (Nayeri, et al., 2005). They are used to guide behavior and performance in an attempt to attract and retain the best-qualified employees and keep them satisfied and motivated. As hospitals and other related health-care institutions (e.g. homes for the elderly) are no exception to this rule, rewarding their nurses efficiently and effectively is a challenge for all such organizations, given the crucial influence of nurses on their organizational performance (Hampton. and Hampton, 2004).

Reward systems within a team-based organization should fit the logic of that organization. In order for people to feel equitably rewarded, individuals could (and generally should) be rewarded for the performance of all the performing units to which they belong and contribute. This leans toward a multilevel reward system based on team performance,

business-unit performance, organization performance and may imply recognition of multiple-team membership. Many mangers who focus on lateral organization and teamwork often continue to believe that good performance is primarily a function of "superstars" and reflects the skills of a manager rather than all the units combined. The reward system in a organization is more likely to involve lateral development than traditional "promotion" (Waitley, 1996).

2.3.8 Employee motivation and performance

The topic of employee motivation plays a central role in the field of management both practically and theoretically. Managers see motivation as an integral part of the performance equation at all levels (Steers, et al, 2004). Nurses are one of the most important, if not the most important, human resources of hospitals and other health-care organizations. Their influence on organizational performance is abundantly clear (Hampton and Hampton, 2004). Trying to fulfill their expectations and maximize their performance is a challenging task of hospital managers. Rewarding them sufficiently is part of this deal, since rewards play an important role in attracting, motivating and retaining employees (Gieter, 2006).

Vroom's expectancy theory is based on the belief that employee effort will lead to performance and performance will lead to rewards, often referred to as outcomes. The theory suggests that individual people have different goals and can be motivated if there is a positive correlation between effort and performance, where effort ill lead to performance; and a good performance will lead to a desirable reward; and this desirable reward will satisfy an important need; and the desire to satisfy the need is strong enough to make the effort worthwhile. (Fudge, R and Schlacter, 1999).

Motivation has multi-dimensional outcome. Job motivation is essential for enhancing nurses` role, strengthening the professional image, improving the healthcare system,

increasing the quality of caring and the individual and community health. To maximize health care effectiveness, health workers, especially nurses must be motivated. It can be facilitated by eliminating barriers to job motivation. Barriers to job motivation identified by nurses include job difficulty, powerlessness and lack of authority, low income, harassment and violence to them, lack of support for nurses, centralized management, physician-centered culture in hospitals, lack of facilities and lack of clear job description (Oshvandi, et al., 2008).

The relationship between motivation and performance is often talked about but not many organizations are making concrete efforts to study it in detail and thus ending up walking in the blind alley rather than taking decisions based on the findings of investigators. Good motivating strategy should enable employees to put in work their knowledge, skills and expertise (Mann, 2008).

The link between motivation and performance seems to be obvious. If individuals are highly motivated, they will perform better. In turn, better performance may lead to a sense of achievement and result in greater motivation. Thus the relationship between motivation and performance can be a mutually reinforcing one (Sunila, 2009).

2.3.9 Summary of Literature Review

The issue of work motivation and performance is of great importance for the success of any organization. Often, an organization which have clear system of rewarding, will be more productive in terms of quality and quantity and a higher rate of employees retention.

In this literature review, it was obvious that the concept of motivation had a considerable attention from most of psychologists and many theories from different schools were written. Even though, theories of motivation described motivating factors from different aspects, but all of them agreed that motivation (intrinsic or extrinsic) is vital for the

survival and well-being of the individual, but differences in type and intensity could be found between male and female individuals. Arlene (1998) found that men have a higher career motivation than women and Hollenshead and Larsh (1997) found that males have a higher motivation compared to females.

Performance of employees depends on how an employee act and behave in the work place. Performance needs both knowledge and skills that enables the employee to be productive. Managers need to know capabilities of their subordinates in order to determine and allocate development programs to qualify their employees. Having a clear performance appraisal and discussing it with employees will highlight the weak and strong points in performance for the employee and according to the results of appraisal managers can determine training needs of their employees. Some theorists believe that there is a link between motivation and performance and performance management must take this link in consideration in order to have effective, productive employees.

Some theorists and researchers emphasize the correlation between work motivation and performance and believe that in order for the employee to perform well, he should be motivated and interested in that work (Germain and Cummings, 2010, Taghari, 2006, Szilagyi, 1975).

Chapter Three

Methodology

3.1 Study design

In this study, the researcher used descriptive, analytical, cross sectional design, which is useful for the descriptive purposes and it is proper to measure the study variables (motivation and performance). Cross sectional studies are generally carried out on a population at a point of time or over a short period (Coggon, et al, 1993). Also, cross sectional designs examine the relationship between variables, are economical, quick and managed easily (Polit and Hungler, 1999).

3.2 Study population

The study population consisted of all nurses (head of departments, supervisors and regular nurses) who are currently working at EGH. Total number was 228. Number of nurses who met inclusion criteria and agreed to participate in the study was 170 nurses (96 male and 74 female), of them 143 subordinates (regular nurse) and 27 nurse managers (head of departments and supervisors). Response rate was 100%, which ensured high representativeness.

3.3 Period of the study

The study was conducted during the period from May 2010 to October 2010.

3.4 Setting of the study

The study was carried out at EGH in Khanyounis.

3.5 Eligibility

All EGH nurses were legible for selection including nursing managers and staff nurses.

3.5.1. Inclusion criteria

- Nurses who are currently at work in EGH.
- Being employed for one year and more.
- Working full time.
- Have been evaluated in the last year (2009).

3.5.2. Exclusion criteria

- Nurses who had been employed for less than one year.
- Nurses with temporary contract.
- Volunteer nurses.
- Part time nurses
- Nurses on long-term vacation during study period.

3.6 Instruments of the study

The researcher used two instruments for data collection:

- motivation questionnaire: prepared by the researcher.
- Performance appraisal format: prepared by the General Employees council.

3.6.1. Motivation questionnaire

The researcher reviewed previous literature and studies related to the topic of motivation, then a questionnaire was developed based on previous literature. The questionnaire consists of 64 statements distributed into 5 dimensions as follows: communication and

morale consists of 12 statements; recognition and rewards consists of 11 statements; interest and enjoyment consists of 13 statements; work environment and conditions consists of 11 statements; supervision and management consists of 17 statements.

Scoring of the questionnaire was according to Likert scale with five responses.

(5) Strongly agree (4) agree (3) neutral (2) disagree (1) strongly disagree

Ten motivating items to be ranked according to priority.

After conducting pilot study, 8 statements were omitted due to weak correlation. The final modified questionnaire composed of 56 statements as follows: communication and morale consists of 11 statements, recognition and rewards consists of 10 statements, interest and enjoyment consists of 11 statements, work environment and conditions consists of 9 statements and supervision and management consists of 15 statements.

3.6.2. Performance appraisal format

There are two formats, one for health technicians (regular nurses) and one for managers. Each format consists of 4 dimensions, covering aspects of performance.

3.6.2.1 Performance appraisal for managers

Consists of 25 statements distributed on 4 dimensions: Productivity and progress consists of 10 statements; communication and team work consists of 6 statements; self management consists of 5 statements; responsibility and initiation consists of 4 statements.

3.6.2.2 Performance appraisal for subordinates

Consists of 18 statements distributed on 4 dimensions: Productivity and progress consists of 8 statements; communication and team work consists of 3 statements; self management consists of 3 statements; responsibility and initiation consists of 4 statements.

Total scores on each format equals 100, rated as follows: Excellent between 85 – 100%; very good 75 – 84%; good 65 – 74%; moderate 50 – 64% and poor less than 50%.

3.7 Pilot study

The researcher conducted a pilot study on a sample of 26 subjects, selected randomly (13 male and 13 female), from different departments in the EGH. Those who were engaged in the pilot study were excluded from the actual study sample. After conducting the pilot study and performing validity and reliability procedures, needed modifications were applied to study instruments.

3.8.1. Validity

A. Face validity:

For the purpose of ensuring validity, the researcher distributed the questionnaire to experts in this field for face and judged content validity. Their suggestions were considered.

3.8.2. Reliability

A. Split half

The researcher calculated the correlation coefficient between the total scores of odd statements and the total score of even statements, the correlation value was (R = 0.6039), then the researcher used equal length Spearman-Brown equation, the correlation value was (R = 0.7530).

B. Cronbache alpha

The researcher used Cronbache alpha test to find the reliability for each dimension and the total score of the scale. The results are shown in table (3.1).

Table (3.1): Cronbache alpha coefficient

Dimension	Alpha
Communication and morale	0.5640
Recognition and rewards	0.4336
Interest and enjoyment	0.6204
Work environment and conditions	0.3253
Supervision and management	0.6602
Total score	**0.7576**

Validity and reliability was not conducted for performance appraisal format as it is validated and recognized by the General Council of Employees and MOH.

3.8 Ethical Consideration

Approval for conducting the study was obtained from Helsinki committee and MOH. The researcher explained the purpose and objectives of the study to all subjects. Participation in the study is optional and confidential. Neither name nor personal data will be published.

3.9 Limitation of the study

- Financial support is a major limitation
- Lack of relevant resources
- Some nurses left their work due to political conflicts
- Frequent cutoff of electricity

3.10 Data Collection

Data was collected by the researcher from nurses who met inclusion criteria. After

selection of subjects, the researcher explained the purpose and objectives of the study and declared and committed to the participants the confidentiality of the study. After the free acceptance, the subjects were asked to fill the questionnaire. The average time for filling the questionnaire is about 15 minutes.

3.11 Statistical Analysis

The researcher used Statistical Package for Social Sciences (SPSS) for data coding and analysis. After data entry, the researcher performed simple statistical procedures including frequencies, mean, standard deviation and percentage. More advanced statistical procedures were performed including Pearson correlation test, t test and One Way ANOVA test. The results were presented in tables.

Chapter Four

Results and Discussion

4.1 Sample characteristics

The study sample composed of 170 subjects (96 male and 74 female). Sample characteristics are illustrated in the following table.

Table (4.1): Sample characteristics

Sample characteristics	Frequency	Percent %
Age		
25 and less	20	11.76
26 – 35	93	54.70
36 – 45	39	22.95
above 45	18	10.59
Total	**170**	**100.0**
Marital status		
Single	25	14.70
Married	145	85.29
Qualification		
Diploma	50	29.41
Bachelor	110	64.70
Post graduate	10	5.88
Place of residency		
Gaza	4	2.35
Middle zone	32	18.82
Khanyounis	62	36.47
Rafah	72	42.35
Years of experience		
5 and less	60	35.29
6 – 10	53	31.17
11 - 15	34	20.00
16 and more	23	13.52
Salary (IS)		
less than 2000	48	28.23
2000 – 3000	82	48.23
more than 3000	40	23.52
Position		
Regular Nurse (subordinate)	143	84.11
Nurse Manager	27	15.88
Department type		
Cold	97	57.06
Hot	73	42.94

More than half 54.70% of study participants aged between 26 – 35 years old, the majority of them 85.29% were married, 64.70% have bachelor degree, most of them were from Rafah 42.35% and 36.47 from Khanyounis, 35.29% have an experience of 5 years and less and 31.17% have an experience ranged between 6 – 10 years, 48.23% earn between 2000 – 3000 IS per month, 84.11% were nurse subordinate and 15.88% were nurse managers, 57.06 were working in cold departments (medical – surgical – pediatrics – out patient clinics) and 42.94% were working in hot departments (ICU – SCBU – CCU – ER).

4.2 Study results

To answer the research questions, the research performed appropriate statistical procedures to analyze data. Simple statistics were used including Mean, Standard Deviation and Percentage. Also more advanced tests were used including Pearson correlation test, t test, ANOVA and Scheffe test. The results are illustrated below.

4.2.1 Level of motivation

To find out the level of motivation among study subjects, the researcher calculated mean scores and percentage. The results are illustrated below. (see annex 8).

Table (4.2): Motivation level for study subjects (n = 170)

Dimension	Maximum score	Mean	Standard deviation	Percentage
Communication and morale	55	38.52	5.79	70.04
Recognition and rewards	50	26.96	6.30	53.92
Interest and enjoyment	55	41.70	7.54	75.81
Environment and work conditions	45	24.11	5.53	53.58
Supervision and management	75	54.08	10.92	72.11
Total score	**280**	**185.38**	**25.68**	**66.21**

From table 4.2, the results showed that the total motivation level among nurses working at EGH accounted for 66.21%. Interest and enjoyment was the highest among motivation dimensions and it accounted for 75.81%, followed by supervision and management 72.11%, communication and morale 70.04%, recognition and rewards 53.92% and the lowest was environment and work conditions 53.58%.

This result revealed that the highest motivator among nurses was interest and enjoyment in the work being done, which is something felt emotionally rather than tactile motivators, while environment and work conditions, and recognition and rewards were the lowest..

The study conducted by (Kang, et al., 2005) reported that work environment is an essential motivator and when nurses care for patients, the degree of task motivation depends on the work environment supporting the professional nursing practice.

This result should raise the attention of the administration board toward strengthening and enhancing some motivation aspects including recognition and rewards, and improving work environment and conditions in order to increase the level of motivation among its staff.

4.2.2 Level of performance

Table (4.3): Performance level for nurse subordinates (n = 143)

Dimension	Maximum score	Mean	Standard deviation	Percentage
Production and progress	48	38.74	3.33	80.72
Communication and team work	12	9.84	0.95	82.05
Self management	24	18.67	2.34	77.79
Accountability and initiative	16	13.12	1.19	82.03
Total score	100	80.39	5.38	80.39

From table 4.3 the results showed that the highest performance scores were in the communication and team work (82.05) followed by accountability and initiative (82.03), production and progress (80.72) and self management (77.79). The average performance level was (80.39). This result agreed with the results of bin Otman (2009) which showed that 84.6% of health workers had a high level of work performance. Also the results of Cronin and Becherer (1999) showed that mean ratings of behaviors were relatively high, suggesting that behaviors identified were meaningful ways to provide recognition for nurses performance.

Table (4.4): Performance level for nurse managers (n = 27)

Dimension	Maximum score	Mean	Standard deviation	Percentage
Production and progress	40	33.03	1.82	82.59
Communication and team work	24	20.55	1.25	85.64
Self management	20	16.70	1.20	83.51
Accountability and initiative	16	13.48	0.93	84.25
Total score	100	83.77	3.01	83.77

From table 4.4 the results showed that the highest scores were in communication and team work (85.645), followed by accountability and initiative (84.25), self management (83.51) and production and progress (82.59). The average performance of nurse managers was (83.77%).

This result indicates that nurse managers are performing well and tries to keep high standards of work.

4.2.3 Motivation and demographic variables

4.2.3.1 Differences in motivation between male and female participants

To find out the differences in motivation between male and female participants, the researcher used independent sample t test to find the significance of differences in mean scores on the dimensions of motivation scale and also the total score of the scale. The results are illustrated below.

Table (4.5): Differences in motivation between male and femalesubjects (n = 170)

Variable	Gender	N	Mean	S. deviation	t	*P*
Communication and morale	Male	96	40.44	5.45	5.314	0.000 *
	Female	74	36.02	5.28		
Recognition and rewards	Male	96	27.91	6.44	2.268	0.025 *
	Female	74	25.72	5.92		
Interest and enjoyment	Male	96	42.46	7.31	1.519	0.131
	Female	74	40.70	7.77		
Environment and work conditions	Male	96	24.61	5.74	1.352	0.178
	Female	74	23.45	5.22		
Supervision and management	Male	96	56.47	9.54	3.255	0.001 *
	Female	74	50.98	11.85		
Total score	Male	96	191.92	25.07	3.941	0.000 *
	Female	74	176.90	24.07		

* = significant at 0.05

From table 4.5 the results showed that there are statistically significant differences at 0.05 between male and female nurses in communication and morale, recognition and rewards, supervision and management and the total score of the scale in the favor of male nurses, while there were no significant differences in interest and enjoyment dimension and environment and work conditions. The results of Hollenshead and Larsh (1997) showed that males have a higher motivation to manage compared to females and the

study of Arlene (1998) showed that males have higher career motivation compared to females.

The above results indicated that generally, male nurses having a higher level of motivation than female nurses. This result could be attributed to the fact that male individuals carrying more responsibilities toward their families and in consequence concern more about their work.

4.2.3.2 Differences in motivation related to qualification

To find the differences in motivation between different qualifications (diploma, bachelor, postgraduate), the researcher performed one way ANOVA test to determine the significance of differences between the three groups. The results are illustrated below.

Table (4.6): Differences in motivation related to qualification (n = 170)

Dimension	Qualification	N	Mean	F	*P*
Communication and morale	Diploma	50	38.92	0.84	0.433
	Bachelor	110	38.17		
	Post graduate	10	40.40		
Recognition and rewards	Diploma	50	26.80	2.58	0.079
	Bachelor	110	26.21		
	Post graduate	10	28.64		
Interest and enjoyment	Diploma	50	43.10	1.58	0.209
	Bachelor	110	41.29		
	Post graduate	10	39.20		
Environment and work conditions	Diploma	50	25.40	2.42	0.091
	Bachelor	110	23.42		
	Post graduate	10	25.20		
Supervision and management	Diploma	50	54.00	0.02	0.974
	Bachelor	110	54.19		
	Post graduate	10	53.40		
Total score	Diploma	50	190.06	1.19	0.305
	Bachelor	110	183.30		
	Post graduate	10	185.00		

From table 4.6 it is clear that all the nurses (subordinates and managers) with different qualifications (diploma – bachelor – post graduate) having the same level of motivation. This result could be attributed to clear policy and clear responsibilities assigned to nurses from different levels of qualification, adding to that the spirit of team work among hospital staff, where every one knows his duties and responsibilities.

4.2.3.3 Differences in motivation related to experience

To find the differences in motivation between different years of experience, the researcher performed one way ANOVA test. The results are illustrated below.

Table (4.7): Differences in motivation related to years of experience (n = 170)

Dimension	Experience years	N	Mean	F	*P*
Communication and morale	5 years and less	60	37.85	1.12	0.341
	6 – 10	53	38.15		
	11 – 15	34	40.00		
	16 and more	23	38.95		
Recognition and rewards	5 years and less	60	23.55	12.78	0.000 *
	6 – 10	53	27.66		
	11 – 15	34	29.20		
	16 and more	23	30.95		
Interest and enjoyment	5 years and less	60	41.85	0.39	0.760
	6 – 10	53	40.88		
	11 – 15	34	41.94		
	16 and more	23	42.82		
Environment and work conditions	5 years and less	60	23.20	2.52	0.060
	6 – 10	53	23.96		
	11 – 15	34	24.08		
	16 and more	23	26.86		
Supervision and management	5 years and less	60	53.65	0.32	0.808
	6 – 10	53	55.26		
	11 – 15	34	53.11		
	16 and more	23	53.95		
Total score	5 years and less	60	180.10	1.81	0.147
	6 – 10	53	185.92		
	11 – 15	34	188.35		
	16 and more	23	193.56		

* = significant at 0.05

Table (4.8): Mean difference between different experience groups

Dimension	Category	Mean difference	P
Recognition and rewards	(5 years and less) – (6 – 10 years)	-4.110	0.003 *
	(5 years and less) – (11 – 15 years)	-5.655	0.000 *
	(5 years and less) – (16 years and more)	-7.406	0.000 *

* = significant at 0.05

The above results showed that there were no significant differences in all dimensions and total score of motivation scale related to years of experience except the recognition and rewards dimension the differences were significant at 0.05 in the favor of groups of more years of experience, F = 12.78 and P value was 0.000.

From the above result it is clear that as the nurse having more years of experience, his need for recognition and rewards as a motive will increase compared to newly employed nurses. In contrast to this result, the study results of Gieter (2006) indicated that younger and less experienced nurses considered promotion possibilities as more rewarding than the older and more senior nurses, on the other hand, older nurses with more experience valued job security and working for a hospital with good reputation.

4.2.3.4 Differences in motivation related to position (nurse subordinate – manager)

To find the differences in motivation between nurse subordinates and nurse manager, the researcher performed independent sample t test. The results are illustrated below.

Table (4.9): Differences in motivation between nurse subordinate and nurse manager (n = 170)

Dimension	Category	N	Mean	S. deviation	T	*P*
Communication and morale	Nurse	143	37.86	5.76	-3.551	0.000 *
	Manager	27	42.03	4.61		
Recognition and rewards	Nurse	143	26.27	6.36	-4.235	0.000 *
	Manager	27	30.62	4.57		
Interest and enjoyment	Nurse	143	41.70	7.47	0.025	0.980
	Manager	27	41.66	8.04		
Environment and work conditions	Nurse	143	23.90	5.53	-1.099	0.273
	Manager	27	25.18	5.50		
Supervision and management	Nurse	143	53.83	11.13	-0.702	0.483
	Manager	27	55.44	9.83		
Total score	Nurse	143	183.58	25.54	-2.134	0.034 *
	manager	27	194.96	24.68		

* = significant at 0.05

From table 4.9, the results showed that there was statistically significant differences at 0.05 between nurse subordinates and nurse manager in communication and morale, recognition and rewards and the total score of the scale in the favor of nurse managers.

The above results indicated that nurse managers have a higher level of motivation compared to nurse subordinates. This result could be attributed to the fact that having a managerial postition with some authority and prestige will motivate the employee more than others who do not have a managerial position .

4.2.3.5 Differences in motivation related to department

To find the differences in motivation between nurses working in different departments' type (cold) included general surgery and medical wards and (hot) included intensive care units, operating rooms, emergency department, and cardiac unit. The researcher performed t test. The results are illustrated below.

Table (4.10): Differences in motivation between cold and hot departments

Dimension	Category	N	Mean	S. deviation	t	*P*
Communication and morale	Cold	97	38.13	5.88	-1.010	0.314
	Hot	73	39.04	5.67		
Recognition and rewards	Cold	97	26.81	6.25	-0.357	0.722
	Hot	73	27.16	6.41		
Interest and enjoyment	Cold	97	41.16	7.81	-1.066	0.288
	Hot	73	42.41	7.16		
Environment and work conditions	Cold	97	24.55	5.50	1.209	0.228
	Hot	73	23.52	5.55		
Supervision and management	Cold	97	51.80	11.30	-3.229	0.001 *
	Hot	73	57.12	9.66		
Total score	Cold	97	182.47	26.15	-1.715	0.088
	Hot	73	189.26	24.67		

* = significant at 0.05

From table 4.10, the results showed that there were no significant differences in dimensions of motivation and total score of motivation scale between nurses who are working in cold departments (medical – surgical – pediatrics – out patient clinics) and hot departments (ICU – CCU – SCBU – PICU) except in supervision and management dimension where the differences were significant at 0.05 in favor of nurses working in hot departments.

This result means that generally the kind of department did not make a difference in motivation. This result could be attributed to the support and reinforcement of good nursing care by nurse managers as the hospital is moving toward specialization in health services provided to clients.

4.2.3.6 Differences in motivation related to monthly salary

To find the differences in motivation between different salaries, the researcher performed one way ANOVA test to determine the significance of differences between the three

groups (less than 2000 IS, 2000 – 3000 IS, more than 3000 IS). The results are illustrated below.

Table (4.11): Differences in motivation related to salary (n = 170)

Dimension	Salary	N	Mean	F	*P*
Communication and morale	less than 2000	48	37.95	3.73	0.020 *
	2000 – 3000	82	37.80		
	above 3000	40	40.67		
Recognition and rewards	less than 2000	48	23.54	12.86	0.000 *
	2000 – 3000	82	27.63		
	above 3000	40	29.70		
Interest and enjoyment	less than 2000	48	43.14	1.56	0.212
	2000 – 3000	82	40.74		
	above 3000	40	41.92		
Environment and work conditions	less than 2000	48	24.31	2.46	0.088
	2000 – 3000	82	23.26		
	above 3000	40	25.60		
Supervision and management	less than 2000	48	52.93	0.40	0.668
	2000 – 3000	82	54.35		
	above 3000	40	54.92		
Total score	less than 2000	48	181.89	2.31	0.102
	2000 – 3000	82	183.80		
	above 3000	40	192.82		

* = significant at 0.05

Table (4.12): Mean differences between different salary groups

Category	Communication and morale		Recognition and rewards	
	Mean difference	P	Mean difference	P
(2000 – 3000) – (less than 2000)	--	--	4.092	0.001 *
(above 3000) – (less than 2000)	--	--	6.158	0.000 *
(above 3000) – (2000 – 3000)	2.870	0.036 *	--	--

* = significant at 0.05

The above results showed that there were statistically significant differences between groups of different salaries at 0.05 in communication and morale dimension and recognition and rewards in the favor of the groups of higher salary (above 3000 IS), but there were no significant differences in interest and enjoyment, environment and work conditions, supervision and management and total score of the scale.

4.2.4 Differences in performance between male and female participants

To examine the differences in performance between male and female participants, the researcher performed independent sample t test. The results are illustrated below.

Table (4.13): Differences in performance between male and female nurse subordinates (n = 143)

Variable	Gender	N	Mean	S. deviation	t	*P*
Production & progress	Male	74	38.68	3.12	-0.219	0.827
	Female	69	38.81	3.55		
Communication & team work	Male	74	9.82	0.98	-0.281	0.779
	Female	69	9.86	0.93		
Self management	Male	74	18.79	2.43	0.664	0.508
	Female	69	18.53	2.25		
Accountability & initiative	Male	74	13.18	1.16	0.653	0.515
	Female	69	13.05	1.23		
Total score	Male	74	80.50	5.20	0.248	0.804
	Female	69	80.27	5.61		

// = not significant

From table 4.13, the results showed that there were no significant differences between male and female nurses in all dimensions of performance scale and the total score of the scale.

The above results indicated that both male and female nurses having the same level of performance. This result could be attributed to having clear policies and standards that regulate the work tasks being performed by all the nurses working in the hospital.

Table (4.14): Differences in performance between male and female nurse managers (n = 27)

Variable	Gender	N	Mean	Standard deviation	t	*P*
Production & progress	Male	22	33.27	1.90	1.433	0.164
	Female	5	32.00	1.00		
Communication & team work	Male	22	20.54	1.33	-0.086	0.932
	Female	5	20.60	0.89		
Self management	Male	22	16.63	1.25	-0.603	0.552
	Female	5	17.00	1.00		
Accountability & initiative	Male	22	13.40	0.95	-0.839	0.410
	Female	5	13.80	0.83		
Total score	Male	22	83.86	3.32	0.305	0.763
	Female	5	83.40	0.89		

From table 4.14, the results showed that there were no significant differences between male and female managers in all dimensions of performance scale and the total score of the scale.

This result means that both male and female nurse managers have the same level of performance. This result could be attributed to the commitment of nurse managers to keep and maintain standards of work and being a role model to their subordinates in different departments.

4.2.5 Relationship between motivation and work performance

To determine the relationship between motivation and work performance, the researcher performed Pearson correlation test. The results illustrated below.

Table (4.15): Relationship between motivation and performance (n = 170)

Dimension		Production & progress	Communication & team work	Self management	Accountability & initiative	Total score
Communication and morale	R	0.262 **	0.261**	0.266**	0.266**	0.263**
	S	.001	.001	.000	.000	.001
Recognition and rewards	R	0.249**	0.247**	0.249**	0.250**	0.249**
	S	.001	.001	.001	.001	.001
Interest and enjoyment	R	0.001	-0.003	-0.006	0.004	-0.001
	S	.990	.974	.936	.964	.991
Environment and work conditions	R	0.084	0.080	0.078	0.086	0.082
	S	.274	.301	.313	.264	.286
Supervision and management	R	0.056	0.053	0.050	0.063	0.055
	S	.470	.489	.516	.414	.474
Total score	R	0.162*	0.159*	0.158*	0.168*	0.162*
	S	.034	.039	.040	.029	.035

* = significant at 0.05 ** = significant at 0.01 R = correlation value S = significance

From table 4.15, the results showed that there were statistically significant differences at 0.05 between the total score of performance appraisal and total score of motivation scale, r = 0.162 and significance value was 0.035.

The results also showed that there was no statistically significant relationship between environment and work conditions dimension and total score of performance appraisal scale, r = 0.082 and *P* value = 0.286, which is not significant. This result is encounter of the study of Miyuki (2004) which showed that proper work environment and rewards increased level of performance.

Also, there was no statistically significant relationship between supervision and management dimension and total score of performance appraisal scale, r = 0.055 and *P* value = 0.474, which is not significant. This result disagree with the study of Abu Al-Rub (2004) which proved that supervisors support will improve performance.

The above results indicate that there is a significant relationship between motivation and performance in general, but this correlation is low as r value = 0.162. this means that motivated nurses will have a better performance. This result should raise the need for more attention toward increasing motivators or establishing a formal rewarding system in order to enhance performance toward better quality. This result agreed with the result of Taghavi Larijani T. (2006) which revealed a statistical significance relationship between performance improvement as one of the outcomes of the performance appraisal and job motivation. Another study revealed that nursing managers and leaders may enhance their nurses' performance by addressing the factors that affect their ability and motivation to perform and that nursing leadership behavior found to influence both nurses' motivations directly and indirectly (Germain and Cummings, 2010). Also the results of Szilagyi and Sims (1975) showed a consistent relationship between positive reward behavior from managers and subordinate behavior.

4.2.6 Ranking of motivating factors

To find out how nurses and managers ranked the suggested motivating factors, the researcher calculated the mean score for each factor, then arranged them in an order list. The results are illustrated below.

Table (4.16): Ranking of motivating factors

Rank	Motivating factor	Mean score
1	In-service training	8.12
2	Working hours	7.00
3	Promotion	6.77
4	Recognition	6.17
5	Trust	5.49
6	Job security	4.95
7	Salary	4.87
8	Work conditions	4.87
9	Being credited	3.83
10	Respect	2.78

Table 4.16 showed that in-service training was the highest motivating factor for nurses (m = 8.12) followed by working hours (m = 7.00) and the lowest motivating factor was respect (m = 2.78) followed by being credited (m = 3.83). Salary was number seven in the rank (m = 4.87). These results were supported by the results of Claire (2006) which showed that participation in continuous education was of great importance and the main motivators for participation in continuous education were improving self-esteem and confidence and the expectation of increased opportunities for promotion.

The above results revealed that psychological and non-financial motives were more important to nurses compared to financial motivators. This result is encounter with a study conducted in Mali, which showed that the main motivators of health workers were salary, followed by issues related to responsibility, training and recognition (Marjolein, 2006). Also, the study of Hwara (2009) showed that the most important motivators to nurses were dominated by competitive salary which was mentioned by 80.9% of the respondents, attractive or sufficient working conditions which were stated by 71.2% of the nurses,

opportunity for continuous education which was rated by 63.8% of the nursing candidates, reduced workload which was claimed by 59.3% of the nurses, opportunity for the recognition of outstanding performance and opportunity for promotion which were scored by 54.1% and 53.4% of the nurses respectively. while a study conducted in Jordan showed that self-efficacy, pride, management openness, job properties and values were key determinants in motivational outcome (Franco, 2004). The study of Shattuck (2008) identified seven major motivational themes included, financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management and recognition / appreciation. Another study showed that non-financial incentives affecting people of all motivation levels included training and working conditions and feeling cared for and supported by colleagues, supervisors and employer (Gilson, L., 2004). Another study results showed that salary ranked highest, followed by private feedback. Opportunity for growth and development ranked the least meaningful (Cronin and Becherer, 1999).

Chapter Five

Conclusion and Recommendations

5.1 Conclusion

This study was carried out to examine the relationship between motivation and work performance among nurses working at European Gaza Hospital. The study explored levels of motivation and performance in relation to some demographic variables including gender, age, years of experience, post and monthly salary. The results of the study highlighted some indicators that might help decision-makers to act toward raising and reinforcing motivation that could lead to improving work performance to the highest possible levels within the available resources.

The overall level of motivation was (66.210). The researcher believes that here is a need for more attention and work from the side of hospital administration to raise nurses motivation to a higher level in order to improve performance and quality of nursing care provided to clients.

Looking to the domains of motivation, the study subjects reported that interest and enjoyment was the highest (75.818) among motivation domains, followed by supervision and management (72.117), communication and morale (70.041), recognition and rewards (53.928) and environment and work conditions was the lowest (53.580). The researcher believes that being interested and enjoyed in career is of great value and consequently it will affect all the expected activities and behavior required from the nurse.

The overall level of work performance was (80.391) for nurse subordinates and (83.777) for nurse managers, which is very good (according to the designated scoring scale

interpretation). When exploring performance dimensions, communication and teamwork had the highest scores among nurse subordinates (82.050) and among nurse managers (85.645), followed by accountability and initiative which was (82.031) among nurse subordinates and (84.256) among nurse managers. Self management was the lowest (77.795) for nurse subordinates, while production and progress was the lowest (82.592) for nurse managers.

Male nurses showed a higher level of overall motivation and in the dimensions (communication and morale, recognition and rewards, and supervision and management) compared to female nurses, on the other hand, there were no significant differences between male nurses and female nurses in the dimensions (interest and enjoyment, and environment and work conditions).

There were no significant differences in motivation related to qualification (diploma, bachelor, post graduate). Also, there were no significant differences in motivation related to years of experience except in recognition and reward dimension where differences were in favor of nurses with years of experience above 5 years.

Regarding nurses' post, the results revealed that nurse managers are more motivated than nurse subordinates, also there were significant differences in the dimensions (communication and morale, and recognition and rewards) in favor of nurse managers.

There were no significant differences in motivation between nurses working in cold and hot departments except for the dimension (supervision and management) the differences were in favor of nurses working in hot departments.

There were no significant differences in overall motivation related to monthly salary except in the dimensions (communication and morale, and recognition and rewards) where differences were in favor of nurses who earn higher salaries.

There were no significant differences in work performance between male and female nurse subordinates and also between male and female nurse managers.

Concerning the interaction between motivation and performance, the results reflected a positive, but weak relationship between motivation and work performance ($r = 0.162$). this result indicated that there was a little interaction between the two variables which was surprising, as theoretically it is believed that motivation is a major factor that contributes to good performance. Having high scores on performance scale could reflect the need to keeping current job especially during this critical situation and the high rate of unemployment.

Concerning ranking of motivating factors, participation in in-service training was the first motivating factor followed by working hours, while respect and being credited were the least motivating factors. Unexpectedly, salary was not in the top factors and participants ranked it as number seven among the motivating factors.

Finally, if hospital managers want to attract, motivate and retain the best-qualified nurses in an attempt to optimize their hospitals' performance, the need to establish an efficient reward strategy should emerge and put in action.

5.2 Recommendations

In the light of the study results, the researcher suggests the following:

- Emphasis on applying rewarding system for all nurses depending on performance and qualification.

- Encourage participation in in-service education and training programs and accreditation of these programs.

- Reinforcing the use of the manual procedures as a referral for all nurses to ensure that all procedures done properly in the same manner.

- Working toward improving environment and work conditions to facilitate and enhancing performance of nurses (control of visitors – air conditioning – alarm buttons)

- Review the annual performance appraisal individually with each nurse to acknowledge strong points and suggest plans to improve weak points.

5.3 Suggestions for further research

- Conduct a study research on student nurses to explore their motivation toward nursing profession.
- Conduct a research study to explore factors that could affect nurses performance.
- Conduct a research on the topic of motivation covering a wider range of hospitals including governmental and private sector.

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Annexes (1)

Motivation Questionnaire

(primary copy)

Name ……..…….

Gender …….. age …… years of experience ……

Qualification …..diploma …… bachelor ……. Post graduate

Department ……

Post …….. regular nurse …….. head nurse / supervisor

Salary ……. Less than 2000 IS …….. 2000 – 3000 IS ….. more than 3000 IS

Please put (X) for the suitable response:

No.	Statement	strongly agree	agree	neutral	disagree	strongly disagree
	Communication and morale					
1	I receive enough information about what's going on in the hospital					
2	I understand the link between my work and the goal of the hospital					
3	I have a good understanding of the hospital's mission					
4	Team members support and respect each other					
5	Team members are honest and ethical					
6	When disagreement occurs, ideas are criticized not people					
7	There is a climate of trust between colleagues					
8	The orientation I received prepared me well for this job					
9	I understand how my goals are linked to the hospital goals					
10	Team members have a sense of morale and spirit					
11	I feel that the job I do gives me a good status					
12	The quality of the relationship in the informal workgroup is quite important to me					
	Recognition & rewards					
1	I receive recognition for doing a good job					
2	High performing nurses receive non-monetary rewards					
3	Nurses in my hospital who generates new					

	ideas that lead to improvements are recognized or rewarded					
4	High performing nurses are promoted					
5	Pay raises depend on how well nurses perform their job					
6	I'm satisfied with my salary					
7	For the work I do, the pay is good					
8	I earn pretty good money compared to other professions					
9	I receive adequate benefits from my work					
10	Increasing salary will improve my job performance					
11	Financial incentives motivates me more than non-financial incentives					
	Interest & enjoyment					
1	I enjoy working as a nurse very much					
2	I think working as a nurse is very interesting					
3	I believe that I make a difference in the lives of patients					
4	Being a nurse gives a meaning to my life					
5	I feel a sense of satisfaction when I do my job well					
6	My job is challenging enough for me					
7	I make a good use of my skills and abilities during my work					
8	I would like attending training programs that are useful for my future career and personal development					
9	I put a lot of effort in my job to improve my skills					
10	I'm trying hard to be a competent nurse					
11	I'm proud of myself for being a nurse					
12	I'm optimistic about my future success in this career					
13	I feel committed to nursing profession					
	Work environment & conditions					
1	I feel secured in my job					
2	The work environment is safe and free of hazards					
3	I feel comfortable with my work environment					
4	Working hours is suitable for me					
5	The stress experienced during work is too high					
6	I feel overwhelmed by my responsibilities at work					
7	Regularly I think / worry about work issues when I'm at home					

8	My job exerts too much (physical, emotional and mental) demands					
9	My job adds significant pressure and anxiety to my life					
10	Work load is too high					
11	The medical benefits provided to me are satisfactory					
	Supervision & management					
1	My manager distributes the workload between staff members fairly					
2	My manager bases decisions primarily on facts and data rather than on opinions and feelings					
3	My manager supports free exchange of opinions and ideas related to work					
4	My manager encourages creative ways of doing my tasks / assignments					
5	My manager provides staff members with constructive suggestions to improve their job performance					
6	I receive adequate guidance from my manager to succeed in my job					
7	My manager is concerned with the work and neglects staff needs					
8	During staff meetings, my opinions are considered					
9	I participate in decision-making regarding improving work standards					
10	I think that the hospital administration has a clear vision of the future					
11	I believe that my manager cares deeply for me and for our clients					
12	I receive adequate support from my manager					
13	My manager encourages a climate of trust between team members					
14	My manager encourages "no blame" culture where staff are able to admit mistakes and learn from them					
15	My views and participations are valued by my manager					
16	I feel that my manager always recognizes the work done by me					
17	I'm satisfied with the support I get from my manager					

Annex (2)

Motivation questionnaire

(modified copy after pilot study)

I. Personal data

- Name ……..…….

- Gender: ☐ male ☐ female

- Age: ☐ 25 and less ☐ 26 – 35 ☐ 36 – 45 ☐ 46 and more

- Years of experience: ☐ 5 years and less ☐ 6 – 10 ☐ 11 – 15 ☐ 16 and more

- Address: ☐ north Gaza ☐ Gaza ☐ middle zone ☐ Khanyounis ☐ Rafah

- Marital status: ☐ single ☐ married ☐ divorced / widow

- Qualification: ☐ diploma ☐ bachelor ☐ Post graduate

- Department ……

- Current position: ☐ regular nurse ☐ head nurse / supervisor

- Salary: ☐ Less than 2000 IS ☐ 2000 – 3000 IS ☐ more than 3000 IS

II. Please put (X) for the suitable response:

No.	Statement	strongly agree	agree	neutral	disagree	strongly disagree
Communication and morale						
1	I receive enough information about what's going on in the hospital					
2	I understand the link between my work and the goal of the hospital					
3	I have a good understanding of the hospital's mission					
4	Team members are honest and ethical					
5	When disagreement occurs, ideas are criticized not people					
6	There is a climate of trust between colleagues					
7	The orientation I received prepared me well for this job					
8	I understand how my goals are linked to the hospital goals					

9	Team members have a sense of morale and spirit					
10	I feel that the job I do gives me a good status					
11	The quality of the relationship in the informal workgroup is quite important to me					
	Recognition & rewards					
12	I receive recognition for doing a good job					
13	High performing nurses receive non-monetary rewards					
14	Nurses in my hospital who generates new ideas that lead to improvements are recognized or rewarded					
15	High performing nurses are promoted					
16	Pay raises depend on how well nurses perform their job					
17	I'm satisfied with my salary					
18	For the work I do, the pay is good					
19	I earn pretty good money compared to other professions					
20	I receive adequate benefits from my work					
21	Financial incentives motivates me more than non-financial incentives					
	Interest & enjoyment					
22	I enjoy working as a nurse very much					
23	I think working as a nurse is very interesting					
24	I believe that I make a difference in the lives of patients					
25	Being a nurse gives a meaning to my life					
26	I feel a sense of satisfaction when I do my job well					
27	My job is challenging enough for me					
28	I make a good use of my skills and abilities during my work					
29	I'm trying hard to be a competent nurse					
30	I'm proud of myself for being a nurse					
31	I'm optimistic about my future success in this career					
32	I feel committed to nursing profession					
	Work environment & conditions					
33	The work environment is safe and free of hazards					
34	I feel comfortable with my work environment					
35	Working hours is suitable for me					
36	The stress experienced during work is too high					
37	I feel overwhelmed by my responsibilities at work					
38	My job exerts too much (physical, emotional and mental) demands					
39	My job adds significant pressure and anxiety to my life					
40	Work load is too high					
41	The medical benefits provided to me are satisfactory					

	Supervision & management					
42	My manager distributes the workload between staff members fairly					
43	My manager bases decisions primarily on facts and data rather than on opinions and feelings					
44	My manager supports free exchange of opinions and ideas related to work					
45	My manager encourages creative ways of doing my tasks / assignments					
46	My manager provides staff members with constructive suggestions to improve their job performance					
47	I receive adequate guidance from my manager to succeed in my job					
48	During staff meetings, my opinions are considered					
49	I think that the hospital administration has a clear vision of the future					
50	I believe that my manager cares deeply for me and for our clients					
51	I receive adequate support from my manager					
52	My manager encourages a climate of trust between team members					
53	My manager encourages "no blame" culture where staff are able to admit mistakes and learn from them					
54	My views and participations are valued by my manager					
55	I feel that my manager always recognizes the work done by me					
56	I'm satisfied with the support I get from my manager					

III. please rank the following motivators according to their priority for you:

(1 = highest priority …….. 10 = lowest priority)

( ) salary / money

( ) appreciation for task accomplishment

( ) good working conditions

( ) promotion

( ) job security

( ) recognition

( ) working hours

( ) respect

( ) climate of trust

( ) attending in-service training programs

THANK YOU FOOR YOUR COOPERATION

Annex (3)

Motivation questionnaire – Arabic copy

استبانة الدافعية للعمل (بعد التقنين)

أولاً: البيانات الشخصية

- الاسم: .....
- القسم الذي تعمل به: .....
- الجنس: ☐ ذكر ☐ أنثى
- العمر: ☐ 25 سنة فأقل ☐ 26 – 35 ☐ 36 – 45 ☐ 46 فأكثر
- سنوات الخدمة: ☐ 5 سنوات فأقل ☐ 6 – 10 ☐ 11 – 15 ☐ 16 فأكثر
- العنوان: ☐ شمال غزة ☐ غزة ☐ الوسطى ☐ خانيونس ☐ رفح
- الحالة الاجتماعية: ☐ أعزب ☐ متزوج ☐ مطلقة / أرملة
- الدرجة العلمية: ☐ دبلوم ☐ بكالوريوس ☐ دراسات عليا
- الوظيفة الحالية: ☐ ممرض ☐ رئيس قسم / مشرف
- الراتب الشهري:☐ أقل من 2000 شيكل ☐ 2000 – 3000 شيكل ☐ أكثر من 3000 شيكل

ثانياً: ضع علامة (x) في الخانة المناسبة

الرقم	العبـــــــارة	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
	التواصل والأخلاقيات					
1	أتلقى معلومات كافية حول ما يجري في المستشفى					
2	أتفهم العلاقة بين عملي وأهداف المستشفى					
3	أفهم جيداً رسالة المستشفى					
4	أعضاء فريق العمل في قسمي يتميزون بالصدق والأخلاق					
5	عند حدوث اختلافات، يتم نقد الأفكار وليس الأشخاص					
6	يسود جو من الثقة بين أعضاء الفريق في القسم					
7	التعريف والتوجيه الذي تلقيته ساعد في إعدادي للعمل بشكل جيد					
8	أتفهم جيداً كيف أن أهدافي الخاصة ترتبط بأهداف المستشفى					

9	أعضاء فريق العمل لديهم حس أدبي وأخلاقي					
10	أشعر أن العمل الذي أقوم به يعطيني وضعاً جيداً					
11	العلاقة الغير رسمية مع الزملاء تعتبر مهمة بالنسبة لي					
	التقدير والثواب					
12	أحصل على التقدير من زملائي عندما أقوم بعملي بشكل جيد					
13	الممرضين ذوب الأداء المميز يتلقون حوافز معنوية (غير مادية)					
14	الممرضين الذين يأتون بأفكار جديدة تؤدب إلى تحسين العمل يتم تقديرهم ومكافأتهم					
15	يتم ترقية الممرضين ذوي الأداء المميز					
16	الزيادة في الراتب تعتمد على أداء الممرض					
17	أنا راضي عن الراتب الذي أتقاضاه					
18	يعتبر الراتب جيداً بالنسبة للعمل الذي أقوم به					
19	أحصل على راتب جيد مقارنة ببعض المهن الأخرى					
20	أحصل على فوائد كافية من خلال عملي (تأمين صحي، إجازات، تقاعد ....)					
21	الحوافز المالية تزيد من دافعيتي للعمل أكثر من الحوافز الأخرى					
	الاهتمام والمتعة					
22	أشعر بالمتعة كوني ممرضاً					
23	أعتقد أن العمل كممرض مثير للاهتمام					
24	أعتقد أنه من خلال عملي فإنني قادر على إحداث تغيير في حياة المرضى					
25	أن أكون ممرضاً يعطي معنى لحياتي					
26	يعمني إحساس بالرضى عندما أقوم بعملي بشكل جيد					
27	عملي يثير روح التحدي لدي					
28	أستخدم مهاراتي بشكل جيد خلال عملي					
29	أحاول باستمرار أن أكون ممرضاً مميزاً					
30	أفتخر بنفسي كوني أعمل ممرضاً					
31	أشعر بأني سأكون ممرضاً ناجحاً في المستقبل					
32	أشعر بالانتماء لمهنة التمريض					

بيئة وظروف مكان العمل						
33	مكان عملي آمن (خالي من الأخطار)					
34	أشعر بالراحة في مكان عملي					
35	عدد ساعات العمل اليومية مناسباً لي					
36	أتعرض لضغط نفسي عالي أثناء تأدية عملي					
37	أشعر بالإحباط من كثرة المسئوليات الملقاة على عاتقي في العمل					
38	عملي يتطلب جهداً جسدياً ونفسياً وعقلياً					
39	عملي يضيف مزيداً من الضغط والقلق في حياتي					
40	كمية العمل المطلوبة مني كبيرة					
41	أنا راضي عن الخدمات الطبية التي أتلقاها					
الإشراف والإدارة						
42	مسئولي المباشر يقسم العمل بين أعضاء الفريق بشكل عادل					
43	مسئولي المباشر يصدر قراراته بناء على حقائق ومعلومات وليس بناء على الآراء والمشاعر					
44	مسئولي المباشر يدعم عملية تبادل الأفكار والآراء ذات العلاقة بالعمل					
45	مسئولي المباشر يشجع الطرق الخلاقة للقيام بالمهام والواجبات المطلوبة					
46	مسئولي المباشر يمدنا باقتراحات بناءة لتحسين الأداء					
47	أتلقى تعليمات كافية من مسئولي المباشر تساعدني في النجاح في عملي					
48	يتم أخذ آرائي بعين الاعتبار خلال اجتماعات فريق العمل بالقسم					
49	أعتقد أن إدارة المستشفى لديها نظرة لمستقبل المستشفى					
50	أعتقد أن مسئولي المباشر يبدي اهتماماً بي وبالمرضى نزلاء القسم					
51	أحصل على الدعم الكافي من مسئولي المباشر					
52	مسئولي المباشر يشجع على شيوع الثقة بين أعضاء					

	فريق العمل					
53	مسئولي المباشر يشجع ثقافة الاعتراف بالخطأ والتعلم من الأخطاء					
54	مسئولي المباشر يعطي قيمة لآرائي ومشاركاتي					
55	أشعر أن مسئولي المباشر يقدر دائماً العمل الذي أؤديه					
56	أنا راضي عن الدعم الذي أتلقاه من مسئولي المباشر					

ثالثاً: رتب عوامل الدافعية التالية حسب الأولوية بالنسبة لك:

(1 = الأولوية الأولى ..... 10 = أقل أولوية)

( ) الراتب الشهري / النقود

( ) الثناء عند إنجاز مهمة

( ) ظروف العمل الجيدة

( ) الترقيات

( ) الأمن الوظيفي

( ) التقدير

( ) ساعات العمل

( ) الاحترام

( ) شيوع جو من الثقة

( ) الالتحاق ببرامج التدريب أثناء الخد

شكراً على حسن تعاونك

Annex (4)

Forms of performance appraisal

Form 1

بسم الله الرحمن الرحيم

السلطة الوطنية الفلسطينية
PALESTINIAN NATIONAL AUTHORITY

ديوان الموظفين العام
GENERAL PERSONNEL COUNCIL

..../..../2008

نموذج تقييم الأداء السنوي لسنة ٢٠٠٨

(الفئة الاولى والثانية والثالثة)

الاسم : _ _ _ _ _ _ _ _ _ _ _ _ _ _	الرقم الوظيفي: _ _ _ _ _ _ _ _	الوظيفة الحالية: _ _ _ _ _ _ _ _ _
الوزارة: _ _ _ _ _ _ _ _ _ _ _ _ _ _	الادارة العامة: _ _ _ _ _ _ _ _	الفئة : _ _ _ _ الدرجة: _ _ _ _

محاور التقييم	العناصر	النهاية العظمى	الرئيس المباشر
الانتاج والتطوير (٤٠) درجة	يراعي الالتزام بالخطة العامة للمؤسسة	٤	
	مدى الالمام والمعرفة بمهامه الوظيفية	٤	
	يخطط للعمل قبل البدء به	٤	
	القدرة على الإشراف والمتابعة والتقييم	٤	
	لديه المقدرة على إنجاز العمل في الوقت المحدد	٤	
	يقترح طرق افضل للارتقاء بمستوى العمل	٤	
	يطور خطط واقعية وفعالة متمشية مع أهداف المؤسسة	٤	
	يستثمر الموارد والخبرات المتطورة لإنجاز وتطوير العمل	٤	
	لديه المقدرة على تشخيص جوانب الضعف في العمل	٤	
	لديه المقدرة على إيجاد البدائل عند الطوارئ	٤	
	المجمـــــــــــــــوع	٤٠	
مهارات الإتصال والتواصل والعمل بروح الفريق (٢٤) درجة	لديه القدرة على التعبير عن الافكار ومناقشتها مع الآخرين	٤	
	يتعامل مع الجمهور باهتمام وفاعلية	٤	
	يتعاون مع الزملاء ويحترم اراء الآخرين	٤	
	يحرص على تكوين علاقات تعاون مرتبطة بالعمل	٤	
	يشيع الآخرين على تشرير العمل بشكل مستمر ويؤيد الإدارة بالقضية المكسبة	٤	
	يعمل على نقل الخبرة لغيره من العاملين	٤	
	المجمـــــــــــــــوع	٢٤	
إدارة الذات (٢٠) درجة	يلتزم بالأنظمة والتعليمات	٤	
	يلتزم بمواعيد الدوام الرسمي ويستغل وقته بكفاءة وفاعلية	٤	
	يبحث عن فرص للتعلم والتطور الذاتي	٤	
	الاهتمام بالمظهر الشخصي	٤	
	لديه القدرة على العمل تحت الضغط	٤	
	المجمـــــــــــــــوع	٢٠	
المسئولية والمبادرة (١٦) درجة	أداء الامانة المهنية	٤	
	يبادر بالقيام بمهام جديدة لم يكلف بها	٤	
	يؤدي الواجبات ويفي بالالتزامات ويقبل المسئوليات	٤	
	يتقبل المساءلة عن الأعمال التي يقوم بها	٤	
	المجمـــــــــــــــوع	١٦	
المجمـــــــوع الكـــــلي بالأرقـــام		١٠٠	
توقيع الرئيس المباشر			
اعتماد الوزير / الوكيل			

التقدير والمعيار		
ممتاز	١٠٠-٨٥ %	٤
جيد جدا	٨٤ - ٧٥ %	٣
جيد	٧٤ -٦٥ %	٢
متوسط	٦٤ -٥٠ %	١
ضعيف	اقل من ٥٠%	٠

رأي المسئول المباشر في مجالات		
التدريب	اسماء الدورات	
النقل	مكان النقل	
الترقية	نوع الترقية	

رأي المسئول الأعلى	
التدريب	
النقل	
الترقية	

ديوان الموظفين العام- نماذج التقييم – نموذج رقم (٤٠) تقييم الفئات الأولى والثانية والثالثة.

Form 2

بسم الله الرحمن الرحيم

السلطة الوطنية الفلسطينية

ديوان الموظفين العام

PALESTINIAN NATIONAL AUTHORITY

GENERAL PERSONNEL COUNCIL

..../..../2008

نموذج تقييم الأداء السنوي لسنة ٢٠٠٨

(فئة المهن الطبية)

الاسم : _ _ _ _ _ _ _ _ _ _ _ _	الرقم الوظيفي: _ _ _ _ _ _ _	الوظيفة الحالية: _ _ _ _ _ _ _ _
الوزارة: _ _ _ _ _ _ _ _ _ _ _ _	المستشفى: _ _ _ _ _ _ _	الفئة : _ _ _ _ الدرجة: _ _ _ _

محاور التقييم	العنـــاصر	النهاية العظمى	الرئيس المبـاشر
الانتاج والتطوير (٤٨) درجة	القدرة على تحديد المشكلة وضع الحلول المناسبة لها .	٦	
	الإحاطة الدقيقة بطبيعة التخصص.	٦	
	المهارة في تحسين الأداء حسب الممارسة القائمة على الدليل العلمي .	٦	
	الاهتمام بالنواحي النفسية والاجتماعية للمستفيدين من الخدمة.	٦	
	المعرفة بطرق استخدام الأجهزة و المستلزمات الطبية و المحافظة عليها .	٦	
	أداء الأمانة المهنية .	٦	
	المهارة في المتابعة و التوجيه الفني و استغلال الوقت .	٦	
	الإبداع و الابتكار في تحديث أسلوب العمل .	٦	
	المجمـــــــــــــوع	٤٨	
مهارات الإتصال والتواصل و العمل بروح الفريق (١٢) درجة	التعاون مع الرؤساء و الزملاء و العمل بروح الفريق .	٤	
	يتعامل مع الجمهور باهتمام وفاعلية.	٤	
	لديه القدرة على استخدام الطرق المختلفة في الإتصال و التواصل.	٤	
	المجمـــــــــــــوع	١٢	
إدارة الذات (٢٤) درجة	البحث عن فرص للتعليم و التطوير الذاتي .	٨	
	يعمل على نقل الخبرة لغيره من العاملين .	٨	
	المشاركة في برامج التعليم الصحي و التدريب .	٨	
	المجمـــــــــــــوع	٢٤	
المسئولية والمبادرة (١٦) درجة	الالتزام بالنوبات و الأنظمة والتعليمات.	٤	
	الالتزام بالمظهر الشخصي و الزي الرسمي .	٤	
	القدرة على العمل تحت الضغط و تحمل المسئولية و قبول التوجهات.	٤	
	القدرة على اتخاذ القرار و حل المشاكل.	٤	
	المجمـــــــــــــوع	١٦	
المجمـــــــــوع الكـــلي بالأرقـــام		١٠٠	
توقيع الرئيس المباشر			
اعتماد الوزير / الوكيل			

التقدير والمعيار		
ممتاز	٨٥-١٠٠ %	٤
جيد جداً	٧٥ - ٨٤ %	٣
جيد	٦٥ - ٧٤ %	٢
متوسط	٥٠ - ٦٤ %	١
ضعيف	أقل من ٥٠%	٠

رأي المسئول المباشر في مجالات	
التدريب	اسماء الدورات .....
النقل	مكان النقل .....
الترقية	نوع الترقية .....

رأي المسئول الأعلى	
التدريب	.....
النقل	.....
الترقية	.....

ديوان الموظفين العام- نماذج التقييم – نموذج رقم (٤٠) تقييم المهن الطبية.

Annex (5)

Palestinian National Authority
Ministry of Health
Helsinki Committee

السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ7/6/2010

Name:

الاسم: هالة سلمان عياش

I would like to inform you that the committee has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:-

The relationship between nurses motivation and their performance at the European Gaza Hospital.

In its meeting on June 2010

و ذلك في جلستها المنعقدة لشهر 6 2010

and decided the Following:-

و قد قررت ما يلي:-

To approve the above mention research study.

الموافقة على البحث المذكور عاليه.

Signature
توقيع

Member	Member	Chairperson
عضو	عضو	

Conditions:-

- Valid for 2 years from the date of approval to start.
- It is necessary to notify the committee in any change in the admitted study protocol.
- The committee appreciate receiving one copy of your final research when it is completed.

Annex (6)

Palestinian National Authority
Ministry Of Health
Hospitals General Administration

السلطة الوطنية الفلسطينية
وزارة الصحة
الإدارة العامة للمستشفيات

الرقم:عام التاريخ:٢٠١٠/٧/١٧

الأخ / د. عبد اللطيف الحاج حفظه الله
مدير م. غزة الأوروبي

السلام عليكم ورحمة الله وبركاته

الموضوع/ إجراء بحث

بالإشارة لكتاب السيد مدير عام تنمية القوى البشرية بخصوص الموضوع أعلاه يرجى تسهيل مهمة الحكيمة/هالة سلمان عياش وملتحقة ببرنامج ماجستير الصحة العامة- إدارة صحية- جامعة القدس لإجراء بحث بعنوان.

"The Relationship between Nurses Motivation and their Performance at the European Gaza Hospital"

حيث ستقوم الباحث بتعبئة استبانه من الممرضين العاملين في مستشفى غزة الأوروبي وذلك بما لا يتعارض مع مصلحة العمل وضمن ضوابط وأخلاقيات البحث العلمي، دون تحمل الوزارة أي أعباءه مع موافقة خطية من المشاركين في البحث.

ولا مانع لدينا من إجراء الاستبيان.

آملين حسن تعاونكم،،،

٢٠١٠/٧/١٧
د.محمد الكاشف
مدير عام المستشفيات

صورة للسيد مدير عام تنمية القوى البشرية المحترم
صورة للسيد مدير م.غزة الأوروبي المحترم

الإدارة العامة للمستشفيات
صادر
رقم: ٣٠٦
التاريخ: ٢٠/٧

فندق الأمل – وزارة الصحة تليفاكس : ٢٨٢٠٧٣٤

Annex (7)

The Palestinian National Authority
Ministry of Health
Directorate General of Human Resources Development

السلطة الوطنية الفلسطينية
وزارة الصحة
الإدارة العامة لتنمية القوى البشرية

التاريخ: 2010/07/10

الرقم: 10/ 1063

الأخ الدكتور / محمد الكاشف المحترم،،،
مدير عام المستشفيات
تحية طيبة وبعد،،،

الموضوع/ إجراء بحث

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الحكيمة/ هالة سلمان عياش والتي تعمل في مستشفى غزة الأوروبي وملتحقة ببرنامج ماجستير الصحة العامة – مسار إدارة صحية – جامعة القدس لإجراء بحث بعنوان:-

"The Relationship Between Nurses Motivation and their Performance at the European Gaza Hospital"

حيث ستقوم الباحثة بتعبئة استبانه من الممرضين العاملين في مستشفى غزة الأوروبي، وذلك بما لا يتعارض مع مصلحة العمل وضمن ضوابط وأخلاقيات البحث العلمي،دون تحمل الوزارة أي أعباء، مع أخذ موافقة خطية من المشاركين في البحث.

وتفضلوا بقبول خالص الاحترام والتقدير،،،،،،

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية

صورة لـ/
- الملف

وزارة الصحة
تنمية الموارد البشرية
10/1064
التاريخ: 10/7/10

وزارة
رقم: 582
7/12

Gaza Tel '08-2827298 Fax / 08-2868109 Email / gdhrd@moh.gov.ps

Annex (8)

Response of study participants on motivation scale

No.	Item	Strongly agree %	Agree %	Neutral %	Disagree %	Strongly disagree %
Communication and morale						
1	I receive enough information about what's going on in the hospital	1.2	31.2	16.5	40.0	11.2
2	I understand the link between my work and the goal of the hospital	7.6	65.3	14.1	10.0	2.9
3	I have a good understanding of the hospital's mission	11.8	58.2	14.1	14.7	1.2
4	Team members are honest and ethical	25.3	47.1	16.5	8.8	2.4
5	When disagreement occurs, ideas are criticized not people	4.7	30.0	15.9	37.6	11.8
6	There is a climate of trust between colleagues	12.4	53.5	20.0	11.2	2.9
7	The orientation I received prepared me well for this job	14.7	52.4	18.2	13.5	1.2
8	I understand how my goals are linked to the hospital goals	3.5	56.5	20.6	15.9	3.5
9	Team members have a sense of morale and spirit	15.3	62.4	18.2	2.9	1.2
10	I feel that the job I do gives me a good status	11.8	58.8	12.4	16.5	0.6
11	The quality of the relationship in the informal workgroup is quite important to me	18.2	50.6	15.9	12.9	2.4
Recognition and Rewards						
12	I receive recognition for doing a good job	13.5	55.3	14.7	11.8	4.7
13	High performing nurses receive non-monetary rewards	4.1	31.2	21.2	28.8	14.7
14	Nurses in my hospital who generates new ideas that lead to improvements are recognized or rewarded	3.5	16.5	27.6	40.0	12.4
15	High performing nurses are promoted	1.8	12.9	23.5	37.1	24.7
16	Pay raises depend on how well nurses perform their job	1.2	5.9	9.4	48.2	35.3
17	I'm satisfied with my salary	2.4	28.2	9.4	35.3	24.7
18	For the work I do, the pay is good	2.4	23.5	11.8	33.5	28.8
19	I earn pretty good money compared to other professions	4.1	35.3	18.8	25.9	15.9
20	I receive adequate benefits from my work	6.5	40.6	18.2	25.3	9.4
21	Financial incentives motivates me more than non-financial incentives	9.4	24.7	27.6	28.2	10.0
Interest & enjoyment						
22	I enjoy working as a nurse very much	11.8	37.1	25.9	16.5	8.8
23	I think working as a nurse is very interesting	8.2	44.1	21.8	18.8	7.1
24	I believe that I make a difference in the lives of patients	15.3	65.3	10.0	8.2	1.2
25	Being a nurse gives a meaning to my life	15.3	42.4	20.6	17.1	4.7
26	I feel a sense of satisfaction when I do my job well	45.9	46.5	4.1	2.9	0.6
27	My job is challenging enough for me	15.9	47.1	20.6	12.9	3.5
28	I make a good use of my skills and abilities during my work	34.1	58.2	5.9	1.8	0
29	I'm trying hard to be a competent nurse	37.1	54.1	5.3	3.5	0
30	I'm proud of myself for being a nurse	22.9	37.1	21.2	14.1	4.7
31	I'm optimistic about my future success in this	21.2	61.8	12.4	3.5	1.2

	career					
32	I feel committed to nursing profession	21.8	52.9	15.3	7.6	2.4
Work environment & conditions						
33	The work environment is safe and free of hazards	4.7	17.1	12.9	40.0	25.3
34	I feel comfortable with my work environment	8.2	47.1	16.5	20.0	8.2
35	Working hours is suitable for me	7.6	49.4	11.8	21.8	9.4
36	The stress experienced during work is too high	4.1	23.5	20.0	37.6	14.7
37	I feel overwhelmed by my responsibilities at work	4.1	35.3	22.9	28.2	9.4
38	My job exerts too much (physical, emotional and mental) demands	1.2	4.1	1.8	51.2	41.8
39	My job adds significant pressure and anxiety to my life	2.9	21.2	18.8	41.2	15.9
40	Work load is too high	0.6	17.1	20.6	46.5	15.3
41	The medical benefits provided to me are satisfactory	0.6	39.4	21.8	31.8	6.5
Supervision & management						
42	My manager distributes the workload between staff members fairly	19.4	48.2	18.8	10.6	2.9
43	My manager bases decisions primarily on facts and data rather than on opinions and feelings	14.1	55.9	17.6	10.6	1.8
44	My manager supports free exchange of opinions and ideas related to work	14.7	55.3	16.5	12.4	1.2
45	My manager encourages creative ways of doing my tasks / assignments	17.1	51.2	19.4	11.2	1.2
46	My manager provides staff members with constructive suggestions to improve their job performance	17.7	53.5	19.4	6.5	2.9
47	I receive adequate guidance from my manager to succeed in my job	16.5	51.8	21.2	8.8	1.8
48	During staff meetings, my opinions are considered	10.0	44.1	29.4	11.8	4.7
49	I think that the hospital administration has a clear vision of the future	3.5	28.2	31.8	20.6	15.9
50	I believe that my manager cares deeply for me and for our clients	9.4	47.6	26.5	12.9	3.5
51	I receive adequate support from my manager	10.6	55.9	18.2	12.9	2.4
52	My manager encourages a climate of trust between team members	15.9	53.5	18.2	10.0	2.4
53	My manager encourages "no blame" culture where staff are able to admit mistakes and learn from them	12.4	55.9	21.8	7.6	2.4
54	My views and participations are valued by my manager	9.4	59.4	18.2	10.0	2.9
55	I feel that my manager always recognizes the work done by me	15.9	59.4	14.7	7.1	2.9
56	I'm satisfied with the support I get from my manager	13.5	51.2	22.4	8.2	4.7

ملخص الدراسة

هذه الدراسة بعنوان "العلاقة بين الدافعية للعمل والأداء لدى الممرضين العاملين في مستشفى غـزة الأوروبي"

هدفت الدراسة إلى التعرف على العلاقة بين الدافعية للعمل والأداء لدى الممرضـين والممرضـات العاملين في مستشفى غزة الأوروبي.

استخدمت الباحثة في هذه الدراسة المنهج الوصفي المقطعي، وتكونت عينة الدراسة من 170 فـرداً (96 ذكور و 74 إناث) منهم 143 ممرض وممرضة و 27 مشرفي تمريض ورؤساء أقسام. لجمع البيانات استخدمت الباحثة الأدوات التالية:

- استبانة الدافعية للعمل (من إعداد الباحثة) مكونة من 56 فقرة موزعة على خمسة أبعاد
- نموذج تقييم الأداء السنوي المعتمد في ديوان الموظفين العام للموظفين الحكوميين

للتأكد من صدق وثبات أدوات الدراسة قامت الباحثة بإجراء دراسة استطلاعية على عينة عشـوائية مكونة من 26 ممرض وممرضة، ومن ثم إجراء معالجات الصدق والثبـات وإدخـال التعـديلات اللازمة على أدوات الدراسة.

من أجل تحليل البيانات استخدمت الباحثة المعالجات الإحصـائية التاليـة: التكـرارات، المتوسـط الحسابي والوزن النسبي، اختبار (ت)، اختبار تحليل التباين الأحادي، اختبار شيفيه البعدي واختبـار بيرسون للعلاقات.

بينت نتائج الدراسة أن المستوى العام للدافعية بلغ 66.21%، وكانت أعلى المسـتويات فـي بعـد الاهتمام والمتعة بالعمل بنسبة 75.81% يليها بعد الإشراف والإدارة بنسبة 72.11%.

بلغ المستوى العام للأداء لدى المرضين الفنيين 80.39% وكانت أعلى المستويات في بعد الاتصال والتواصل بنسبة 82.05% يليه بعد تحمل المسئولية والمبادرة بنسبة 82.03%، أما بالنسبة لرؤساء الأقسام ومشرفي التمريض فقد بلغ مستوى الأداء العام 80.77% وكانت أعلى المستويات أيضاً في

بعد الاتصال والتواصل بنسبة 85.64% يليه بعد تحمل المسئولية والمبادرة بنسبة 84.25%.

أظهرت نتائج الدراسة أن المستوى العام للدافعية للعمل لدى الممرضين (م = 191.92) أعلى منه لدى الممرضات (م = 176.90)، بينما لم توجد فروق ذات دلالة إحصائية في مستوى الدافعية تعزى إلى المؤهل العلمي وسنوات الخبرة ونوع القسم الذي يعمل به الممرض.

بينت نتائج الدراسة وجود فروق ذات دلالة إحصائية عند مستوى 0.05 في المستوى العام للدافعية وفي بعدي الاتصال والتواصل والمكافآت والحوافز حيث كانت الفروق لصالح الممرضين الذي لديهم مهام إدارية وإشرافية.

كما بينت نتائج الدراسة عدم وجود فروق في المستوى العام للدافعية تعزى للدخل الشهري، بينما وجدت فروق في بعدي الاتصال والتواصل والمكافآت والحوافز لصالح الفئات الأعلى في الدخل الشهري. وبينت نتائج الدراسة عدم وجود فروق في الأداء بين الممرضين والممرضات الفنيين أو الذين لديهم مهام إدارية وإشرافية، وأظهرت نتائج الدراسة وجود علاقة دالة إحصائياً عند مستوى 0.05 بين الدافعية للعمل والأداء.

أما بالنسبة لترتيب العوامل المؤثرة في الدافعية، فقد كان التدريب أثناء الخدمة في المرتبة الأولى (م = 8.12) يليه ساعات العمل (م = 7.00) وفي المرتبة الأخيرة الاحترام (م = 2.78) يليها التقدير (م = 3.83)، بينما كان الراتب الشهري في المرتبة السابعة (م = 4.87).

وخلصت الدراسة إلى أهمية تعزيز الدافعية للعمل من خلال زيادة الحوافز المادية والمعنوية وذلك من أجل تطوير الأداء ورفعه لمستويات أعلى.