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FINAL THESIS REPORT:

**“CASE STUDY: A STUDY OF THE INTRINSIC AND
EXTRINSIC MOTIVATIONAL DIMENSIONS OF THE
NURSING SYSTEM AT PIMS HOSPITAL”**

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ABSTRACT

The purpose of this study is to explore the intrinsic and the extrinsic motivational dimensions of the nursing system at PIMS hospital. Motivation of the health personnel plays a significant role in the quality of health care provided. The intrinsic dimensions that the study focused on are the elements included in the Work Design Theory of Hackman and Oldham (Task Significance, Task Identity, Skill Variety, Feedback and Autonomy). Other than these variables, motivators like “a sense of achievement” and “opportunity” to learn and grow were also considered. These variables were to be used to determine whether the nursing profession and the work design at PIMS hospital was intrinsically motivating. The extrinsic variables or hygiene factors as Herzberg would call them were also considered, because there cannot be true motivation unless these factors are catered to. The variables included in this study were salary, job security and the reward system, work load, hospital supplies and equipment, supervisor and management support and appreciation and lack of recognition. The expectancy theory was used to study that whether the employees felt nepotism or networking or hard work were instrumental in advancing at PIMS hospital. While the equity theory was used to see if the employees felt a certain sense of inequity and what steps do they take to remove that inequity and whether these steps are affecting the efficiency of work at the hospital. Also the level of involvement and identification the staff has with PIMS hospital was used to study the commitment of the employees. The findings revealed a lack of recognition, lack of proper feedback, heavy workload and nepotism the main causes for concern.

LITERATURE REVIEW

INTRODUCTION:

The word “motivation” is derived from a Latin word ‘*movere*’ which means movement. Atkinson took this meaning and further built on it, defining motivation as the “*Contemporary (immediate) influence on direction, vigor and persistence of action*”. However, Vroom defines it as “*A process governing choice made by persons among alternative forms of voluntary activities*”. Campbell and Pritchard on the other hand suggest that “*Motivation has to with a set of independent/dependent variable relationships that explain the direction, amplitude and persistence of an individual’s behavior, holding constant the effects of aptitude, skill and understanding of the tasks and the constraints operating in the environment*”. As mentioned in the article these definitions and various others have one thing in common they all focus on factors or events that energize, channel and sustain human behavior over time (Steers et.al, 2004).

As mentioned above, various definitions of motivation are available. One of them is Robbins (2003), who defines motivation as “*The eagerness to do something, conditioned by this action’s capacity to satisfy some specific need for the individual*” (Robbins, S. P. (2003). Another definition is stated by Kinicki and Kreitner (2003), who depict motivation as “*those psychological processes that cause the stimulation, direction, and determination of voluntary actions that are goal oriented*” (Kinicki et.al, 2003).Saraswathi in 2011 gave a definition of motivation that focused on three key elements i.e. effort, organization goal and need. Motivation defined by Saraswathi as the willingness to exert high levels of effort, towards organizational goal, conditioned by the effort’s ability to satisfy some individual need.

There are numerous studies conducted over the understanding and to observe differences among intrinsic and extrinsic motivations. The researcher has defined both motivations through using Self-determination theory as, intrinsic motivations arise when a person feels interested in doing

something or he/she feels enjoyment while doing that specific activity. When a person is internally motivated he/she performs the activity without any external pressures or strictness. On the other hand, extrinsic motivation arises when a person performs any activity to attain some separable outcome, also it can differ upon the level to which it is autonomous. If a student finishes his homework so that his parents won't apply restrictions on him rather than performing his homework so that he could get a good grade then that is a separable outcome depending upon the relative autonomy of both outcomes (Ryan et.al, 2000).

But the biggest predicament with motivating employees is that there is no single or widespread method for motivating an individual. Methods have altered over time new techniques have come forward. Motivation also depends on situations that employee's experience. Thus, managers have a major concern in locating their subordinate's motivational factors and inculcating them into corporate culture.

EARLY APPROACHES IN THE MOTIVATIONAL THEORIES:

The earliest attempt to understand and describe motivation goes back in history to the time of the Greek philosophers. The Greeks approach to motivation was the concept of hedonism and described it as the force driving an individual's behavior. The initial concept of motivation was as basic as that an individual focuses their efforts in order to seek pleasure and avoid pain. Later philosophers like Mill, Locke and Bentham worked and further developed this principal.

Towards the end of the nineteenth century the science of psychology emerged and criticism came up regarding the use of hedonism to explain motivation. Psychologists felt that this approach had various challenges; like there were no clear cut specifications as to what type of event would be categorized as pleasurable or painful or that how these events can be confirmed for an individual, nor as to how experiences will affect the sources of pleasure or pain. In short the hedonistic supposition was lacking in empirical evidence and was untestable.

As a consequence behavioral scientists started research on finding models with empirical evidence. The first few models worked around the concept that instead of explaining human

behavior to be rational much of that behavior is based on instinct. But there were still limitations to the theories based on instinct, as a result of which the concept of motivation was further developed and was explained as a drive or reinforcement. Theorists introducing the concept of drive drafted the approach of “learning” to motivation. They also were of the view that judgments regarding current and forthcoming attitude were immensely affected by the awards that may be attached to a certain behavior in the past.

Skinner and a few others in 1953 then came up with the operant conditioning theory, by building on these principles. It is also known as the reinforcement theory. The theory states that humans develop conditional connections between their actions and their outcomes and these contingencies, hence evaluate their future attitude or behavior. The “Reinforcement Theory” has various implications in today’s work place related to performance and motivation.

While psychologists were focusing on instincts and drives, managers were focusing on more pragmatic issues (steers et.al, 2004). The meaningful development worth mentioning was the efforts of Fredrick Taylor and his accomplices in the department of scientific management. The focus of Taylor and his colleagues was to reduce inefficiencies in workers and in the management by introducing improved manufacturing techniques and operational efficiency. However, with the growth of a skilled workforce and the company’s efforts to maximize productivity without increasing compensation for the employees ended up discrediting the system leading to unionization efforts in the 1930s.

The 1930s started the human relations movement, where the social scientists and managers started to view humans as complex beings; the underlying assumption was that humans are not always rationale or dependable like machines instead they are social animal and can be influenced. This also opened a way to observe group dynamics and the necessity of the employees to be observed as complex beings with many influences of motivation that have been recognized to have an immense impact on performance. Benedix summarized that; “*Failure to treat workers as human beings came to be regarded as the cause of low morale, poor craftsmanship, unresponsiveness and confusion*” (Steers et.al, 2004).

In the 1950s several new theories regarding work motivation had emerged and they were referred to as content theories. Among them is the Maslow’s Hierarchy of Needs (1954). The theory

suggests that individuals have a set of prioritized needs and as humans develop they move up the hierarchy based on the fulfillment of these needs. These needs are physiological needs, safety needs, social needs, esteem needs and self-actualization needs. Steers (2004) states that Maslow argued that the first three needs signify deficiency needs or the lower order needs that people need to master in order to develop a healthy personality whereas the last two referred to as the higher order needs characterize prosperity requirements that correlate to human accomplishment and the growth of human possibility of achievement. Maslow's theory suggests that managers should understand that employees have needs and managers should work on finding out ways to satisfy them. Deprived needs negatively influence behavior and on the contrary providing opportunities for need satisfaction can positively influence attitudes. The self-actualization need of higher order is met by the intrinsic rewards, while the esteem need is met by both intrinsic and extrinsic rewards. While the lower order needs are met only by extrinsic rewards.

According to Maslow's hierarchy of needs theory, an individual's needs are arranged in a hierarchy from the lower-level needs (physiological needs being the lowest) to the higher-level needs (self-actualization need being the highest). The needs at the lowest level, namely the physiological needs are of the forth most priority, because until they are tended to and reasonably satisfied other higher level needs will not serve to motivate behavior.

Physiological needs, refers to our fundamental needs as in food, cloth and shelter. They are the primary focus. The organization helps individuals fulfill their basic needs by providing good salaries, incentives or benefits, and working environment. Once the physiological needs are reasonably well satisfied, an individual becomes aware of the next higher level of needs and hence it becomes important as a motivator. According to Maslow, these are the needs for **safety or security needs**. These needs cause the individual to become concerned about security, protection from danger, threat or deprivation and freedom from fear. In an organizational setting, these needs may be satisfied by job security, benefit programs including insurance and retirement plans, and safe and healthy working conditions. **Social needs** are also referred to as belongingness needs. They depict the need of an individual for affection, attachment, to relate to and be accepted as an importance part of a group. At work place, social needs will fall under and relate to with friendly co-workers, identifying oneself with an exceptional firm, and also through

participating in various sporting, outdoor and team activities organized by the firm, like bowling or softball leagues, picnics, or parties. **Esteem needs**, these are the needs that reflect a concern of an individual to feel valued, significant and treated with respect. Furthermore, the esteem needs also known as the ego needs refer to the desire of success, appreciation, achievement, status and dignity. People tend to seek appreciation and approval from others. The title of one's job, responsibilities associated with it, recognition and approval and competent leadership and management are all essential elements necessary to satisfy esteem needs. **Self-actualization**, after reasonably satisfying esteem needs comes the next level of need, which should be noted is also the highest level of need, i.e. the self-actualization need. Satisfaction of this need becomes necessary. Self-actualization or self-fulfillment is the need or desire of an individual to realize and acknowledge their potential or capacity. This is done by attaining certain specific and distinguished goals. A person who tries to fulfill these needs looks for challenges, or tasks that propel them to work on their creativity while also presenting them with opportunities for personal enhancement and progress. A person never fully meets all level of needs, but a sufficient satisfaction of the lower order needs is necessary to aspire to satisfy the higher order needs.

Alderfer in 1972 modified this model and presented three needs: the need for existence, the need for relatedness and the need for growth. McClelland also presented a theory which in contrast to Maslow theory has stated that individuals contain a set of often competing needs (instead of progressive needs as seen in Maslow's theory) that motivate behavior when tapped.

While Maslow's and McClelland's theories, have focused on explaining the part individual differences play in motivation. Herzberg in 1966, with his colleagues came up with a theory that focused on how activities arranged at work and the nature of the job, impacted motivation and performance. In the 1950's Herzberg along with Mausner and Snyderman narrated their research findings that proposed the idea that human beings possess two types of needs, their need as an animal to avoid pain and their need as a human to grow psychologically. The results of their research helped them to eventually bring forward the "dual factor" theory of motivation also known as the "two factor" theory of motivation; published in 1959 it was highly controversial at that time. "*Herzberg in 1959 developed an initial hypothesis that satisfaction and dissatisfaction could not be reliably measured on the same continuum*" (Stello, 2011). The theory indicated towards

the presence of two different continua instead of one continuum, where “no satisfaction” was opposite to “satisfaction” while on the other continua, opposite to “dissatisfaction” was “no dissatisfaction”. Hence job satisfaction basically has two dimensions that are independent from one another. One dimension is associated with job satisfaction and the other dimension refers to job dissatisfaction. Thus factors that remove dissatisfaction will not result in satisfaction they will result in no dissatisfaction; similarly presence of certain factors will lead to satisfaction and their absence will not cause dissatisfaction but no satisfaction. The fulfillment of hygiene needs can reduce or avert dissatisfaction and poor performance, but the sort of increased performance and improved productivity, sought by most companies, can only be achieved by the satisfaction of the motivational factors.

Herzberg explained that hygiene needs refer to a man’s affiliation with the environment so there are certain factors that are referred to as hygiene factors that do not motivate but their presence prevents demotivation like supervision, salary, benefits, job security, interpersonal relations, physical working conditions, company policy and administration. Herzberg defined motivation as “*when people who do a good job, want to do a good job; people can be made to do anything if you threaten them enough or bribe them enough that is hygiene*”. The other need is the need of an individual to be more than what they were before and these are the motivators and it is not about how “*I am treated at work*” but “*what you let me do at work*” factors like recognition, achievement, more responsibility, important and interesting work, or opportunities for growth and advancement i.e. the quality of the human experience at work. Furthermore Herzberg claims that motivation is a function of ability (training) and the opportunity to use that ability. Job enrichment is one way for people to use their abilities designing the job to make it an inherent learning experience. Another important element that should be part of the system is feedback so that an individual knows how they are doing i.e. direct, informal and regular feedback other than the annual feedback at the time of the appraisal given by the supervisor. Other important factors are self-check and direct or open communication. Herzberg deserves credit for introducing the concept of job design and in it especially the idea of job enrichment as a key element in motivation. Herzberg was of the view that work motivation was largely derived to the degree a job is intrinsically challenging and presents an opportunity for recognition and reinforcement. (Steers et.al, 2004)

In subsequent work Hackman and Oldham presented the Work design theory; which states that it is not the person that is motivated but that the job should be designed in such a manner that it in itself is motivating. Hackman and Oldham identified certain variables; through the motivational potential score. The model referred to five characteristics of jobs three of the elements represented meaningfulness of work where as one each referred to experienced responsibility and knowledge of outcome.

$$\text{MPS} = \text{Skill variety} + \text{Task Identity} + \text{Task Significance} / 3 \times \text{Autonomy} \times \text{Feedback}$$

Skill variety, task identity, and task significance contributes to meaningfulness at work whereas autonomy provides responsibility for work outcomes and feedback signifies knowledge of result.

Literature provides the following definitions for the five elements that make up this model;

Skill Variety: The degree to which a job requires a variety of different activities in carrying out the work, which involves the use of number of different skills and talents of the person.

Task Identity: The degree to which a task requires completion of a “*whole*” and identifiable piece of work i.e. doing a job from beginning to end with a visible outcome.

Task Significance: The degree to which the job has a substantial impact on the lives or work of other people, whether in the immediate organization or in the external environment.

Autonomy: the degree to which the job provides substantial freedom, independence and discretion to the individuals in scheduling the work and in determining the procedures to be used in carrying it out.

Feedback: The degree to which carrying out the work activities by the job results in the individual obtaining direct and clear information about the effectiveness of his or her performance.

According to this model the intrinsic motivation of the job incumbent should be the highest if the job is high on at least one (and hopefully more) of the three dimensions that lead to meaningfulness at work, the job should be high on autonomy and the job should be high on feedback. According to the formula if there is no or less (near zero score) feedback or autonomy there will be no motivation.

THE GOLDEN AGE OF WORK MOTIVATION THEORIES:

The beginning of the mid-sixties brought forward a new approach and new set of theories that are referred to as process theories. Where content theories focused on establishing factors related with motivation in a stationary environment however process theories focus on the describing the underlying process related to work motivation, they search across time for causal relationships and event as they are connected in the workplace with human behavior. Essential to the process theories are the cognitive theories. Among the cognitive theories the best known is the expectancy- valence theory presented by Vroom in 1964. The theory states that employees have a tendency to evaluate various on-the-job work behaviors rationally (e.g., working harder) and then they choose those behaviors that they consider will lead to their most valued work-related outcomes and rewards (e.g., promotion). Thus, the attractiveness of a specific task and the energy devoted in it will depend a great deal on the extent to which the employee believes its achievements will lead to a valued outcome (Steers et al., 2004).

Expectancy theory by Vroom is based upon four assumptions; firstly, that people join organizations with expectations regarding their motivations, needs and past experiences. These have an impact on an individual as to how he/she will react to the organization i.e. people may choose those behaviors proposed by their own expectancy calculations. Thirdly, people may want different things from an organization (e.g., advancement, job security, good salary, growth, challenge etc.). Fourth, people will choose among alternatives to get an optimized outcome for them personally. Vroom's expectancy theory deals with the relationship between three elements; expectancies, valence and instrumentalities. Valence refers to what is desired and the instrumentality is the means through which one achieves what is valent. The behavior/means (e.g. hard work) that is instrumental in getting what is valent (increased in pay) will motivate an individual towards a certain instrumentality. Expectancy refers to the probability of translating an instrumentality into what is valent, so if the expectancy of hard work is low and of networking is high in getting a pay increase an individual will be motivated to develop relationships at work instead of hard work. Hence an individual will act in a certain way based on the expectation that the act will be followed by a specific outcome and on the attractiveness of that outcome. Other

than job performance Expectancy theory has also been used to study other forms of behaviors like, employee absenteeism and turnover and organizational citizenship behavior.

In addition to the Expectancy Theory, Stacey Adams in 1963 presented the equity theory that explained how employees respond cognitively and behaviorally to a perceived sense of unfairness or fairness; employees assess and balance what they give to a job and get out of it and compare the ratio to other employees. The theory states that overpayment and underpayment both have an effect on behavior, although underpayment tends to have a more negative effect.

In the research of Carrell and Dittrich (1978), it has been discussed that three key points of equity theory postulate are explained by most theorists. First, in return of the contribution to their jobs, an employee's perceives a fair return. Second, some kind of social comparison is done by employees as what their compensation package is as compare to their colleagues. Lastly, employee will try to reduce inequity if he or she finds himself/herself in an inequitable situation. The perceived sense of inequity causes tension in an individual, the tension is proportional to the level of perceived inequity. The tension motivates an individual to reduce the tension. The degree of motivation to reduce the inequity depends on the level of acknowledged inequity. Robbins (2003) enlightens numerous choices of employees when they stumble upon an inequity. First, inputs or outcomes of either their own or others can be changed by them. Second, they can change their behavior to others which persuade them to change their outcomes or inputs. Third, they can change their own outcomes or inputs by changing their own behaviors. Fourth, they can perform the comparison through different referent. Lastly, they can choose to quit their job.

Another theory that emerged in the late 1960s referred to as the goal-setting theory, described that specified targets can improve task performance. Research in this area showed that specificity, goal difficulty and goal commitment also served to boost performance. Based on these various empirical researches Locke and Latham on 1990 presented the goal setting theory. Finally this period saw developmental work on social cognitions and self-efficacy, Bandura argued that self-confidence/ self-efficacy within a person serves as an incentive to act or to be proactive.

A study was conducted, particularly focusing on the analysis of intrinsic and extrinsic motivation that drive employees to work in a Not-for-Profit organization without being compensated as much as compared to private huge organizations. The researchers did a survey containing numerous statements that shows multiple intrinsic and extrinsic rewards. A small sample size was selected and they were given six statements portraying intrinsic and extrinsic rewards. The result was quiet clear that employees get motivated by intrinsic rewards. Employees do agree that extrinsic rewards like bonus schemes and increase in pay improve performance but intrinsic rewards plays a more vital role in Not-for-Profit organization as employees make the mission of the organization as their source of motivation. In such organizations, employees are more concerned and focused on achieving the goal of the organizational mission and making their clients achieve success which ultimately make them have fun at work and creates a work/life balance (Tippet et.al, 2009).

A nursing department case study by Alpander (1990) stated ways to improve employee motivation to work by focusing on intrinsic job satisfaction. The results of the case study also suggested that intrinsic job satisfaction link optimistically and meaningfully with commitment to the organization i.e. those individuals who strongly identify with and are more involved in the organization seem to attain higher level of intrinsic job satisfaction while performing their duties and showcase a greater level of motivation. The items that were used to measure intrinsic job satisfaction were derived from “*core job dimensions*” model of Hackman and Oldham and Herzberg’s two factor theory of motivation. The results of this study supported the idea that skill variety, task autonomy, task significance, feedback and task completion each contribute separately to intrinsic job satisfaction. Support for Herzberg’s motivator’s i.e. personal growth, recognition, sense of accomplishment, advancement opportunities also contribute to intrinsic job satisfaction.

A case study conducted in South Africa about a district hospital helped showcased how hospital restructuring by introducing change and healthcare facilities effected the work environment and staff motivation. The study was conducted among managers, doctors and nurses. The study showed a high level of agreement on certain factors that contributed to motivation. These factors, being of intrinsic nature, included having a professional conscience of performing one’s duty, eyeing work primarily as vocation, satisfaction of contributing to the healing of patients and love

for work. Up to 59.7% agreed on the motivating impact of respect and a 73.4% agreed on admiration from the community and the colleagues. No more than 25% among nurses agreed that whether salary package was a motivating factor distinct from managers who registered a 75% agreement but income security and job scored more than 50% in agreement. The demotivating factors included low wages, absence of a career path, absence of training and recruitment and retention strategies. High level of agreement was observed among participants regarding the work environment as a demotivating factor. Like poor communication between clinicians and management, a heavy workload, faulty equipment, difficulties with transportation to work and shortage of staff. Highest level of agreement on demotivating factors was in relation to management support and leadership style. These included poor management style, insufficient appreciation and reward, lack of discipline, not being valued as a person, lack of team work and not being valued as a person.

The Maslow's Hierarchy of needs theory is closely related to the two factor theory. According to Ozgumer (2014) Maslow's concept is quite helpful in understanding that individuals have needs but the manager must be aware in terms of which needs requires satisfaction at which times in order to motivate a worker. Herzberg theory is compatible with Maslow's framework i.e. Maslow's lower-level needs are parallel to Herzberg's hygiene factors and the higher order needs correspond with Herzberg's motivators. Herzberg gathered data from various respondents, asking them to relate stories or incidents that made them feel good and bad about their jobs and whether those experiences had a high or low impact. These stories were then categorized as low and high sequenced. Herzberg et al. (1959) found that Maslow's theory of self-actualization and personal growth became the keys to understanding the good feelings in these sequences. According to Herzberg motivation factors lead to optimistic job attitudes because they gratify the need for self-actualization.

Professor Frederick Herzberg's two factor theory of motivation is based on need satisfaction and motivational effects of these satisfactions on a person and also factors that de-motivate or create dissatisfaction in one's self. While previous theories of motivation have always been derived from one's own insights and experience, the two factor theory holds vital position in contemporary management literature, both in terms of theory and practice. However, there are certain critical assessments regarding this theory. Methodology, inconsistency with past evidence

pertaining to motivation and satisfaction and faulty research are few of the criticism pointed out (House & Wingdor, 1960).

The methodology used by Herzberg to come up with the theory has been criticized by academics as the sample size for the research was based on a limited geographical area (Pittsburgh) and therefore its findings cannot be generalized. Along with sample size, the measures used by Herzberg to determine satisfaction are also criticized, as he did not use an overall measure of satisfaction. Every individual possesses different liking and disliking but this aspect has not acquired much attention in Herzberg's theory as individual personality types have not been studied in relation to the motivation and hygiene factors. Satisfaction has been linked with productivity in the theory based on assumption, whereas, the methodology used by Herzberg only studied satisfaction and not productivity.

Assumption created regarding two factor theory that motivation and hygiene factors are independent and separate dimensions are also criticized and it is observed that some internal factors or motivation factors can also result in dissatisfaction (House & Wingdor, 1960). Herzberg himself supported the view based on follow up literature after the theory that factors like achievement and job satisfaction do not always lead to motivation sometime they can even lead to dissatisfaction. Another key assumption that motivational factors lead to job satisfaction is criticized to be over-simplistic, as it is observed by critics that, same factor or situation can result in job satisfaction for different individuals. Similarly a factor can satisfy or dissatisfy a same individual in different settings (House & Wingdor, 1960). Therefore, it can be concluded that the two factor theory with all its advantages can be further refined by considering the critical observations mentioned above.

Various studies have been conducted that have given rise to criticism on the extrinsic factors. Namely the importance of pay and job satisfaction, Stringer et. al. (2011) examined the implication of pay for performance and concluded that a strong association exists between job satisfaction and pay and benefits. Wan Fauziah et. al. (2013) in their study has referred to a research work in a Malaysian context that suggests that compensation has an effect on job satisfaction. Another study conducted across 96 Malaysian organizations supported that factors of pay was found effective in motivating respondents. Which gives rise to a most potent question is money a motivator? According to Herzberg's research he found salary primarily as not a

satisfier, when it was referred to as a satisfier it was an indication towards appreciation and recognition of a job done well and not a factor in itself.

Wan Fauziah et al. (2013) mentions various studies that supports that the hygiene factor of supervision and job satisfaction holds a positive relationship, one by Lin and Lin in 2011 has shown that a optimistic relationship between job satisfaction and member interactions with leader. The case study mentioned above about a district hospital in South Africa has referred to a lack of proper supervision i.e. a relationship of support, confidence and trust between leader and a follower is a cause of demotivation. The factor of job security contributing to job satisfaction was studied by Danish and Usman (2010) with 220 Pakistani respondents conducted a research, their study supported an optimistic relationship between factors of employee' job satisfaction and job security.

Intrinsic motivation was explored in a nursing environment through another research conducted by Heyes in 2005. In the study Heyes proposed that by increasing wages of nurses the fraction of employed nurses having vocation will get decreased. Vocation refers to a job that one does because he or she has a strong feeling that he or she should do that job since it is a purpose or goal of one's life (to help others). The researcher has stressed upon the fact that organizational citizenship behavior should not be considered as vocation. In organizational citizenship behavior, it is expected that employee gets motivated by some form of output that is related to the organization, this normally contrasts with the theory of vocation. In the study conducted by Heyes (2005) the difference between organizational citizenship behavior and vocation is not completely clear. Some actions of organizational citizenship behavior do not focus on organizational output but they arise because the person considered it as his life's purpose, e.g. punctuality, caring for one's colleagues, helping out other people etc., such care elements of organizational citizenship behavior can also be part of vocation. Heyes (2005) has offered quiet a straightforward results, but interesting as well. He suggested that by increasing wages of the employees belonging to the sector where vocation is quiet common, can make the situation more problematic comparing to and not just in terms of an increase in the costs of salary in the organization. Interestingly the author suggests that a nurse, who receives lesser salary as compared to a nurse that receives considerably more and is highly satisfied, is more likely to exhibit a potential for vocation and go above and beyond in their jobs. Thus the author concludes

that the hospitals should be cautious when it comes to increasing salary because they might end up attracting the wrong kind of employee. In fact Heyes (2005) recommends that the health care institute should not merely attract nurses by increasing the salary. He also suggests that the organizations involved in health care should consider the relationship between intrinsic and extrinsic motivation and the effect of reward on this association.

The above mentioned literature review proved that in a hospital setting intrinsic and extrinsic factors play an important role. It is not easy to determine the motivation of employees in a hospital without studying both sides. Nursing as a profession is intrinsically motivating in itself, a job that offers vocation. So in order get a better grasp of how intrinsically motivating this profession is, we decided to use the “core job dimensions” model of Hackman and Oldham and some motivators from Herzberg’s two factor theory of motivation which are “recognition and respect”, “a sense of achievement” and “opportunity” to learn and grow. In literature achievement more so than recognition has repeatedly been associated with long range factors and nature of the work itself. Immense satisfaction is provided where recognition is based on achievement.

Literature has closely linked existence extrinsic or hygiene factors to employees’ job satisfaction and their lack to demotivation or dissatisfaction. On the bases of the literature provided we have narrowed down our study to the following extrinsic factors; salary, job Security and the reward system, work load, hospital supplies and equipment and supervisor and management support and appreciation. Pleasant interpersonal relationship with the supervisor provides better working condition and helps fulfill an individual’s social needs.

Literature supports that motivation and job satisfaction lead to commitment to the organization. The method used to ascertain the motivation of nurses at PIMS hospital their commitment to the hospital will be gauged. Commitment will be evaluated by seeing the level of identification and involvement the staff has with the hospital

Is there a perceived sense of equity or not? Literature supports that Stacy Adams equity theory focuses on extrinsic motivation. The equity theory is a part of this study because it is fascinating to observe how employees tend to compare themselves with one another. These comparisons can result in job turnover when some employees perceive their treatment to be inequitable. The most

important thing is that this theory indicates that beliefs, attitudes and perceptions affect motivation. Employees are encouraged to correct situations where they perceive a certain sense of inequity. Favoritism and nepotism can have a negative effect on the perceived sense of equity and thus the effort put in the job.

Vroom's theory of expectancy is different from the content theory of Maslow or Herzberg. Vroom's theory provides cognitive variables that have an impact on work motivation. Through the expectancy theory focus will be on what do the nursing staff deem is instrumental in going ahead in their job; hard work, networking or nepotism. From a managerial standpoint this theory has some important implications regarding motivating employees by changing the person's effort to performance to reward expectancy, performance expectancy and reward valences.

RESEARCH METHODOLOGY

The research methodology was a case study method. The data collection was done via questionnaires and interviews. The questionnaire was composed of thirty two close ended questions, and was designed to address the five themes identified through the literature review (intrinsic variables, extrinsic variables, equity, expectancy and commitment). The interviews were conducted in order to get a multi-dimension view to the problem and to further probe into the responses given by the respondents in the questionnaire or to address some discrepancies in their responses in the questionnaire.

OBSERVATIONS AND FINDINGS:

Opened in 1985, Pakistan Institute of Medical Sciences (PIMS) in Islamabad has aimed to provide a tertiary level of care and to serve as a referral hospital to conduct training/teaching of doctors and health workers at numerous levels in the various fields of surgery and medicine. PIMS not only provides medical services to Islamabad-Rawalpindi and surrounding areas but also functions as a National Reference Centre for providing curative services and specialized diagnostics to the patients referred by other hospitals/medical institutions. PIMS a public hospital was originally opened to cater to the medical requirements of the twin cities; Islamabad and Rawalpindi, but today people from various far flung areas also come to this hospital for treatment because of its ability to provide good care. However over the years complaints about low quality services have started to come forward.

An attendant at PIMS, Abdul Rasheed, told Dawn that he had traveled for 14 hours to bring his father Khairullah to PIMS. Khairullah had fallen from a cliff in Sharda Town of Neelum Valley in Kashmir and had fractured both legs.

“We initially went to a military hospital in Muzaffarabad but had to come here because no other hospital in the area had the facilities similar to PIMS,” Rasheed said.

“The treatment here is very slow. My father is unable to recover from his wounds and pain even after two months of treatment,” he said, complaining that he had spent Rs. 150,000 so far which he had to borrow from his relatives.

In response to these claims the administration was quick to point out that PIMS hospital does not have the resources to meet the increasing demand and the ever increasing rush of patients creates chaos in various key departments.

“We have a total capacity of 1,100 beds, but we receive over 5,000 patients every day. This heavy load affects our efficiency,” Altaf Hussain, PIMS director administration, told Dawn.

Multiple studies have shown that there is a correlation between health care outcomes, quality of care and the availability of motivated healthcare personnel's. Low motivation encumbers the health care even further. A doctor currently working at PIMS hospital was questioned as to what

they perceive is the reason behind the lack of efficiency being observed at PIMS hospital. Her reply was that;

“People are not dedicated to their work, there is lack of responsibility, we have the equipment but gaining access takes a lot of time, the people assigned to hand over the equipment make things difficult, there is lack of awareness what they don’t realize it that the equipment is there to be used in order to save lives.”

Another doctor working at PIMS hospital claims that;

“There is lack of merit, hardworking people are by passed and instead “favorites” are promoted, resulting in burn out. Similarly during hiring; no merit is followed. All those people who come via shortcuts are not interested in working.”

For the purpose of this study it was decided to narrow the scope down and observe how a combination of extrinsic and intrinsic factors effect motivations of the nursing staff at PIMS hospital. Nursing has conventionally held a middle range in the medical profession hierarchy, because they out rank the medical technicians and non-medical support staff but are sub-ordinate to hospital administration and doctors. Nurses have often been denied the status of a true profession; they receive lower salary as compared to other professions, lack of professional autonomy and limitations on nursing tasks. Nowadays nursing is being regarded as more of a profession. Various forms of specializations have been introduced for them, better promotion packages and more responsibility and authority.

Questionnaires were handed out to nurses in three departments at PIMS hospital, 6.1% of the respondents were between the ages of 18 to 25 years, 45.5% between the ages of 26 to 35 years, 24.2% between the ages of 36 to 45 years, 15.2% between the ages of 46 to 55 years and 9.1% were older than 55 years. Nursing is a profession where women outnumber the men; the same ratio was seen in our respondents where 90% respondents were female and only 10% male. Among the respondents 18.2% had been working at PIMS hospital between 1 to 5 years. 42.4% had been working for 42.4 years and 39.4% had been working for more than 15 years.

The present era of cost containment pressures means that hospital administrators need to ensure that nurses have a job design and a work environment with the characteristics known to be linked

to job satisfaction, motivation and good outcomes. In order to study if the nursing system at PIMS hospital both; intrinsic characteristics and extrinsic work environment were taken into account.

The first few questions were posed to observe the respondent's view regarding the nursing profession without the context of PIMS hospital. The first question that was asked was if the nurses tell people with pride about their profession, the purpose was to identify whether they felt a certain sense of achievement with regards to this profession. 93.9% of the respondents claimed that they tell people with pride that they are from the nursing profession.

Further probing into the reason why respondents joined the nursing profession; 6.1% of the respondents claimed that it is a good source of earning money, 36.4% were of the view that it gave them a sense of purpose, 9.1% claimed that every day is a new challenge so they don't get bored, 21.2% said that this profession has a lot of respect, where as 27.3% agreed that helping people made them feel good about their job.

One nurse said that, *"I believe that this is a profession that has respect, money, prayers and peace for one's soul."*

90.9% of the respondents agreed that being able to help people is what truly inspires them about their jobs where as 9.1% disagreed implying that other factors may also serve as motivators. 70% of the respondents claimed that they would continue to work as nurse even if they got no reward for it, 27% disagreed with this while 3% of the respondents were unsure. One of the nurse in fact claimed that they did a lot of voluntary work in the 2005 earthquake that hit Pakistan she said that, *"We worked day and night for months to help out with the earthquake victims, we volunteered where there was shortage, we did not get any extra pay for this."*

In order to get an idea about what motivates the respondents to work at PIMS hospital, 36.4% of the respondents answered money, 30.3% respondents claimed it was job security, 18.2% agreed that it was pension. Besides that 12.1% claimed that it offered a good learning platform, whereas only 3% claimed that PIMS offered more opportunity to help out poor patients.

Herzberg theory of motivation informs us about the importance of dealing with extrinsic or hygiene factors. According to House et.al the most important of these factors is the

administration and company policy that promotes ineffectiveness and inefficiency within the organization, the second is incompetent supervision, a form of supervision that lacks knowledge of the job or the ability to delegate responsibility and teach. Lack of recognition, interpersonal relationship at work and working conditions can also cause dissatisfaction. In lieu of this, the factors that were chosen to study at PIMS hospital were; salary, job security and the reward system, work load, hospital supplies and equipment and supervisor and management support and appreciation.

In order to check if salary was a strong motive for staying at PIMS a question was posed asking that if the respondents were offered more salary from another hospital would they consider leaving PIMS. 36.4% of the respondents were in agreement that they would consider leaving where as 57.6% respondents claimed that they would not leave and choose to work at PIMS instead. One nurse revealed that she might leave if the other hospital provided a transport service. However 75.8% of the respondents were in agreement that they would be willing to work for a lesser salary if job security was guaranteed, where as 24.3% disagreed to it.

One nurse who recently went from a contractual to a permanent employee claimed that, *“Job security is more important, I just became a permanent employee and my salary’s been reduced from what it used to be when I was a contractual employee.”*

Another nurse claimed that job security is important and associated it with getting pension, *“When one retires from their job at PIMS they get pension in contrast to private hospitals that provide good salary but nothing afterwards. Being a burden on one’s children is risky, one does not know if they will be supported by their children, with pension an individual can support themselves and that is why job security is important.”*

The nurses are of the opinion that salary and job security are important for one living in Pakistan, there is inflation and unemployment is high. Even though job security may serve as a reason to keep people working some also claim that job security also reduces performance, one nurse said that, *“We have contractual nurses they work hard because their aim is to become permanent, but there are permanent nurses who are laid back, they come late and have other attitudinal problems all because they have secure jobs.”*

However, interestingly 72.7% respondents also agreed that if they get more salary they will work harder, where as 24.3% disagreed with this statement. Our results show that a majority of nurses talked about their job giving them a sense of purpose but then a large also stated that an increase in salary would serve to motivate and increase productivity. A nurse was asked about this; *“It is not money in itself, money facilitates us in life, and if I get more salary I will be able to hire a maid and spend more time with my family.”* Herzberg claimed that money is a motivator when it is a form of recognition of a job well done but for some it is a means of achieving their physiological, safety and social needs, it facilitates and provides ease. Another nurse however claimed that;

“It is a profession that offers a lot of learning, a person who has skills will work even on no salary, for them their work holds value, but people who enter this profession through shortcuts or they join this profession with the intention of just making money, for them money is the only thing that works.”

63.6% respondents agreed that the hospital had adequate equipment making it easy to offer standard care where as 30.3% disagreed. Some nurses were of the view that there are some policies and some personnel that make access tedious or difficult; however the relevant equipment is available. Another statement related to the equipment was posed that, the hospitals faulty or broken equipment is not satisfactorily replaced. 54.6% agreed to this statement. 33.3% disagreed; where 12.1% neither agreed nor disagreed when probed further a nurse replied that,

“Yes the equipment does get repaired or even replaced but not very easily. The process is there, but it takes time.”

The majority of the respondents were in agreement that the staff at PIMS is overworked, 85% of the respondents felt that the workload at the hospital is heavy. In fact 48.4% believed that as nurses they are being under paid and over worked, where as 33.3% disagreed with this statement.

Interpersonal relationships play an important role in making the workplace environment a satisfying one. In this regard good relation with the management and a pleasant supervisor play an important role in removing dissatisfaction from the employees. At PIMS hospital 33.4% of the employees agreed that their supervisor and management are supportive and appreciate the work they do where as 55% disagreed. Indeed 75.8% of the employees claimed that there is

insufficient appreciation by the management and their supervisors instead errors are emphasized however 15.2% of the respondents disagreed to this.

Talking about the role of the supervisor, one nurse claimed that *“Supervisor can help out a lot especially when they address the administrative issues, this result in smooth running of the work.”* The nurse was then asked that whether her supervisor helps her out she said that *“Sometimes she does and sometimes she does not, though it always feels nice when I go to her with a problem and she says that I know you are hard worker and I will look into this for you.”*

Talking about the insufficient reward strategy and appreciation one of the nurse claimed that; *“Recognition and appreciation by the supervisor is important, they should not degrade the staff because negative thoughts start coming in an individual’s mind, related to the supervisor, related to this organization and sometimes even related to this profession. Supervisors can play a very important role in improving productivity.”*

When asked if this style of supervision is the norm, the nurse replied that *“Some people have a habit of highlighting faults, where as some may not degrade their subordinates but they don’t appreciate either. I think both are harmful, but insulting someone has a more adverse effect.”*

When the same question was posed to one of the head nurse she said, *“The nature of the work is such that mistakes can be costly, my staff may claim that they don’t have the support of the management but the staff reports to me and I deal with the management and they with me.”*

The head nurse also said that *“there are very few nurses that work on their own, one needs to hold a stick to their head, if I am not around all of them become lazy.”* When probed as to what she feels is the reason behind it, she said that, *“there is a lot of workload, even though the routine tasks are streamlined but we have too many patients now.”*

But most of the nursing staff and even doctors are of the view that there is no proper management at PIMS, one doctor said *“I doubt if the people working in the administrative/management department even come out of their offices.”*

Another question posed whether hard working staff-members are made to work even harder without any form of compensation, 78.8% agreed that this was the case, where as 21.2%

disagreed. In such a scenario performance is no longer being rewarded but instead is serving as a punishment by over burdening the individual.

To study if the intrinsic job design characteristics were motivating, Hackman and Oldham's job design model was taken into account. Also Herzberg's motivators such as "recognition and respect", "a sense of achievement" and "opportunity" to learn and grow were also included as intrinsic motivators. Questions were posed in the questionnaire to observe if these variables existed and decide if the nature of the job is intrinsically motivating.

Nursing is a profession that has a significant impact on the lives of other people (task significance); in accordance to this the nurses were asked if they are conscious that their work contributed to healing patients. There was 100% agreement by the respondents in this regard. 93% agreed that their work provided them with the opportunity to use multiple skills on a daily basis.

One nurse claimed, *"Yes skills are important; you cannot go ahead in this profession without developing skills. Our job is not just about putting a cannula; it is a lot more than that."*

Another claimed that, *"There is so much work to do how can anyone get bored."*

The results showed that 75% of the responding nurses claimed that the work they are doing is challenging so one does not fall into monotony, where as 21% disagreed, however there is evidence of the existence of skill variety.

The nursing system at PIMS hospital does exhibit professional autonomy to a certain extent i.e. they practice decision making within the domain of their knowledge and expertise. At PIMS hospital the nurses have proper degrees from nursing institutes; the yearly performance appraisal called the ACR of the nurses is done by their head nurse, the nurses have separate promotion packages, other than that they have special expertise in fields such as, pain management, wound care and patient education, but the head nurse also has control in some areas e.g. the assigning of patients and duties is done by the head nurse and the nurses have no input in this matter. Results of the questionnaire showed that 55% of the nurses were in agreement that they do not need a supervisor to micro manage them when they are done with their training. 73% reported that their work is arranged in a way that they have chance to do the job from start to end. *"A patient is*

assigned to every nurse, and then he/she takes full care of them". This also shows the presence of task identity. However 18% disagreed with this statement and 36% felt that their supervisors micromanage them even after they are done with their training.

A yearly performance appraisal is conducted at PIMS hospital, but no one on one feedback session is arranged after the appraisal, hence there is absence of direct and specific feedback given by the supervisors in terms of the work that is being done. Also since the appraisal is yearly even if feedback was given it would not be immediate and thus not so effective. 69% claimed that the condition of the patient provides them with feedback where as 21% also disagreed with this. Even if the condition of the patient served to provide feedback, the behavioral aspects of their everyday performance would not fall under its scope and may perhaps even miss out on the technical aspects. Henceforth no proper feedback mechanism was observed at PIMS hospital.

Recognition that helps to create positive feelings about one's job does not have to come from supervisor, it can come from peers, sub ordinates, or even customers (in this case; patients), whereas lack of recognition can lead to dissatisfaction. Lack of recognition was a predominant factor that was observed, thus contributing in the dissatisfaction of the nurses at PIMS hospital. 36% agreed the patients recognized and appreciated their efforts, where as 38% were of the view that they did not and the remaining 27.3% felt that some did and some did not.

A nurse working in the General Medicine department said that; *"There are patients who are very appreciative but then there are also who are not, obviously it feels nice to be valued for your efforts but even if that does not happen it does not matter because God is watching and He values it and will give us our return."*

One of the nurses who felt unappreciated said that, *"The patients are appreciative of the efforts of the doctors but leave us out. The doctor would not be able to get the work done without our input."*

Nonetheless all agreed that when their efforts are recognized and appreciated it makes them feel good about their work. *"When patients appreciate my efforts and supplicate for me and my family, it makes me very happy and all the trouble we go through is worth it."*

If an individual is responsible for finishing a certain task but they do not have the relevant skills to do so, then this can result in frustration and dissatisfaction, in the medical profession new health goals, techniques, machinery are constantly being introduced and just like the doctors the nursing staff also needs to be up to date so that they can do their work. Opportunity to grow and training can motivate employees to perform better, i.e. if an opportunity is there then the employees should be trained so that they can make use of that opportunity and grow their skills because literature supports that the opportunity to learn and grow serves as a motivator.

The nurses were asked if the hospital also sends the nursing staffs on trainings like the doctors, 57.5% agreed to this statement where as 36% disagreed with it, but the interview sessions revealed that most of training initiatives were taken by the head doctor running the department, so there were some departments where nurses were given training and some where there was no training. One nurse claimed that, *“There are fresh courses and trainings arranged for doctor, similarly there are areas about which nurses need to be aware, new developmental goals, infection control etc. are relevant aspects of our jobs on which trainings should be conducted.”*

Another nurse complained that, *“if a new theory comes out in the world and we want to learn about it we study it ourselves. We have our personal lives, children and husband we do not have the time to study by our self. The institute should arrange short training courses for us.”*

Beliefs, perceptions and attitudes also play an important role in motivation, whether it is a sense of in equity or a belief or perception that a certain instrumentality can provide what is valent to an individual.

The respondents were asked if they will be willing to put as much into their jobs as they expected to get from it. 72.7% agreed to this, 15% disagreed where as 12% had no opinion regarding this. About 82% agreed that they compare what they put into a job with what they get out of it to their peers where as 15% were unconcerned and said that they focus on their work. However a perceived sense of in equity can lead to demotivation and frustration. One nurse said that,

“Those who come via shortcuts know that nothing is going to happen to them, they do duties when they wish and even when they are assigned it is according to their preference and the management has to comply in order to save themselves, but it gets frustrating when you have to do so much more work. I wanted to apply for an exam, me and other competent people were left

behind because of nepotism, those who used shortcuts availed the opportunity while the deserving were left behind.”

70% reported that their supervisors and doctors have favorites, but besides the sense of inequity, this has created other problems as well, like one of the nurses reported, *“People come late but they are protected by the doctors.”* Another nurse felt that because of this *“favoritism”* culture, *“employees start taking credit for what the other people have done in order to look good in the eyes of the supervisor.”* This can lead to mistrust among colleagues and insecurity and information withholding, which disturbs the social interactions at work and may create a difficult work environment. As stated in Herzberg’s theory of motivation that when hygiene needs are left untended, this can cause dissatisfaction, and can manifest itself in various ways either the individual will leave their job or if they are unable to do so then they take out their frustration and dissatisfaction through other means like one of the nurses said, *“One can observe a general lack of commitment and loyalty to the organization and the work, individuals start stealing office supplies, or they do not take responsibility for the work, work is left half-finished or documentation is incomplete.”*

While a nurse in another ward claimed that, *“We have proper rosters that have to be followed; everyone is responsible for the tasks they are assigned to do, however yes if tasks were not assigned there are chances of misuse, as of now the most leverage a nurse can get is a duty in their preference area or they can get leaves easily.”*

According to 40% of the respondents in order to get ahead at PIMS hard work is important. 45.5% believed it was nepotism whereas 15.2% claimed it was networking. One nurse said that, *“Even though it is not in the policy of the hospital however sadly one can observe nepotism, I however feel that handwork is important, you cannot go ahead in this profession without hard work and developing your skills.”*

Despite the fact that 40% claimed that hard work is what is important to get ahead but 88% still felt that knowing someone important provides a better chance to get things done at PIMS hospital.

In terms of observing commitment with PIMS hospital, almost all of the respondents stated that they tell people with pride that they are a part of PIMS. One of the reasons is the status attached

to the hospital, as one of the nurses claimed that when it was made it was the biggest hospital in South Asia. For some it is the learning and growth and development of skills via learning that is associated with it. About 94% stated that they would go out of their way to help a colleague. 90% claimed that they will work for the welfare of the hospital even if it was not the part of their jobs. 72% claimed that they felt that their hospital owned them on the other hand 28% disagreed to this.

CHI-SQUARE TEST:

The chi-square test for independence was used to observe if there was any significant relationship between variables.

GENERATION

An empirical result by Wan Fauziah and Tan done in 2013 described that factors of generation also plays an imperative role in determining employees favorability regarding extrinsic and intrinsic motivation factors impacting citizenship behavior at workplace, it was found that the younger generation were demotivated by intrinsic factors and motivated by extrinsic factors while for the older generation it was vice versa. Hence literature supports that different generations have different approaches to motivation, similarly it is also interesting to observe that how tenure and gender can affect perception, attitude, motivation and commitment of an individual working at P.I.M.S hospital.

Generation was a variable which was cross tabulated with other variables to check with which it showed a significant relationship, thus generation was cross tabulated with whether respondents tell people with pride that they are a nurse the two significant results were for the age bracket of 26 to 35 years and 46 to 55 years but interestingly both the age brackets showed contrasting results, respondents between the age of 26 to 35 years said yes, they tell people with pride that they are from the nursing profession where as the age group between 46 to 55 years stated that they do not tell people with pride that they are a nurse.

Relationship between the variable of generation was studied with intrinsic and extrinsic variables one question stated reasons due to which the respondents choose the nursing profession, five options were given in which one was of extrinsic nature where as the rest of the four were of intrinsic nature. The results showed that the age bracket between 18 to 25 years and 46 to 55 years showed a significant result towards the extrinsic factor (it is a good source of earning money) however the 46 to 55 years generation also showed a significant result concerning intrinsic factors (helping people makes me feel good about my job). The rest of the age brackets showed significant results in intrinsic categories, for 26 to 35 years respondents claimed that this profession has a lot of respect and every day is a new challenge so they do not get bored. For the 36 to 45 years bracket significant result was observed for the option that it gives me a sense of purpose by helping other people, this profession has a lot of respect and helping people makes me feel good about my job. The respondents above the age of 55 years reported a significant result for this profession has a lot of respect and helping people made them feel good about their jobs. Overall respondents were more inclined towards intrinsic factors.

The answers of respondents of different age brackets were cross tabulated with the reasons for joining PIMS hospital. Five options were stated among which three were of extrinsic nature (money, job security and pension) while two were of extrinsic nature (offers a good learning platform and offers opportunity to help out the poor patients). The 18 to 25 years of age showed significant results for salary and pension. The 26 to 35 years age respondents showed a highly significant result for the option that PIMS offers a good learning platform. The 36 to 45 years age respondents showed a significant result for job security and pension but not for money/salary. The 46 to 55 years of age respondents showed significant results for the all the extrinsic factors but none for the intrinsic factors. Whereas, the respondents who are above 55 years, showed significant results for money and job security. However respondents were more inclined towards the extrinsic factors, also when all the age groups were cross tabulated with the question that if they get more salary they will work harder, all the groups showed significant results of agreement except the age group of 36 to 45 years.

The respondents with the age group of 26 to 35 years showed results to the question of whether the patients appreciated their efforts, and they reported significant results for both agree and disagree. Whereas the respondents with age group of 36 to 45 years showed significant results

for “agree”. The respondents for the age group 46 to 55 years states significant results for “disagree” however were also inclined towards “agree”.

All the generation showed a significant result in terms of agreement, for task significance and skill variety. In term of task identity the age group of 26 to 35 years showed a significant result in effect of agreement that their work is arranged in a way that they have a chance to do the job from start to end where as another group of the respondents of the same age group also showed a significant result for disagreement, the rest of the age groups showed significant results inclined towards agreement. In terms of autonomy all the age groups showed significant results in effect of agreement that they did not need a supervisor to micro manage them when they are done with their training, except for the respondents between the age groups of 46 to 55 years who showed a significant result for the option of neither agree nor disagree.

Overall majority of the respondents agreed that nurses like doctors were also sent on trainings but in terms of age group the responses were of differing nature. The age groups of 26 to 35 years and older than 55 years gave significant results in effect of agreement, whereas the age groups of 36 to 45 and 46 to 55 years and showed a significant result in terms of disagreement.

Regarding support and appreciation, among the age groups 26 to 35 years and 36 to 45 years gave significant results in terms of disagreement i.e. their supervisor and management were not supportive and appreciative, whereas 46 to 55 years and older than 55 years gave significant results in terms of “neither agree nor disagree” and “agree” respectively. Similarly responses to the question; there is insufficient reward strategy in place and insufficient appreciation by management, instead, errors are emphasized. The age group 26 to 35 years showed significant result in effect of agreement where as the age groups 46 to 55 years and above 55 years showed significant results in terms of disagreement.

GENDER

Cross tabulation among genders and whether they tell people with pride that they are a nurse revealed that male showed’ a significant result towards “no” whereas females showed a significant result towards “yes”. Similarly significant result was shown in regards to whether

male and female tell people with pride that you are part of PIMS. The male were inclined towards “no” and the female towards “yes”.

What are the factors, intrinsic or extrinsic in nature that serves to motivate male and female respondents? The male respondents showed significant results in relations to the nursing profession to be a good source of earning money and respect. While for females there was a significant result in regards to the nursing profession giving them a purpose, respect and being able to help people making them feel good about their job. Females were more intrinsically inclined where as for the male respondents, money served as a motivator (extrinsic) and also respect (intrinsic). Similarly the male respondents showed a significant result in relation to joining PIMS as money and PIMS offering a good learning platform. Whereas female respondents showed significant results with regards to job security and pension and a mildly significant result in PIMS offering more opportunity to help out the poor patients.

Concerning cross tabulation among salary and nurses, the male nurses showed a significant disagreement to working as a nurse even if they get no money or reward for it. Showing male are earning money for instrumental reasons. Females were of the view that they would continue to work as nurse even if no money or reward is given. Evaluating job security and salary with genders, showed a significant result in effect of male that they would agree to work at a lesser salary if job security is guaranteed. Also the male respondents showed a significant result in terms of that they would work harder if they get more salary. Another contrasting significant result that was observed was that the male respondents posed significant result of agreement that if they got more salary from another hospital they would consider leaving PIMS where as the female respondents disagreed.

In order to get ahead at PIMS what if important, the male respondents showed a significant result in terms of nepotism where as the female respondents showed a significant result in relations to hard work and networking. Another significant result in relations to gender and commitment (will they go out of their way to help a colleague), the male responded with “yes” while the females showed a significant result for “no”.

TENURE:

The tenure of the respondents was compared with a sense of accomplishment or pride they might have being associated with PIMS. The respondents with less than 5 years signified a “yes” relationship with pride, those respondents who has spent 5 to 15 years showed a significant result for “no” in terms of telling people with pride that they are a part of PIMS and in the case of those respondents who had spent more than 15 years they showed a “yes” relationship with pride.

In association with tenure, respondents were asked if they could get more salary from another hospital, they would consider leaving PIMS. The respondents who had spent less than 5 years disagreed. Respondents between 5 to 15 years showed a significant result in effect of agreement. Those who had served for more than 15 years presented dichotomous results for agreement as well as disagreement, but more significant in terms of disagreement.

Respondents were asked if they would go out of their way to help colleagues, those who have spent less than 5 years showed a mildly significant result for “yes” while the other two showed a mildly significant result for “no”. Also respondents were asked if they would work for the welfare of the hospital even if it was not a part of their job. Interestingly the respondents who have spent more than 15 years showed a significant result for “no”. On the other hand the other two showed a mildly significant result for “yes”.

DISCUSSION

Regarding the nursing staff taking pride in their profession and having a sense of accomplishment, interestingly the chi square results indicated that the age group between 46 to 55 years and the male respondents in general indicated a lack of pride in their profession. One reason could be that this is a profession dominated by females and the male respondents (probably due to the national culture) have associated some negative perception with this profession, although according to a female nurse, male nurses have better salary packages and can also earn extra money by visiting patients in their homes. Another reason that the respondents may be showing a lack of pride is that they might have aimed for something else in their life but due to financial constraints or pressure by their parents they came in this profession but never wholly accepted it.

From our research findings we saw that interestingly where majority of the respondents agreed that nursing as a profession gave them a sense of purpose and helping people made them feel good about their jobs (these motivators are intrinsic in nature), the reasons stated for staying and working at PIMS hospital by most of the respondents reported were factors, that are of extrinsic nature e.g. salary, job security etc. except for the age group between 26 to 35 years who were inclined towards a more intrinsic factor of learning. However even they claimed that if they get more salary they will work harder, this signifies that those individuals who join a certain profession for motivational reasons still want the issue of money of the table as stated in Maslow's theory of how people have hierarchal needs and that these needs need to be progressively satisfied before they can reach to a higher and intrinsic level of motivation. Also how an organization needs to deal with the hygiene factors before employees can work for truly motivational purposes.

A large number of environmental hurdles were also observed at PIMS hospital, resulting in dissatisfaction and frustration of the employees. Some of the major hygiene needs that need to be addressed were a lack of a good reward strategy (tangible and intangible) the nurses felt that they were underpaid and over worked, or that hard working staff members were made to work even harder without any form of compensation, but other than that there was a consistent complain of

a lack of intangible rewards (lack of recognition and appreciation) by the supervisor and the management and the customers (patients). The culture of nepotism and favorites has resulted in credit taking and mistrust among the peers resulting in less than cordial workplace relationships. Another issue observed was a lack of accountability and responsibility.

Observing Hackman and Oldham job design theory showed the presence of skill variety and task significance and task identity as well to some extent, but the chi square results showed contrasting results regarding the age group between 26 to 35 years, where one group of this age bracket agreed that task identity existed while another group significantly disagreed, this difference was due to the difference in the wards/departments in which they were working, one ward had streamlined procedures, the tasks were assigned by the supervisor (via a roasters) and hence an overall strong management was seen which was lacking in the other department. In terms of autonomy most of the respondents claimed that they did not need to be micro managed by their supervisors once they were done with their training except for the age bracket between 46 to 55 years, they showed significant results for “neither agree nor disagree”, mainly because the nurses in this age bracket were the ones that were in the supervisory capacity and may not agree to this due to their own personal attitude or perception (i.e. the staff is lazy and needs a firm hand), also the senior nurses tended to be more politically correct. Another issue was a lack of a proper feedback system and according to the job design theory if there is little or zero feedback the Motivational Score Potential (MPS) of the job becomes zero i.e. the job is not designed in to intrinsically motivate the nurses.

Even though the majority of the respondents claimed that they were sent on trainings but the chi square results indicated that the age group of 26 to 35 years significantly agreed with this but the age groups of 36 to 45 and 46 to 55 years and showed a significant result in terms of disagreement, one reason for these differing results is even though the overall score was for agreement (57% agree that they are sent to trainings) but that could also be due to 26 to 35 age group which also had a high sample size, the difference could also be due to varying departments i.e. in one department nurses were sent to trainings due to the initiative taken by the head doctor while in another no such initiatives were present and also due to nepotism that the favorites were sent.

The chi square results also showed the importance of context and individual differences in motivation, for the male respondent's money served as a driving force, because of insecurity in the economy (high inflation and unemployment) and the responsibility of being the bread winner (national culture). Which once again gives rise to the question is money a motivator? According to Herzberg it is not but the context in which Herzberg's theory was published was different than this one. (Full employment and nearly 100% utilization of plants and facilities)

The results have clearly shown that even though there are nurses, for whom hard work is what is important to get ahead, but this is a value that is a part of their personality and not something they gained from the hospital environment in fact the system at the hospital has developed expectancies in the instrumentality of networking and nepotism to get what is valued (promotion/advancement).

One of the major problems at PIMS hospital is nepotism that in my opinion is contributing the most in demotivating the nursing staff at PIMS hospital, the sense of inequity forces people to either indulge in politics or power struggles to create their own importance or shirk responsibility. This eventually leads to inefficiency. However there are also nurses that joined this profession for purely intrinsic reasons, like one nurse claimed that this is her passion, while another nurse claimed that he left BSC to come to this profession and so such workers continue to strive because they believe that this is their purpose or they are motivated to learn and develop skills.

RECOMMENDATIONS

There is a training need for the supervisors, in order to equip them with the ability to coach and guide their subordinates better, for this along with reprimand they should also understand the importance of positive reinforcement to shape behavior.

Supervisors and management need attitudinal training to understand the importance of intangible rewards (recognition and appreciation) and informal feedback. Feedback should be relevant, immediate and specific.

PIMS hospital needs to have a proper performance appraisal system, consisting of technical as well as behavioral goals, which should be linked with rewards; a one on one feedback session should also be part of the system. Such a system should help to increase accountability and transparency in the hospital and ay reduce nepotism. The individuals who will be in charge of filling out the appraisal forms and giving feedback should also be trained in how to carry out such tasks and due to high workload some tangible compensation should be attached with this.

PIMS is a big hospital hence there is a need for SOPs and procedures to run the hospital, but a review of the procedures can help one find out where tasks need to be streamlined and where certain procedures are tedious.

The hospital can also introduce a coaching program where the senior nurses can coach the younger nurses and help them see the positive side to this profession.

In terms of hiring, managers with the relevant knowledge and skills need to be appointed, who is willing to communicate, tries to understand the problems of the staff at the workplace and adopts an appropriate leadership style

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ANNEXURE

QUESTIONNAIRE

The purpose of this questionnaire is to understand the factors that motivate or de-motivate the nursing staff working in a public sector hospital of Pakistan. Moreover, explore whether various theories of motivation hold true in this context.

What is your age?

- ∞ 18-25
- ∞ 26-35
- ∞ 36-45
- ∞ 46-55
- ∞ Older than 55

What is your gender?

- ∞ Male
- ∞ Female

How long have you been working for PIMS hospital?

- ∞ Less than 1 Year
- ∞ Between 1 to 5 years
- ∞ Between 5 to 15 years
- ∞ More than 15 years

1. I tell people with pride that I am a nurse

- ∞ Yes
- ∞ No

2. I chose the nursing profession because

- ∞ It is a good source of earning money
- ∞ It gives me a sense of purpose by helping other people
- ∞ Every day is a new challenge so I don't get bored
- ∞ This profession has a lot of respect
- ∞ Helping people makes me feel good about my job

3. Being able to help people is what truly inspires me about my job.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

4. I will continue to work as a nurse even if I get no money or reward for it.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

5. Why work at PIMS?

- ∞ Money
- ∞ Job Security
- ∞ Pension
- ∞ Offers a good learning platform
- ∞ Offers more opportunity to help out the poor patients

6. If I could get more salary from another hospital, I would consider leaving PIMS.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

7. I would agree to work at a lesser salary, if job security is guaranteed.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

8. The hospital has adequate equipment, making it easy to offer standard care.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree

- ∞ Disagree
- ∞ Totally Disagree

9. The hospital's broken or faulty equipment is not satisfactorily replaced.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

10. The workload at the hospital is heavy, without a plan.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

11. The patients recognize and appreciate my efforts.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

12. My supervisor and management are supportive and appreciate the work I do.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

13. Hard-working staff-members are made to work even harder, without any form of compensation.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

14. There is insufficient appreciation by management and an insufficient reward strategy in place. Instead, errors are emphasized.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

15. I feel that as nurses we are under paid and over worked.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

16. I am conscious that my work contributes to healing patients.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

17. My work provides me with an opportunity to use multiple skills on a daily basis.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

18. It is a challenging profession I hardly ever get bored.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

19. My work is arranged so that I have a chance to do the job from beginning to end.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

20. The nature of my profession is such that the condition of the patient provides immediate feedback.

- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

21. When I am done with my training I do not need a supervisor to micro manage me.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

22. The hospital also sends the nursing staffs on trainings like the doctors.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

23. If I get more salary I will work harder.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

24. I will put as much into my job as I expect to get from it.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree

- ∞ Disagree
- ∞ Totally Disagree

25. I compare what I put into a job and what I get out of it to my peers.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

26. My supervisor and doctors have favorites.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

27. In order to get ahead at PIMS what is important.

- ∞ Hard work
- ∞ Nepotism
- ∞ Networking

28. Knowing someone important provides a better chance to gets things done.

- ∞ Totally Agree
- ∞ Agree
- ∞ Neither Agree or Disagree
- ∞ Disagree
- ∞ Totally Disagree

29. Do you tell people with pride that you are part of the PIMS?

- ∞ Yes
- ∞ No

30. Will you go out of your way to help a colleague?

- ∞ Yes
- ∞ No

31. Would you work for the welfare of the hospital even if it is not part of your job?

Yes

No

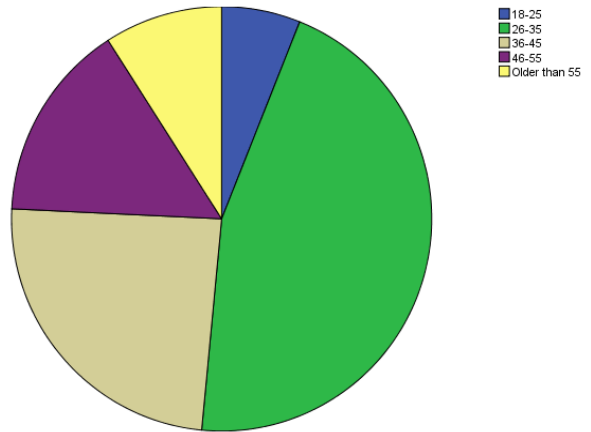
32. Do you feel that your hospital owns you?

Yes

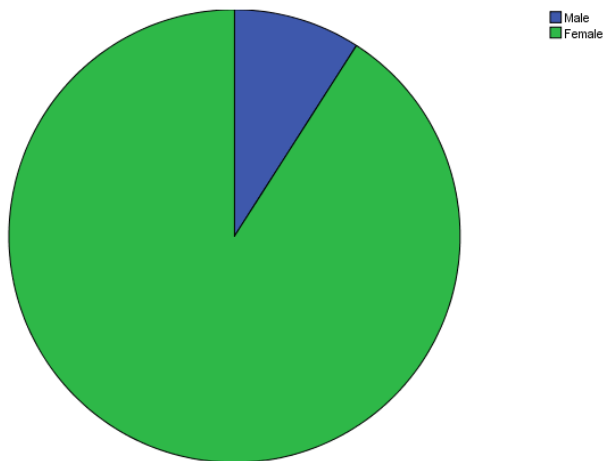
No

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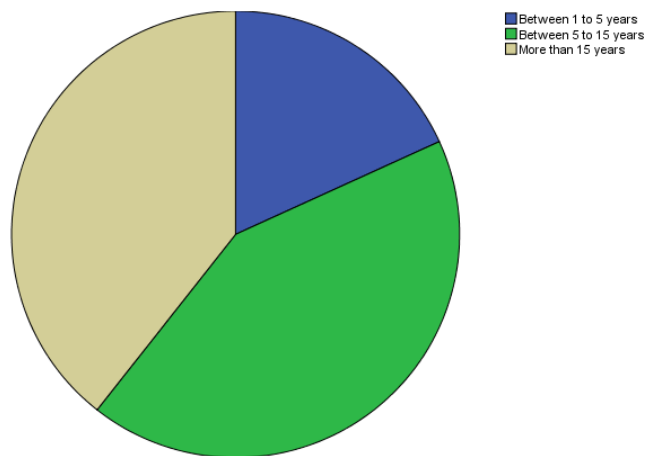
What is your age?



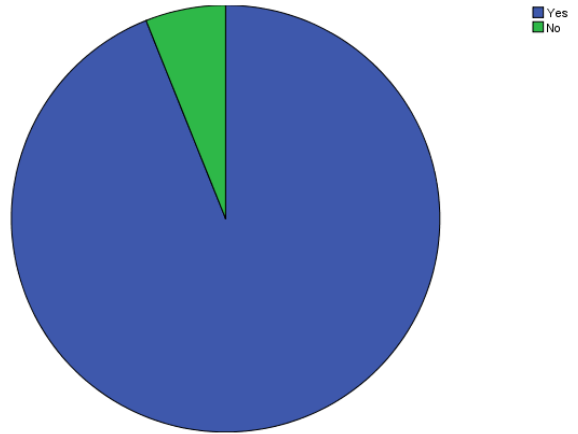
What is your gender?



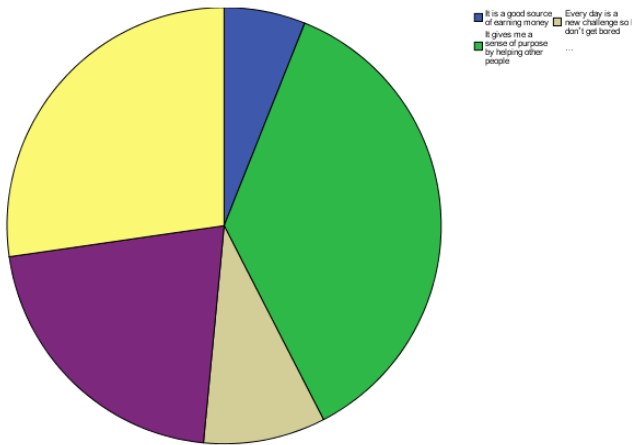
How long have you been working for PIMS hospital?



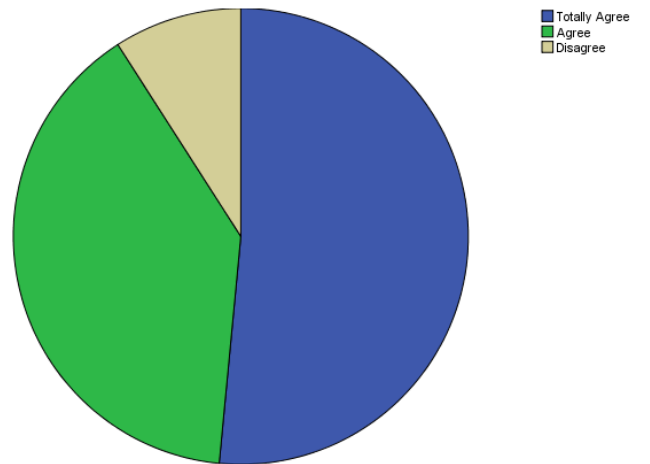
I tell people with pride that I am a nurse



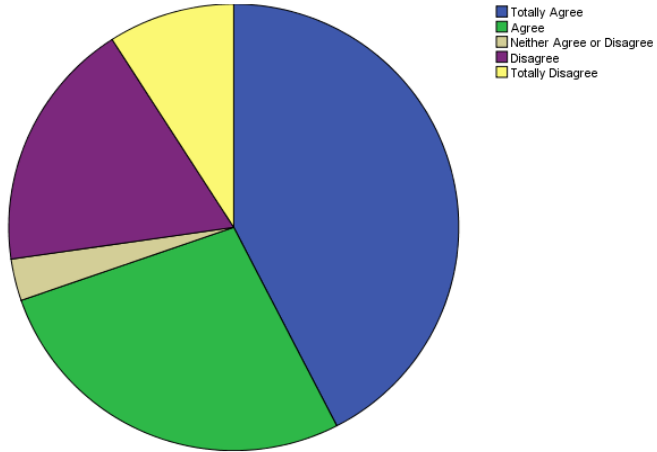
I chose the nursing profession because



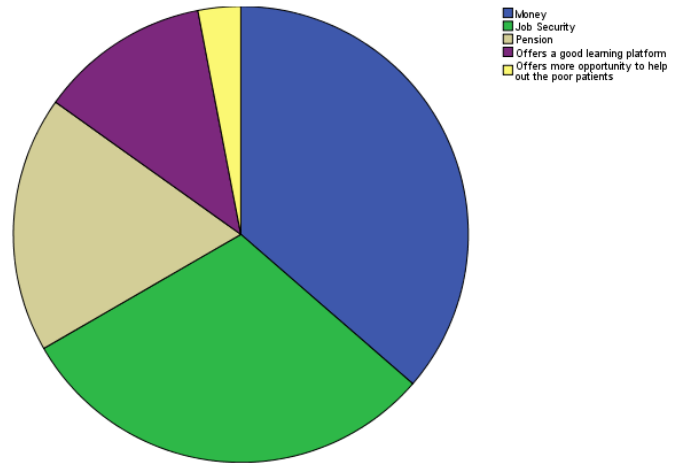
Being able to help people is what truly inspires me about my job.



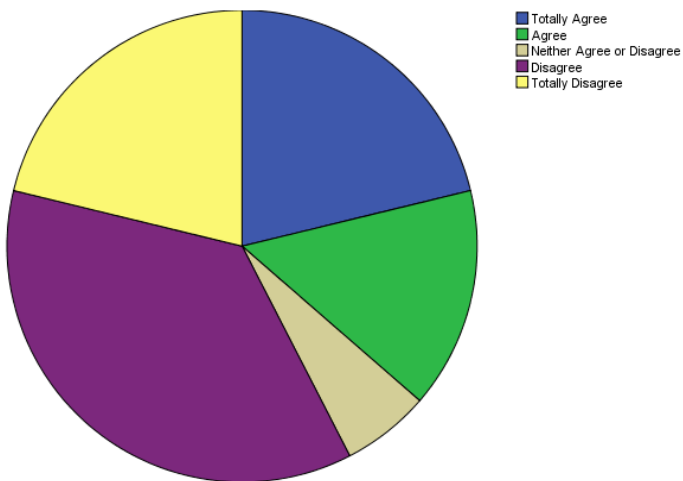
I will continue to work as a nurse even if I get no money or reward for it.



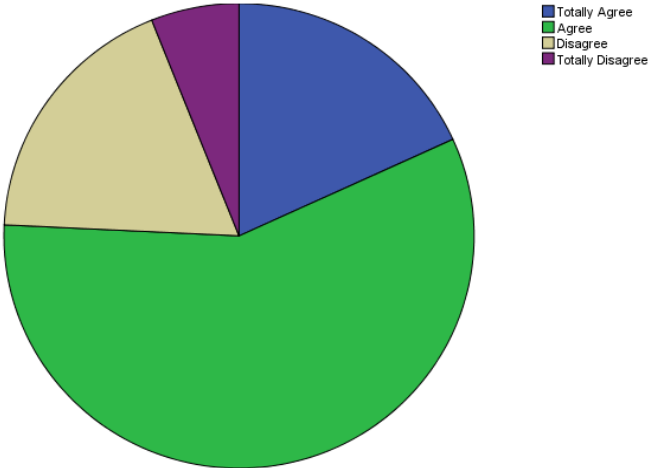
Why work at PIMS?



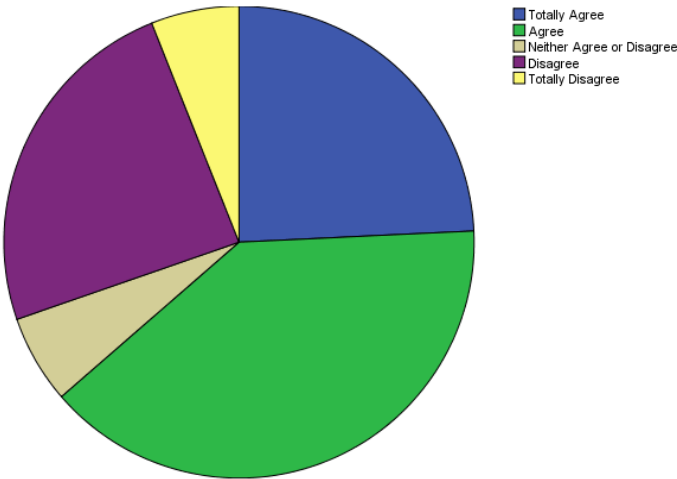
If I could get more salary from another hospital, I would consider leaving PIMS.



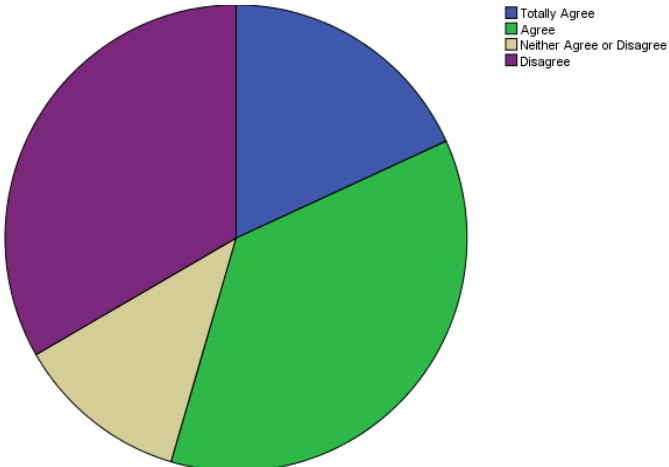
I would agree to work at a lesser salary, if job security is guaranteed.



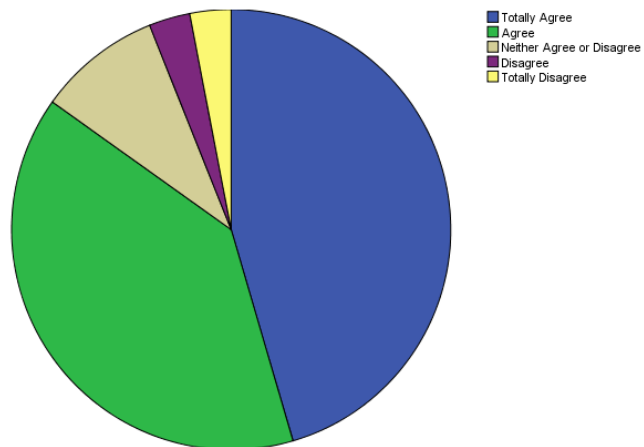
The hospital has adequate equipment, making it easy to offer standard care.



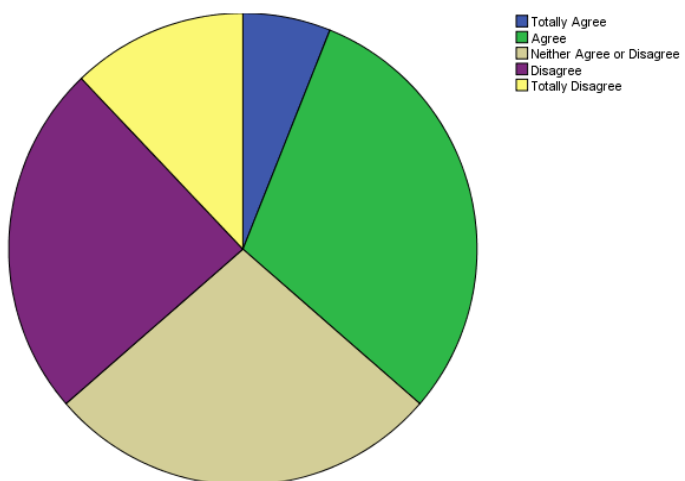
The hospital's broken or faulty equipment is not satisfactorily replaced.



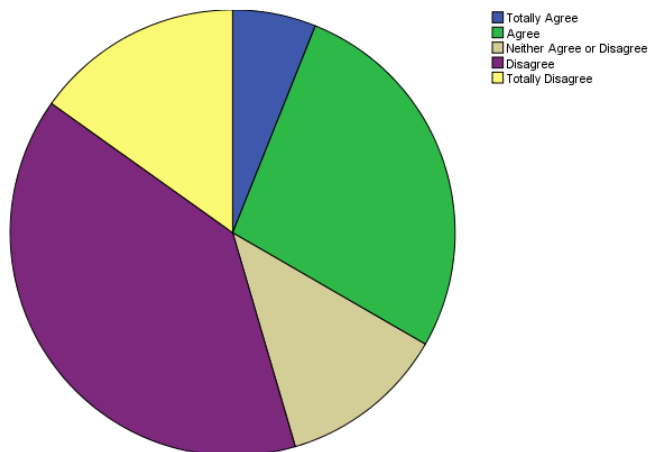
The workload at the hospital is heavy, without a plan.



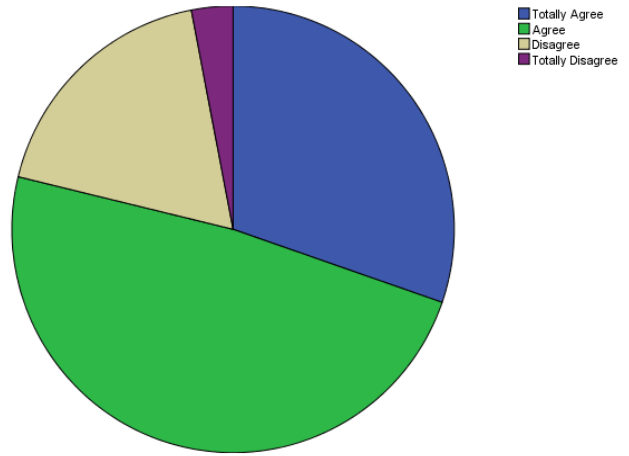
The patients recognize and appreciate my efforts.



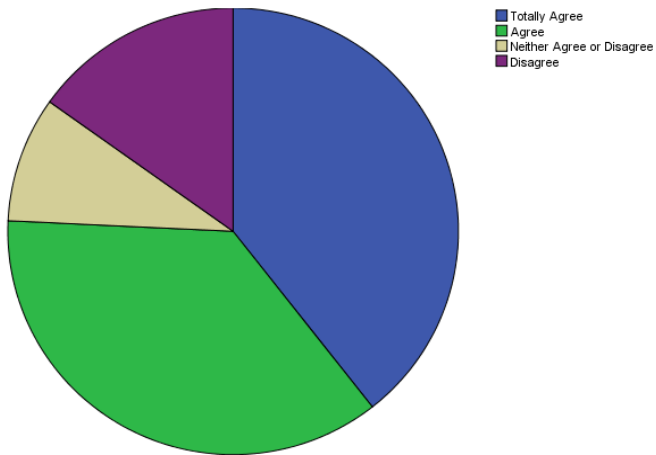
My supervisor and management are supportive and appreciate the work I do.



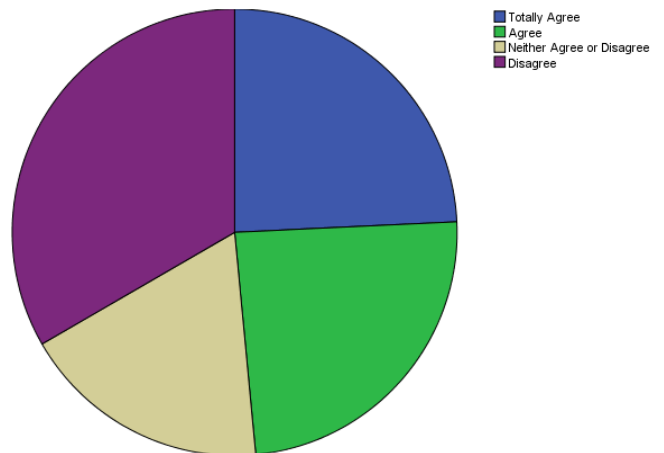
Hard-working staff-members are made to work even harder, without any form of compensation.



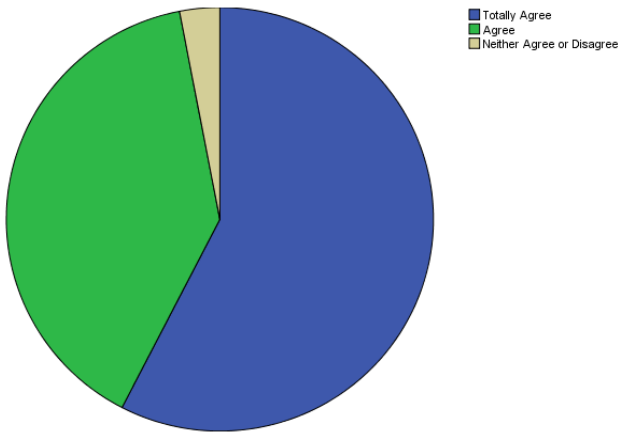
There is insufficient appreciation by management and an insufficient reward strategy in place. Instead, errors are emphasized.



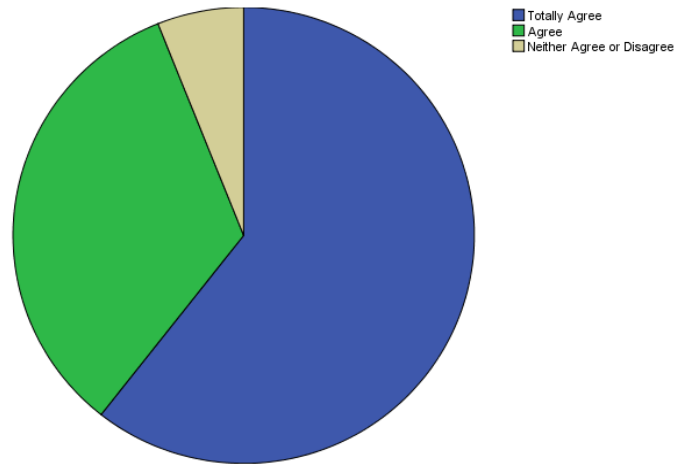
I feel that as nurses we are under paid and over worked.



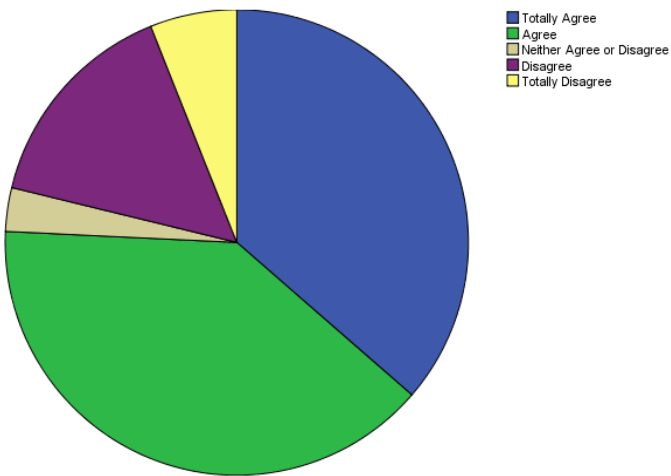
I am conscious that my work contributes to healing patients.



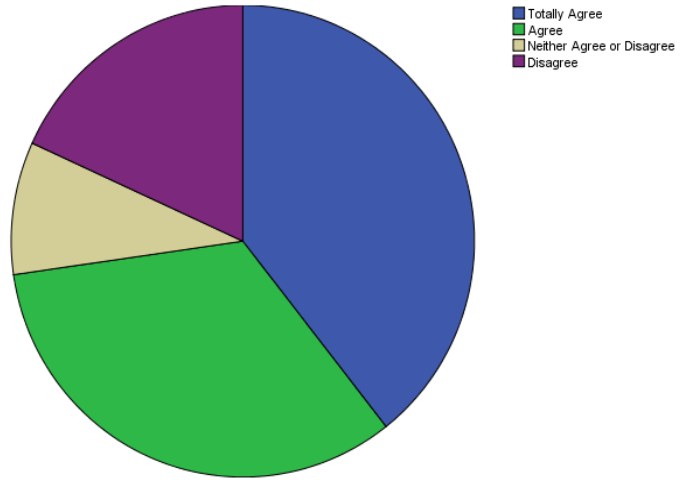
My work provides me with an opportunity to use multiple skills on a daily basis.



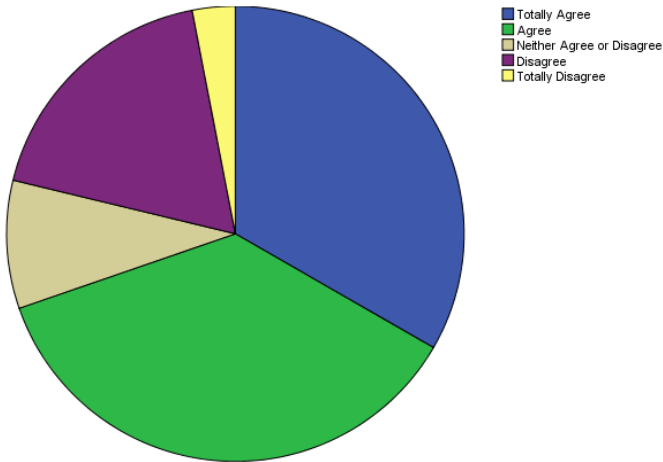
It is a challenging profession I hardly ever get bored.



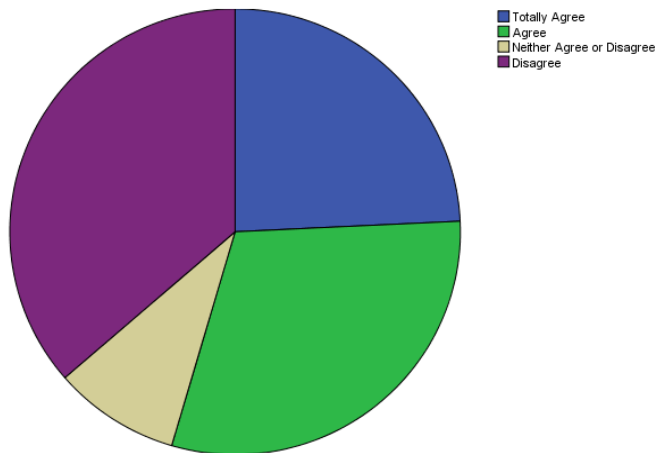
My work is arranged so that I have a chance to do the job from beginning to end.



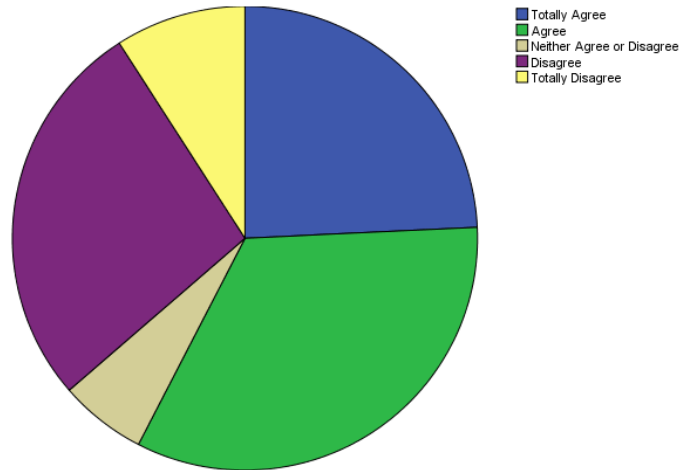
The nature of my profession is such that the condition of the patient provides immediate feedback.



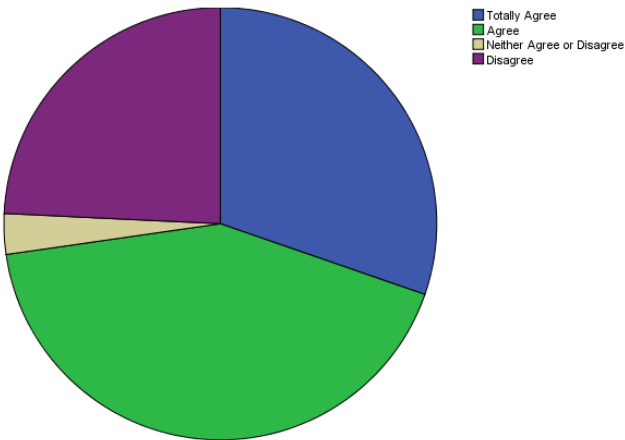
When I am done with my training I do not need a supervisor to micro manage me.



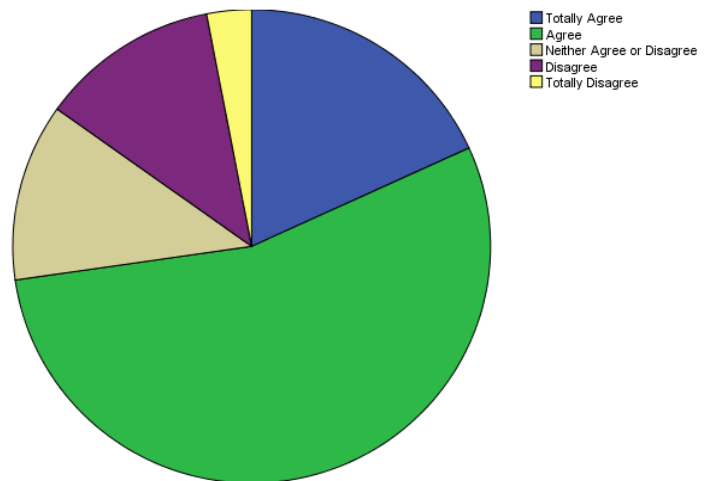
The hospital also sends the nursing staffs on trainings like the doctors.



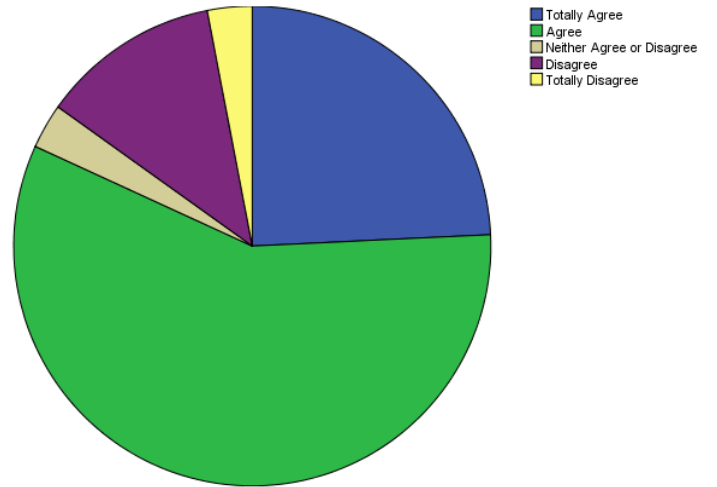
If I get more salary I will work harder.



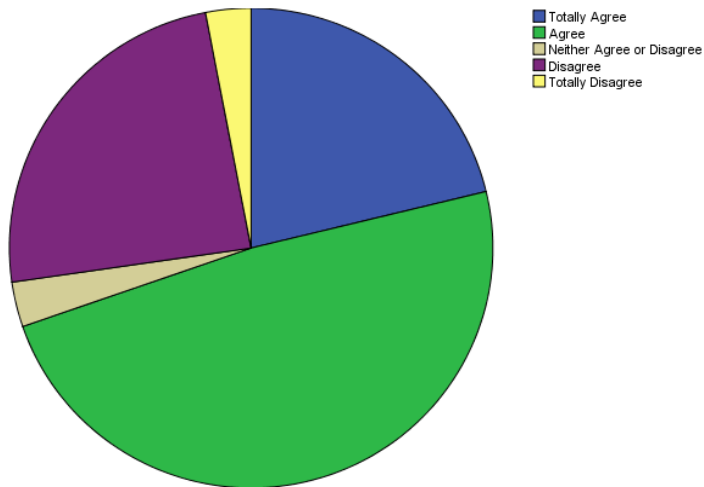
I will put as much into my job as I expect to get from it.



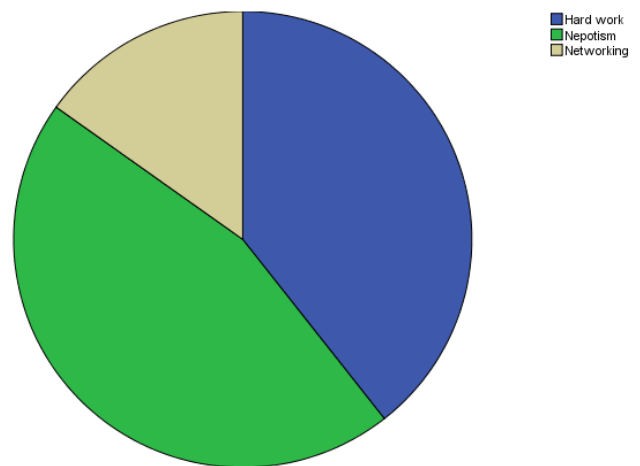
I compare what I put into a job and what I get out of it to my peers.



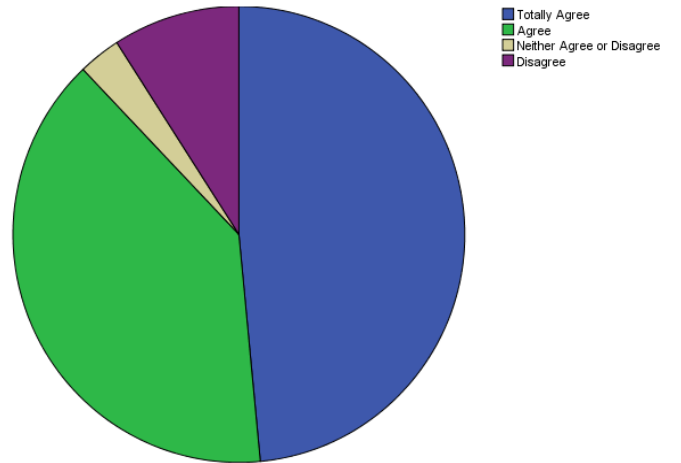
My supervisor and doctors have favorites.



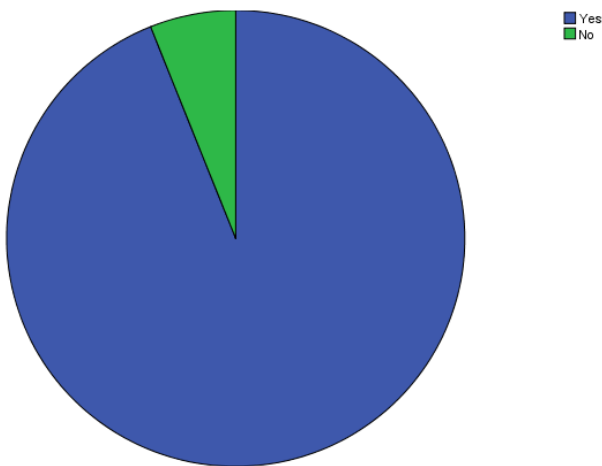
In order to get ahead at PIMS what is important.



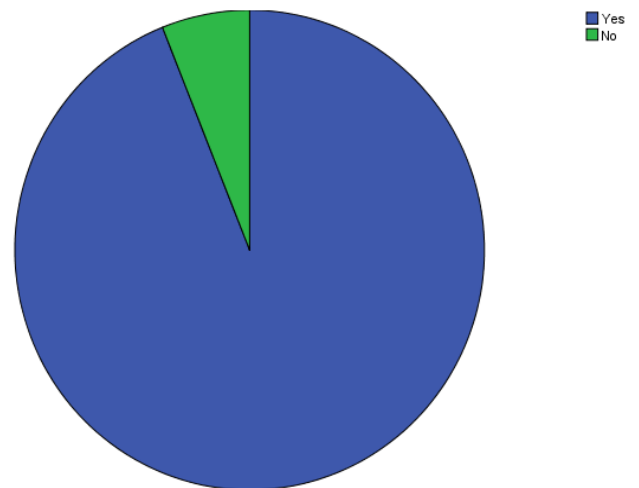
Knowing someone important provides a better chance to gets things done.



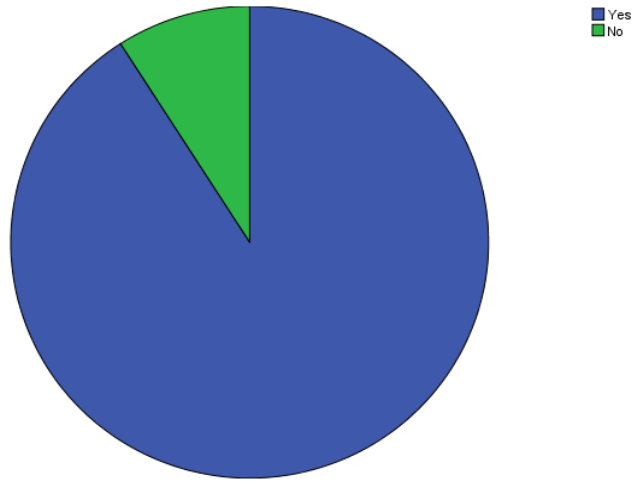
Do you tell people with pride that you are part of the PIMS?



Will you go out of your way to help a colleague?



Would you work for the welfare of the hospital even if it is not part of your job?



Do you feel that your hospital owns you?

