**UNIVERSITY OF THE PHILIPPINES**
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**RHAMZELL PINGOL**

# WORK MOTIVATION, SATISFACTION, AND PERFORMANCE AMONG NURSES IN EXPANDED ROLES IN A MAGNET-RECOGNIZED HOSPITAL IN THE MIDDLE EAST

Thesis Adviser:

**ASST. PROF. QUEENIE R. RIDULME**
**Faculty of Management and Development Studies**

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This Special Project titled: **"WORK MOTIVATION, SATISFACTION, AND PERFORMANCE AMONG NURSES IN EXPANDED ROLES IN A MAGNET-RECOGNIZED HOSPITAL IN THE MIDDLE EAST"** is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfillment of the requirementsfor the degree Course.

19 September 2022

**QUEENIE R. RIDULME**
Adviser (Date)

19 September 2022

**RIA VALERIE D. CABANES**
Program Chair (Date)

**JOANE V. SERRANO**
Dean
Faculty of Management and Development Studies

October 6, 2022
(Date)

## Biographical Sketch

**RHAMZELL BERNARDO PINGOL MBA, MScHM(c) MAN, RN, BSN**

I am currently working as a Stroke Program Coordinator in Cleveland Clinic Abu Dhabi. My clinical career spans for 14 years which includes specialization in emergency nursing and in expanded nursing roles such as trauma & stroke program management. I had a short involvement in telephonic triage and hospital transfers which is a unique service of our institution in this region. Additionally, I started to discover my interest in business management when I served as a freelance business director for a neurorehabilitation clinic in my hometown which served as one of my motivations to pursue a formal degree from a business school later on.

One of my career objectives is to take up space in hospital and nursing operations, leadership or program management and drive organizations to a more effective and efficient work environment. I intend to bring great value to any company by helping them achieve organizational goals and objectives through application of in-depth clinical experience and management theories learnt from various work experiences, hospital and clinical program local and international accreditations, specialized trainings and studies. Finally, to close the gap between operations management and actual clinical work processes for improved team performance and patient outcomes.

## Acknowledgement

This research paper would not have been possible if not for the support of the UPOU-FMDS Faculty especially the expertise and guidance of Asst. Professor Queenie Ridulme. I am also very grateful with the thesis panel members; Ms. Grace de Dios, Ms. Elma Mirandilla, Mr. Fritz Jabonete and Ms. Ria Cabanes who have contributed greatly on the improvement of my paper. I could not have created it as exquisitely as it is now without your thorough examination, proficiency and passion for excellence.

I would like to thank Professor Paula Stamps, Professor Patricia Schwirian and Ms. Maxime Tremblay for graciously allowing me to utilize their validated questionnaires in my study. This does not follow that they agree with how results were interpreted in this paper. Thanks for being kind, accommodating and friendly in your responses. Special thanks to Ms. Antoinette Robhemed for facilitating my initial thesis review and ethics committee approval in the hospital. Same goes with my Bio/Statisticians Terrence and Maxine, your expertise shines through in this work.

Lastly, I am in deep gratitude to all my colleagues in the United Arab Emirates especially those who I drew inspiration from in this research, the phenomenal Nurses in their expanded roles.

## Dedication

***I dedicate this paper to my wife, Ruby Rose***.

Your love, patience and understanding kept me sane as I balance work, personal life, attending a dual Masters MBA - MSc Program from another university

and a four-month Neurorehabilitation teaching course as I write this paper at the height of a global pandemic.

I could not have done this without you.

**Thank you, Father God**, for blessing us with a *baby boy* after this.

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## Abstract

Research studies about Nurses and their work motivation, satisfaction and performance were limited to those working at bedside or those in conventional nursing leadership. This situation left Nurses on expanded roles unheard and underrepresented. Moreover, these correlational studies were usually completed in the West which created an imbalance and possible misrepresentation of Nurses in other geographic location such as the Middle East. This rapid expansion of nursing roles is part of a new era which is supposed to give nursing profession a more unique identity. However, due to lack of attention and study, this may instead lead to some role confusion or conflict or worse to work demotivation, dissatisfaction and poor performance.

The study used a non-experimental, quantitative descriptive correlational research design. Three validated questionnaires such as Work Extrinsic and Intrinsic Motivation Scale (WEIMS), Index of Work Satisfaction (IWS) and the Six Dimension Scale of Nursing Performance (6-D Scale) were distributed to nurses to determine their level of work motivation, satisfaction, and performance. An analytical software tool SPSS was used to calculate Pearson *r* on a one-tailed test. Furthermore, mean scores and standard deviation per domain were also computed and interpreted.

Nurses in this study revealed a self-determined profile with a high W-SDI of 7.91 and IWS score of 193.7. Their satisfaction index of 13.53 is also higher than the median index of all collated studies which utilized the same questionnaire in the past. Furthermore, intrinsic motivation turned out to be their topmost source of work motivation hence staff engagement and retention programs can be based on this and other dimensions measured in this study. There is also significant evidence to demonstrate a positive linear correlation between work satisfaction and teaching & collaboration (.267) and professional development (.267) which are subscales of work performance. There is also enough evidence to prove that work motivation and leadership (.205), critical care (.252) and planning & evaluation (.219) which are subscales of work performance have a positive linear relationship. Lastly, there is significant evidence to conclude that work satisfaction and work motivation have a significant relationship (.372).

Maintaining staff turnover rate low can be critical to success of any healthcare organization. This study can help provide a better understanding on how Nurses on expanded roles can stay motivated and satisfied to relentlessly give their top performance in their respective subgroup and work environment. The results are also culturally and geographically sensitive and specific to the Middle East.

Several studies supported the impression that highly motivated and satisfied Nurses contributed to improved patient satisfaction and clinical outcomes. Hence, creating the right platform to leverage their skills and get them satisfied could be advantageous to patients and the organization. In addition, this study may perhaps bring an increase in public awareness about the robust expansion of nursing profession through vast diversification of roles which could further shape the profession's unique identity and help establish a more independent practice in the future.

# Chapter I

## THE RESEARCH PROBLEM

### Background of the Study

Nursing studies which predict factors affecting work motivation, job satisfaction, and their eventual job performance were mostly completed in Western and developed countries (Othman & Nasurdin, 2019; Gandi, et al., 2011). These studies typically include nurses with direct patient care leaving those in the expanded roles unheard and underrepresented. Conducting this type of study in a Magnet-recognized hospital is quite substantial especially that according to several studies (ANCC, 2020a; Chen & Johantgen, 2010), nursing staff working in these hospitals has a high level of magnetism which corresponds to higher job satisfaction and less burnout. Having it done in the Middle East will not only be an opportunity to show its cultural impact but this could shed light on the expanded roles which is relatively new to the nursing profession and the world.

Performing research on the rapid expansion of diversified nursing careers is very timely and befitting to provide each of the emerging trends their sense of professional identity. A paradigm shift has transpired the conventional nursing practice and gave birth to a more diversified type of nursing. When these roles become more established and well-supported (Kaldenberg, 1999; Ryan & Deci, 2000b; Alvarez & Fitzpatrick, 2007; Ryan & Deci, 2017; Ahlstedt, et al., 2019), motivation can be improved among them which affects their job satisfaction and job performance. In return, this snowballs to great organizational achievement and improved patient outcomes.

It is indeed a privilege for the author to experience three expanded nursing roles in the span of his 12-year nursing career such as being a Stroke Program Coordinator, Trauma Program Coordinator, and a Hospital Transfer & Telephonic Triage Nurse with

strong clinical foundation in Emergency Nursing. Several times people whether clinical or non-clinical get confused on the nature of these expanded roles. While unexplored by many, uncertainty remains whether joining such roles is considered a career progression or rather a detour from a more secured clinical ladder. Nurses were told that their potential is being underutilized by not doing bedside nursing which could eventually help them in entering the leadership/managerial path. Through experience, it is common for these nurses to go back to their bedside practice after spending a year or two in service.

The study paved way in forecasting the future by determining reasons on what keep them motivated and satisfied and its effect on their performance. This is highly significant considering that their practice is new and non-conventional in comparison with other well-defined nursing roles. It also encompasses an overall view whether they feel that they are a nurse and still functions as a nurse through these expanded roles. Nursing profession has truly come a long way which started from the indigenous caring of the sick to the formal development of nursing education. Then the existence of contemporary nursing leaders to the emergence of new roles such as nurse administrator or educator. Next is the progress through advance nursing practice and at present, the rise of expanded nursing roles.

According to Fairman, et al, (2011), this nursing era is a critical period to support an expanded scope of practice due to the need for change brought by economy, demographics, gap between supply and demand, and the promised expansion of care. Therefore, to tackle this developing trend, expanded roles require further support in terms of research which can potentially advance nursing profession and support its current growth in scope of practice. The impact that this groundwork research could serve in informing the public is limitless that aside from the norm, there are still a wide

array of jobs that a nurse can identify with in the span of their career. That in today's generation of nurses, though still very limited in number, we are given more flexibility to pursue various specializations in the way we deliver care to our patients and their families.

## Statement of the Problem

There are several studies conducted in predicting job performance, work motivation and job satisfaction of nurses, however, they are usually conducted in Western countries. Furthermore, these studies typically feature nurses performing bedside care who are Registered Nurses (RN). Performing a deep dive on the segment is equally important in improving staff management and patient care. Hence this study aims to enlighten the public about the expansion of nursing roles through targeted information. The study seeks to determine what keeps the nurses motivated and satisfied in their current role and how these are correlated to their perceived job performance. This study also provides details about job description and workflow of diverse expanded nursing roles which can serve as a reference for future studies regarding the subject matter.

There is a definitive general acceptance that the nursing role has changed and expanded significantly over the past years however, a small amount of study existed about it (Krejci, 1999). A decade after, such finding is still valid that even with these innovative nursing roles have considerably expanded, the evidence-based practice for new role introduction and role description is still very limited. There are obscured boundaries with other professional groups which needs to be managed prudently to ensure that role confusion, overlap and conflict do not affect nursing practice which may compromise patient safety (McKenna, et al., 2008).

Within this nursing segment, a lingering question of what is in store for them in the future in terms of professional growth needs to be addressed. Another point of discussion is the corresponding turnover rate of the nurses which is comprised of two things – patient care and healthcare cost. According to the Advisory Board Company, a typical turnover rate for nurses is at 15% per year in the United States (US). It is also better to keep nurses employed than to replace them in terms of costs, operations and workflow (Clary, et al, 2003). A Press Ganey survey concluded that nurse retention is directly related to job satisfaction. It is further delineated that hospitals with lowest employee satisfaction tend to receive lowest patient satisfaction. In direct positive correlation, hospitals with highest employee satisfaction tend to have the highest patient satisfaction (Kaldenberg, 1999). Hence, well-motivated and highly satisfied employees are related to increase in patient satisfaction which leads to improved patient outcomes and state of well-being for both sides.

Additionally, Magnet is considered at the top of the tree and is described as the "gold standard for nursing excellence" worldwide (American Nurses Credentialing Center [ANCC], 2020b). During a survey visit in the Middle East, a good number of nurses in expanded roles were called to attend an interview. The meeting aimed to find their level of job satisfaction and increase their awareness about their contribution to high-level standard of care being provided in the hospital. The impact of additional demands it incurs due to the required high-level work specialization was also addressed. In the end, nurses were advised to drive community initiatives by educating other health care facilities about the fascinating magnet stories they have shared through their roles and functions and the difference they bring to patients and their colleagues. Moreover, the discussion stirred up questions pertaining to the future of expanded nursing roles such as factors affecting job satisfaction, work motivation, work

retention, continuing education, and several issues such as uncertainty in clinical ladder and professional growth.

Overall, giving these nurses focus in terms of academic research which determines their work performance, motivation and satisfaction may help deter these role ambiguities. Furthermore, with increase in awareness and support, these roles may not just serve as an adjunct or mere option to the delivery of care but could set the bar higher for every health institution as we see through the difference it brings to patient care.

## Objectives of the Study

**General Objective:**

To determine the correlation of work motivation, satisfaction and performance of Nurses in expanded roles in a Magnet-recognized hospital in the Middle East.

**Specific Objective:**

1. To determine the level of *motivation* among Nurses in expanded roles in a Magnet-recognized hospital in the Middle East based on the following:

    1.1 intrinsic motivation
    1.2 integrated regulation
    1.3 identified regulation
    1.4 introjected regulation
    1.5 external regulation
    1.6 amotivation

2. To describe the level of *satisfaction* among Nurses in expanded roles in a Magnet-recognized hospital in the Middle East based on the following:

    2.1 pay
    2.2 autonomy
    2.3 professional status
    2.4 interactions

2.5 task requirements

2.6 organizational policies

3. To determine the level of *work performance* among Nurses in expanded roles in a Magnet-recognized hospital in the Middle East based on the following:

3.1 leadership

3.2 critical care

3.3 teaching/collaboration

3.4 planning/evaluation

3.5 interpersonal relations/communications

3.6 professional development

4. To determine if there is a significant relationship between the level of work performance, satisfaction, and motivation among Nurses in expanded roles in a Magnet-recognized hospital in the Middle East.

## Significance of the Study

### *Patients*

With consistent positive effect of motivation and satisfaction on work performance, it is not only nurses and their respective organizations who benefit from the study but more importantly their patients. Nurses in expanded roles may not be providing direct bedside care to patients but their specialized role ultimately reach patients, whether directly or indirectly which in general influences patient outcomes.

A study concluded that nurses' job satisfaction was related to improved patient outcomes wherein a study further correlated it to reduction in number of patient falls (Alvarez & Fitzpatrick, 2007). In addition to this, Nurses' work-related stress, dissatisfaction, and burnout are some of the identified problems which negatively affect practice, healthcare quality and patient care hence these should be given priority for improvement (Ahlstedt, et al, 2019; Pecino, et al, 2019). Magnet accreditation is a gold

standard for nursing excellence and several studies suggest that care delivery in such hospital is superior to their counterparts which is reflected in their higher patient and staff satisfaction scores (ANCC 2020a). Such recognition will set the expected level of care from patients visiting the hospital therefore maintaining the quality of service is quite essential.

### *Healthcare Organizations*

This study aimed to dissect the expanded roles and determine what motivate them, what keeps them satisfied and stay in the role to eventually partake in achieving the ultimate goal of improved healthcare delivery for the public. Moreover, motivated, and satisfied employees contribute positively to the achievement of organizational goals and objectives (Ong & Noor, 2016). Several research utilized the approach of evaluating their organizational performance and care delivery by incorporating Magnet attributes among their services (Chen & Johantgen, 2010).

Magnet hospitals were distinguished in the league by not just keeping their staff very satisfied but also in ensuring excellent patient care delivery. Their structure is highly commendable to be adapted in various health organizations regardless of whether there is a goal for Magnet application or not.

### *Nurses*

The concept begun right after the establishment of formal nursing education way back the 19th century wherein Nurses may opt to have a career separate from the conventional bedside care. In history, it started from the expanded works in the academe and clinical unit management in which nowadays has branched out to other specialized roles. Nowadays, graduates joining the nursing profession will encounter a more diverse and a wider array of roles to choose from. This continuous role expansion

be related to the increase in need for care-efficient and cost-effective health care delivery, subject matter specialization, improved collaboration, and increasing demands on nursing leadership (Krejci, 1999).

However, the newly emerged roles needed to be addressed and studied so that they can receive the necessary career identity which prevents role ambiguity and confusion. Acknowledgement to these roles may influence their motivation, job satisfaction, and eventually job performance.

### *Expanding Role of Nursing*

A book written by Lowey (2017) about non-bedside nursing careers has listed 60 roles which can either be patient-facing or non-patient-facing. This list did not include the Hospital Transfer Nurses & Telephonic Triage Nurses roles which had been included in this study. This kind of role expansion originated from the indigenous type of nursing until the introduction of formal education which paved way to a steady growth as it branched off into various role sub-specializations.

This phenomenon may have shown us a glimpse of where the nursing profession is heading. Further expansion of diversified nursing careers involving no bedside care is relatively new to the nursing profession hence, additional research is needed to provide these emerging trends of nursing their true sense of professional path and identity.

### *Research*

There is a limited amount of resource available which tackles role expansion specific to non-bedside care positions for Nurses and this study hopes to ignite curiosity among fellow Nurse Researchers in exploring this unturned facet of

contemporary nursing. Most nursing studies which predict factors affecting work motivation and job satisfaction, and their eventual job performance were done in Western and developed countries (Ryan & Deci, 2017; Othman & Nasurdin, 2019) hence conducting one in the Middle East will show its unique cultural aspect. Not to mention that majority of these studies were focused on the clinical and patient-facing RNs and not the underrepresented nurses in expanded roles.

## Scope of and Limitation of the Study

The research targets to provide the relationship of job satisfaction, work motivation, and job performance of Nurses in expanded roles. The study gave its focus on the selected group of Nurses working in a Magnet-recognized facility which is composed of the Hospital Transfer/Telephonic Triage Nurses, Case Managers, Clinical Nurse Coordinators, Program Coordinators, Clinical Educators, Nurse Research Coordinators, Nursing Quality, and Patient Educators. The study did not cover any other known role expansion and sub-specialization of nurses such as Advanced Practice Nurse (APN) which involves direct bedside care. Moreover, the study did not include Nurse Managers and Directors who received their designation through conventional path or bedside nursing. Concurrently, any other factor that may affect Nurses in expanded roles aside from their job performance, work motivation, and job satisfaction and their specified dimensions are outside the scope of this study.

The research was conducted in a quaternary level Magnet Hospital in the Middle East. This multi-speciality facility has a multi-organ transplantation program which utilizes state-of-the-art technology where patients receive the best quality care from multi-national pool of clinical and non-clinical employees. The facility is also a Joint Commission International (JCI) accredited hospital with additional certificate of

distinction for its clinical care programs like Organ Transplantation and Stroke. In addition, the hospital is also a designated Stroke and Chest Pain Center which provides 24/7 hyperacute stroke and myocardial infarction interventions.

The hospital has received its distinction as one of the youngest hospital organizations in the world to become Magnet-recognized within the first few years of its operation. Magnet is a top-level distinction which is awarded by the ANCC under the American Nurses Association for nursing excellence and innovation in patient care. Only eight percent of the total number of hospitals in the U.S. were able to achieve this prestigious designation with a very few selected organizations distinguished internationally (UC Davis Health, 2019).

Given the short description of the work environment, the findings may only be applicable to certain types of work environment therefore, additional research is recommended. This is suggested to cross-validate the findings using samples from various types of working environment with varying level of hospital overseas and test its general applicability. Furthermore, the study was conducted during the period of April to June 2020 during the height of Covid-19 pandemic which provided some limitations in terms of survey responses among other factors.

# Chapter II THEORETICAL BACKGROUND

## Review of Related Literature

A literature search on the following key words such as *work motivation, job satisfaction* and *job performance* among related terms such as nursing*, expanded roles of nursing,* and *self-determination theory* (SDT) was conducted from the academic databases comprising of ScienceDirect, PubMed, EBSCO, ProQuest Central, ProQuest Dissertations & Theses Global, and Scopus

### Work Motivation

Work motivation is defined as a drive to achieve something while giving focus on what provides them the energy or power to perform the task (Ryan & Deci, 2017). The types of motivation are either controlled which are externally regulated or autonomous which are self-selected goals (Ryan & Deci, 2017). Three basic human psychological needs are important to motivation which are autonomy, competence, and relatedness (Ryan & Deci, 2000b). In work application, the employee should be able to function and decide independently over their tasks, then he should be able to feel competent over the tasks assigned and be effective, and lastly the employee should be able to feel the sense of belonginess in the work environment. All these human needs are essential to be satisfied to get motivated and develop a sense of well-being (Ryan & Deci, 2000b).

Olafsen et al. (2018) conducted a study to explore the connection between managerial need support, basic psychological need satisfaction at work, and work motivation with the notion of the SDT which is a well-supported theory by various empirical studies with different practical applications (Allan et al., 2016). This theory is comprised of “human motivation, personality, and well-being that is applicable across

many life domains" (Olafsen et al., 2018). In the study, the participants were health care leaders in the municipalities of Norway. In the first data collection, 267 participated, and in the following data collections, 185, 152, and 115 health care leaders participated. The participants were given a 6-item version of the Work Climate Questionnaire, presented with a question and a Likert scale ranging from 1 (completely disagree) to 7 (completely agree) (Olafsen et al., 2018). The measures included Managerial Need Support, Basic Psychological Need Satisfaction, and Autonomous Work Motivation. For Managerial Need Support, it measured the satisfaction of the participant's feelings toward managerial support. The tool measured satisfaction based on the concept of SDT (Olafsen et al., 2018). Autonomous Work Motivation determined the participants' personal and intrinsic motivation with their current work. The results of this study indicated that Basic Psychological Need Satisfaction was related to Work Motivation (Olafsen et al., 2018; Ryan & Deci, 2000b). There was also an indirect relation between staff satisfaction and managerial need support.

A practical implication of this study showed that a manager's role in encouraging motivation for their employees is vital (Olafsen et al., 2018; Joseph & Bogue, 2018). The managers should be able to understand and take on the employee's perspectives and to use active listening and asking of questions. The managers could also create spaces for their employees to improve their work, be involved in decision-making, and offer opportunities for career explorations (Olafsen et al., 2018; Joseph & Bogue, 2018; Kanter, 1997). Determining the job characteristics or task identity of a personnel should be performed by their managers in which they should have a deep understanding so that it can be used in improving the employee's level of job satisfaction (Jiang et. al., 2020). To the employees, a manager should also be able to provide them with social support and feeling of belonging. This creates an

autonomous work motivation through time with the employees, as this had been shown to be in correlation to an individual's performance and well-being. Some of the limitations that can be found in this study is sample quality. The sample population is from Norway, and it is hard to be generalized in other work populations. Another limitation is the type of study as this is a longitudinal type of study and because it takes too long, there is a chance that some of the participants may decide to opt out. In the research timeline, a few participants were lost in the 15 months that the study was conducted (Olafsen et al., 2018).

Meanwhile, in a study conducted by Kuvaas et al. (2017) on simultaneous applications of both intrinsic and extrinsic types of motivation to employees, they found a negative association between extrinsic and intrinsic motivation. The authors consistently yielded positive association of intrinsic motivation to positive outcomes such as good job performance and enhanced organizational commitment and that the same intrinsic type of motivation is consistently negatively associated with negative consequences including increase in turnover rates, staff burnout and work-family conflict (Kuvaas et al., 2017).

Tremblay et al. (2009) utilized the Work Extrinsic and Intrinsic Motivation Scale (WEIMS) to conduct their studies regarding work motivation in different work environments, and the psychological constructs behind work motivation. The first study was conducted to see the factorial structure of WEIMS, the internal consistencies of the six motivational subscales and the construct validity of WEIMS (Tremblay et al., 2009). The second study was conducted to see the correlation between types of motivation and work-related precursors and repercussions (Tremblay et al., 2009). The participants of the studies included 465 military members of the Canadian Forces, who were randomly selected to be assigned to Study 1 or Study 2. In Study 1, 166 men, 21

women, and 18 undisclosed individuals participated. In Study 2, 223 men, 21 women, and 16 undisclosed individuals participated. The participants were given a task of completing the 18-item WEIMS, which included a Likert scale ranging from 1 (does not correspond at all) to 5 (corresponds exactly) to represent (Tremblay et al., 2009). The measures of the studies included the following subcategories: Work Motivation, Perceived Organizational Support, Work Climate, Organizational Commitment, Job Satisfaction, Work Strain, and Turnover Intentions. The formula W-SDI = (+3 X IM) + (+2 X INTEG) + (+1 X IDEN) + (-1 X INTRO) + (-2 X EXT) + (-3 X AMO) was used to determine the individuals' level of self-determination (Tremblay et al., 2009). If an individual's score is more positive, it demonstrates a favorable determination, and if their score is negative, it indicates a non-determined individual. Perceived Organizational Support was a part of the questionnaire to measure the participants' impression of being valued by their organization. Work Climate measured the participants' perceptions of their organization's treatment. It had six subsets: involvement, consideration, efficacy and fairness of the rules, quality of feedback, autonomy, and recognition/encouragement (Tremblay et al., 2009).

Organizational Commitment is the perceived emotional attachment to the organization and the awareness of the value with possibly leaving the organization. Job Satisfaction evaluated their fulfilment with the nature of the job, salary and benefits, promotion potential and recognition, working conditions, supervision, peers, and the organization, job security, geographical location of workplace, and comparative value of the job (Tremblay et al., 2009). Work Strain assessed the symptoms felt while at work in four subsets: depression/withdrawal, hyper alertness, generalized anxiety, and domain complaints. Finally, Turnover Intentions determined the individuals' intent of staying or leaving the organization. The participants were

asked their current career expectations in different domains: intent to leave the Department of National Defense, intent to pursue a posting out of the unit, and intent to stay in the unit but change job (Tremblay et al., 2009). The results of the studies showed the correlation between organizational support and work climate. Work self-determination index also showed a positive relationship with job satisfaction and organizational commitment, and a negative relationship to work strain and turnover intentions (Tremblay et al., 2009). The findings demonstrate that the more positive work environment along with high levels of self-determination, the more engaged and satisfied an individual is likely to be with their job.

*Intrinsic motivation*

The definition of intrinsic motivation stresses on the human desire to perform a specific activity for its own sake in order to gain pleasure, enjoyment and satisfaction inherent to the activity itself. This type of motivation is important to work organizations because of its impact to employees' well-being at work which affects the organizational profitability and efficiency (Ryan & Deci, 2017; Ahlstedt, 2019). This sub-type of motivation is highly associated with positive effect on attitude and behavior and added protection against stress and negative emotions.

In various studies made, intrinsic motivation had positive correlation with optimism, work satisfaction, organizational commitment, and self-assessed well-being (Gagné et al., 2010). In comparison with the extrinsic type of motivation, intrinsic motivation has been consistently associated with improved employee performance which includes higher staff satisfaction scores, stronger organizational commitment, and improved well-being (Gagné & Deci, 2005).

*Integrated regulation*

This type of motivation is an extrinsic motivation with internalized locus of causality and is being regulated by congruence, awareness, and synthesis with self (Ryan & Deci, 2000b). It is when a person relates his behavior with his personal values or commitment and owns his actions in order to achieve a goal but not necessarily enjoy the process. This leads to a sense of harmony which is a true characteristic of an integrated regulation (Ryan & Vansteenkiste, 2013).

*Identified regulation*

This is another type of extrinsic motivation which is self-determined or autonomous in nature with locus of causality as somewhat internal and is being regulated by personal importance and conscious valuing (Ryan & Deci, 2000b). Overall, the person is aware and accepts the value or worth of such activity but again not to necessarily do it due to joy or enjoyment (Ryan & Deci, 2019).

*Introjected regulation*

A kind of a motivation or behavior acted out due to internally pressuring forces which are the ego, shame, and guilt. (Ryan & Connell, 1989).

In the study conducted by Blais et al. (1993) who first utilized the SDT in work setting using their own survey tool in French named Blais Inventory Work Motivation Tool (BIWM) yielded results such as the combined external and introjected regulation were associated with exhaustion, physical, and mental problems while self-determined or autonomous types which are more internalized and more connected to intrinsic type were positively associated with job satisfaction.

*External regulation*

This is when an individual performs an activity to receive rewards or avoid

punishments that were set externally by others such as managers or organizations (Ryan & Connel, 1989). In several studies conducted on extrinsic and intrinsic type of motivation, extrinsic source reduces the motivation as individuals feel coerced and seduced by external contingencies (Gagné & Deci, 2005). This is also considered to be the least autonomous among the subtypes of extrinsic motivation (Ryan & Deci, 2000a) and is often considered in contrast studies against intrinsic type of motivation.

*Amotivation*

This is the state of lacking or no intention to act and is often resulted in not finding a value to it, lack of confidence, not believing of having good outcome (Ryan & Deci, 2000a) or just lack of self-determination and lack of understanding why others are doing it (Gagné & Deci, 2005). Amotivation can be predicted from different work factors and their personal orientation or beliefs (Gagné & Deci, 2005).

In a study conducted to 423 French General Physicians in a specified French region about the possible effect of the new pay implementation called pay-for-performance (P4P). It has been found out that extrinsic motivation has a negative effect on intrinsic motivation and that they are negatively correlated with each other (Sicsic et al., 2012).

**Job Satisfaction**

Patricia Stamps (1997), author of the Index of Work Satisfaction (IWS) described job satisfaction as the “extent to which people like their jobs” but since it was viewed as multidimensional, people can be considered satisfied and also dissatisfied at a given point of time which is based on the tenets of the Two-factor theory which was proposed by Herzberg. The factors that dissatisfy employees according to Stamps (1997) are more related to the organizational management which in return produces

negative outcomes such as higher turnover rates and absenteeism (Taunton et al., 2004).

Another notable work on job satisfaction is from Pecino et al. (2019) who conducted a study on job satisfaction to determine the relationships between organizational climates, role stress, employee well-being in public organizations using the Jobs Demands-Resources (JD-R) model. This model provides a theoretical framework for observing employments intended for stronger job engagement and burnout prevention (Pecino et al., 2019). The JD-R model takes in the factors that may possibly affect the employees in the long run such as health deterioration and process of motivation. The process of health determination includes the possibility of a burnout which is linked to negative effects for the organization and employees while motivational process is associated with availability of resources which can lead to positive effects for both parties (Pecino et al., 2019). The participants included 442 public employees who were given study questionnaires. The measures of the study included Organizational Climate, Job Satisfaction, Burnout, and Role Stress (Pecino et al., 2019). The results of the study showed that there is a significant correlation between burnout and job satisfaction. It can be concluded that an encouraging organizational climate could lead to less burnouts, and more satisfied employees with positive well-being (Pecino et al, 2019).

Karanikola & Papathanassoglou (2015) conducted a study with more focus in nursing which determines the relationship between duties and job satisfaction. The participants of this study consisted of 66 nursing personnel from six randomly selected Greek Coronary Care Units. The questionnaire IWS was utilized to estimate the professional satisfaction level and the importance of Pay, Professional Status, Task Requirements, Interactions, Organizational Policies, and Autonomy (Karanikola &

Papathanassoglou, 2015) which is also utilized in this research study. The results showed that Pay was the most important factor of job satisfaction, which is then followed by Task Requirements, Interaction, Professional Status, Organizational Policies, and Autonomy (Karanikola & Papathanassoglou, 2015). The study concluded that the amount of workload and rotating shifts can directly influence and lead to lower levels of job satisfaction (Karanikola & Papathanassoglou, 2015). Pay which belongs to external motivation is considered a unique result if compared to majority of studies which often featured the intrinsic type on top.

Ayalew et al. (2019) conducted a study to investigate the job satisfaction, motivation, and related factors among nurses who work in the public health facilities in Ethiopia. The participants of the study included 424 randomly selected nurses from 125 public health facilities. As for the data collection, a questionnaire developed by a Ugandan non-governmental organization was modified to fit the Ethiopian context, which included background information associated with Ethiopia's health care system and the nurses' characteristics (Ayalew et al., 2019). The results of the study showed that level of intrinsic motivation was high in community recognition followed by features of work itself, and access to coaching and mentoring while the lowest scores were observed for promotion opportunities and receiving necessary training. As for extrinsic motivation, the results showed high satisfaction with IPR, moderate for supervision items, and low for renumeration-related items. Years of service and the nurses' ages can also be a variable when looking into motivation and satisfaction levels. In conclusion, it is suggested by the researchers for the Ministry of Health to strengthen the hospitals or facilities' human resource management systems and practices in order to improve the nurses' overall job satisfaction (Ayalew et al., 2019).

*Pay*

According to Stamps (1997), pay is one of the common strategies being used to improve both performance and productivity of the staff but in order for it to be empowering, then it should include other types of recognition such as promotion or clinical ladder.

In a study conducted to 423 French Physicians, they found out that intrinsic motivation supersedes pay in their motivation. To further support the study result, income satisfaction and job satisfaction and turnover have no significant relationship with each other (Sicsic et al., 2012). This is in contrast with the study results performed to 66 Greek Nurses where they regarded pay as the most important factor of job satisfaction (Karanikola & Papathanassoglou, 2015).

*Autonomy*

In a study conducted by Nie et al., (2015) to 266 teachers in two Chinese government schools, it has been concluded that the research findings support the application of SDT and the importance of autonomy. Furthermore, work motivation plays a vital role among employees' well-being and the more autonomous forms of motivation, the more they tend to be beneficial. In general, intrinsic motivation is associated with a positive well-being including higher job satisfaction and lower sickness but in contrast, amotivation is considered as the most maladaptive or ineffective in coping to someone's environment as it leads to increase in work stress and sickness (Nie et al., 2015).

Another study related to SDT and motivation conducted to nurses in a period of four months in a university hospital in Sweden. They found out that opportunity for them to work independently or to promote autonomy in a welcoming atmosphere with colleagues and being trusted by profession are of great importance to improve their

work motivation and what makes them remain satisfied at work (Ahlstedt et al., 2019; Othman & Nasurdin, 2019). In addition, job burnout is perceived more from people who have less participation in decision-making (Maslach et al., 2001).

*Task Requirements*

These are the mandatory activities involved in one's work. This was featured in the Mancini study which showcased hospitals utilizing the shared governance model. It tackled the relevant higher level of satisfaction of nurses between hospital utilizing shared governance model as opposed to those without it or is using another model. The researcher concluded that the three components contributing to the high satisfaction score were from organizational policies, task requirements, and autonomy (Stamps, 1998). In a study conducted by Karanikola & Papathanassoglou (2015), next to pay, nurses in the Coronary Care Unit perceived task requirements as the important factor which determines staff satisfaction.

*Professional Status*

This is described to be the personal view of one's own profession in comparison to others (Finkelman & Kenner, 2013). According to Alfuqaha et al. (2019), self-evaluation and professional status are important predictors of burnout in their descriptive-predictive cross-sectional study conducted among 350 nurses from six different hospitals in Jordan. In addition, nurses with perceived low professional status may suffer from different physical and psychological problems which leads to increase chances of burnout (Alfuqaha et al., 2019; Tohidi, et al., 2016).

*Organizational Policies*

A study was conducted to 2,303 Nurses from 15 Hospitals in Belgium and 2,646

nurses from 16 hospitals in Germany predicting the job satisfaction level based on Magnet attributes in European hospitals but not necessarily Magnet-recognized using the European Nurses Early Exit (NEXT) study (Chen & Johantgen, 2010). The research resulted to organizational policies as having the strongest effect on employee satisfaction with *b*= 0.84 (Chen & Johantgen, 2010).

*Interactions*

According to (Kuvaas et al., 2017; Othman & Nasurdin, 2019), it is important that employees are involved in decision-making activities and that their managers listen to them. Employees should be able to share their ideas and even with organizational policies, they still have the right to choose among choices and that they received positive feedback from their superiors. The managers should avoid coercive controls over them and not to compare them from each other. This promotes good interaction which keeps them motivated and helps them perform better at work.

**Job Performance**

Job performance is very important in any industry because it is one of the key indicators of organizational productivity and profitability (Ong & Noor, 2016). It was considered as an important parameter in the nursing profession which led to the formation of new pioneering ways on how to predict job performance which also happens to be a great interest in various organizations. For nursing employees, job performance conveys “serious and critical consequences” (Becton, 2012) and according to (Larabee et al, 2004), job performance among nurses is the single main predictor of patient satisfaction which is similar to the study result of Kaldenberg in 1999 but this time is more specific to nurses.

In a study conducted among nurses working in private hospitals in Malaysia, job

performance was given high emphasis by the employers as they correlated such to the achievement of organizational goals and this was identified as a challenge. The participating hospitals concluded that a successful organization is where there is an excellent patient-centered service experience and outstanding job performance from the staff (Ong & Noor, 2016). The researchers also tried to determine on which type of motivation positively affects job performance among the participating nurses. In the study (Ong & Noor., 2016), intrinsic motivation is defined as an internal force which leads employees to achieve either personal or organizational goals. Intrinsic motivation happens when individuals found pleasure or enjoyment by the task itself and not by any external influences (Ryan & Deci, 2000a; Gagné & Deci, 2005). On the other hand, extrinsic motivation is defined by an external force or reward which leads people to act (Ryan & Deci, 2000a; Gagné & Deci, 2005). Samples of extrinsic motivation are instruction, benefits, rewards, pay, and recognition (Ong & Noor., 2016). In conclusion, their data analysis showed that both intrinsic and extrinsic factors of motivation were positively related to their level of job performance. A better job performance will be achieved if the employees were highly motivated regardless of whether it is due to intrinsic or extrinsic factors (Ong & Noor., 2016). However, this is quite the opposite when compared to other findings that extrinsic motivation tends to weaken intrinsic motivation and at worse may impose a negative effect (Gagne & Deci, 2005) hence it must be used judiciously.

Their study is guided by Herzberg's Two Factor theory (Herzberg, 1968) which is composed of either hygiene factor and motivator or simply extrinsic and intrinsic motivator. Hygiene is defined as the extrinsic factor specific to work conditions, policies, work managers, and pay. Motivator on the other hand is associated to intrinsic type of motivation. According to this theory (Herzberg, 1968), organizational environment characteristics determine staff satisfaction in general while both recognition and

promotion or staff advancement had a strong influence on employee satisfaction.

Deressa & Zeru (2019) conducted a similar study to determine the nurses' level of motivation and its effects on their job performance. The participants of the study included 241 nurses from public Hawassa University hospitals and private Alatyon hospitals. The data were collected both qualitatively and quantitatively. To gather quantitative data, a self-administered questionnaire was given to the participants, which was modified to fit the study using the Multidimensional Work Motivation Scale (MWMS) (Deressa & Zeru, 2019).

The MWMS questionnaire included questions for the individual to self-disclose their efforts in the current jobs and their motivation and were given a Likert scale ranging from 1 (not at all) to 7 (completely) (Deressa & Zeru, 2019). As for the qualitative data gathering, the researchers conducted a face-to-face interview, sound record at the hospitals, and wrote field notes which were observed during the period of data collection. The results showed that most of the nurses agreed that motivation is potentially a good encouragement for job performance. Getting recognition for their work and financial incentives were also included (Deressa & Zeru, 2019). From the qualitative data, the nurses stated that working with full interest, sacrificing themselves for others, and doing good were in fact good motivators (Deressa & Zeru, 2019). In conclusion, if the nurses were given the right motivators, increased work performance, job satisfaction, patient satisfaction, and job attachment can be expected from them.

According to Lyle & Spencer (1993), utilizing a well-defined job competency can help leaders in assessing attributes related to job performance. It was further delineated that in complex jobs, performing job competencies are proved superior in

predicting better job performance than skills and knowledge testing or even evaluation of staff credentials (Lyle & Spencer, 1993). Performance appraisal on the other hand was defined by Pearce and Porter (1986) as a formal and structured assessment among the employee and the manager. This is performed in view of removing bias in evaluating performance among employees which can be attributed to its given standard criteria.

Another important factor that needed to be addressed aside from motivational factors and staff competency is the occupational hazard called burnout. Burnout brings additional costs not only for employees but to the organization itself (Bakker et al, 2014). According to a study (Maslach et al., 2001), exhaustion is the "central quality of burnout" and is the apparent indicator of burnout syndrome which is also the most commonly reported symptom by the individuals experiencing it. Elements of burnout phenomenon as determined by Maslach & Schaufeli (1993) gave focus on its depressive symptoms, importance of mental health, work condition, symptoms from previously mentally fit individuals and its effect on their job performance brought by their negative behaviors. In a study regarding work behavior conducted among 120 nurses in Indonesia (Bunga, et al, 2020), it displayed that 70% of them experienced burnout as manifested by marked reduction in personal accomplishment. However, it was superseded by having resilience as manifested by their optimism or positive attitude at work (88%).

*Leadership*

This relates to the activities wherein "an individual would engage in executing leadership function regardless of one's specific job title" (Schwirian, 1978) wherein it can either be an official designation or within the scope of one's current work. In the nursing profession, it is imperative to produce "energetic, committed and dedicated

leaders" who can face different challenges including the current nursing shortage (Downey et al., 2011). Informal nursing leaders, as per Downey and his colleagues is an underutilized asset in the healthcare setting which could have advanced the units and snowballed to improved job performance, efficiency and promote positive culture (Downey et al., 2011).

In a study conducted to 406 nurses in a quasi-experimental time-lagged study design over a period of six months (Nelson et al., 2014), it has proven that authentic type of leadership affects the work climate positively as it increases the employee's well-being. In the same study, the psychological well-being at work pertains to three distinct perspectives which are self, work involvement, and social involvement (Nelson et al., 2014). A positive nursing leadership does not just impact individuals but it is one of the most important factors in determining an effective healthcare organization (Downey et al., 2011). These two separate studies showed collective impact of positive nursing leadership not just to individual well-being of nurses but its overall effect to the organization as well.

*Critical care*

This pertains to the nursing activities associated with the care of critically ill individuals including the potential outcome of death. The activities are not only limited to patients but also includes the role of nursing to the significant others or relatives (Schwirian, 1978). Since this dimension involves other supportive roles targeted to the patient and their families (Schwirian, 1978), it is vital that nurses see beyond the technical aspects of providing critical care. Clinical competence is one of the requirements that a nurse should hold to ensure the quality of care they provide (Karami et al., 2017). Hence, periodic skills evaluation and compliance in acquiring continuing education credits play a vital role in keeping the level of nursing competency

especially in critical areas where small mistakes can deliver huge impact to patient safety and care delivery.

A study was conducted by DeGrande et al. (2018) through an integrative review of literature on determining the extent of available studies on the development of professional competence of intensive care nurses. According to the research, there is a need for further focus and additional studies on seeing beyond the technical aspects of critical care nursing. Furthermore, forming relationships with the patients and their families should be given more priority and be regarded as an important facet of their professional competence (DeGrande et.al, 2018). There are other skills involved in critical care which are non-technical and these are centered in establishing good working relationship with patients and their families. These are performed in order to maximize care collaboration and understanding especially in life-threatening situations.

*Teaching & Collaboration*

These are the behaviors of the Nurse when teaching the patients and families and other parties the activities that involve the care of patients in collaboration with other members of the health care team (Schwirian, 1978). Aside from the 6-D scale, teaching and collaboration is a common dimension in predicting nursing performance. It is one of the seven dimensions included in the scale developed by (Meretoja et al., 2004) which termed this dimension as “teaching-coaching.” It is a self-assessment tool consisting of 73 items with subscales tested on a four-point scale. This predictor of nursing performance aims for nurses to maintain and improve their practice by identifying strengths and areas. These mainly involves skills in patient education and team collaboration (Meretoja et al., 2004). Magnet hospitals excel with their program in professional development and one of its critical factors is staff mentoring. In mentoring, staff were given information, training and other related educations which can support the person in developing new skills and

become an inspirational leader (ANCC, 2020b). And this methodology of teaching and collaboration continues to ensure generations of transformational leadership as it combat skills decline related to issues on resignation and staff retention.

*Planning & Evaluation*

These are nursing behaviors involved in planning and evaluations of the nursing care to the patients as its name implies (Schwirian, 1978). Among the expanded roles, Case Manager usually collaborates with the team in evaluating patient's discharge plan which starts from the day of admission. They ensure that the plan of care is being updated according to the patients' needs and they perform this function by collaborating with nurses, physicians and allied health involved in the care of the patient. Case managers perform chart review to evaluate care and thorough discharge planning of patients (Friedman et al., 2016). It is also worth mentioning that this dimension is a core skill of nurses across specializations as it is an integral part of the nursing process, a systematic approach proposed by Ida Jean Orlando in 1958 (Toney-Butler & Thayer, 2020) which is to perform "assessment, diagnosis, planning, implementation, and evaluation."

*Interpersonal relations (IPR) & Communications*

This corresponds to the nursing behavior in the areas of IPR and communications and how they interact with each other in terms of care of the patient (Schwirian, 1978).

In the study conducted to the nurses in a period of four months in a university hospital in Sweden (Ahstedt et al., 2019), they found out that nurses get motivated when there is a great interpersonal support between colleagues and that they are well-respected with their knowledge who are trusted not only by their fellow nurses but also by the physicians. Good IPR is a great indication of a healthy working environment which promotes positive organizational culture. Magnet Hospitals receive higher patient

satisfaction scores as compared to their non-Magnet counterparts due to better nurse communication and discharge teaching (ANCC, 2020a; Kutney-Lee, et al., 2009).

*Professional Development*

This pertains to the behavior of the nurses in updating their skills and owning their professional growth by assuming roles within their scope of practice and ensuring high level of performance (Schiwirian, 1978). The common hindrances identified in a study about the professional development of nurses are funds and resources, insufficient managerial support, absence of institutional support, personal amotivation due to advancing age, and lack of mentors (de Jager et al., 2016). Professional development is so vital that it is included in the identified pillars of Magnet which is closely associated with transformational leadership and mentoring (ANCC, 2020b).

**Expanded Roles of Nursing**

Throughout history, nursing is regarded as “caring of the sick” long before it has become an established medical profession that it is today. The delivery of nursing care may differ on the understanding of human physiology, available technology, and other societal influence at a varying timeline but a common practice ever since involves direct patient care (Hunt, 2017). Alongside rapid modernization of Nursing through formal education is the paradigm shift that Nursing is not only being limited to bedside care. Today, nursing roles and responsibilities is so diverse that it started to branch off to different fields such as education, clinical leadership, and administration among many other roles.

When history is traced, it is in the nature of man to provide care and this was witnessed even before the success of Florence Nightingale in the Crimean War as the official superintendent of nurses in the religious orders and in tending to the sick people

during the time of epidemics (Forrester, 2015). Another milestone for the nursing profession happened in the 18th century that childbirth has been “medicalized” which attested to the primitive origin of the nursing profession in the role of birth support or midwives who served as sole attendants before the said period of medical modernization (Lusk, 2017). To further push the demonstration of the nursing origin, imagine how aborigines gave birth in the caves or in the early communities where they found relics in the mountains and coastlines. That is how long the nursing profession may conceivably exist but still there were historians who considered this profession to be lacking in coherent and independent history of practice which contributed to its perceived crisis in identity (Dietz et al., 2015).

A change in practice instituted by Nightingale could not have happened without the catalyst contributed by the London’s The Times correspondent Thomas Chenery as he reported events from his post in Istanbul dated October 12, 1854 (Forrester, 2015). This gentleman’s derisive criticism of the medical services that the British soldiers were receiving sub-standard medical services which stirred the people’s sense of nationalism which ignited a deliberation in the government to improve the delivery of health services at the Crimean War (Forrester, 2015). He further described in his report that the French soldiers were far more superior than them as they were receiving “well-planned and well-executed care” through the leadership of the French Sisters of Charity who joined their army in great numbers (Forrester, 2015). These devoted women were described as “excellent nurses” (Forrester, 2015). This momentous event in the world history marked the calling for Florence Nightingale to step in to lead the nursing modernization that we still experience today.

However, in reality, it is impossible to trace nursing history without reviewing the impact of medicine and the evolution of hospitals to the profession. While history of

medicine can be attributed to Hippocrates, Nursing on the other hand evolved from the servant, wet nurse, handmaiden, nurse-midwife until around the days of Nightingale and to the professionally trained nurses of today (Hunt, 2017). Since the beginning and up until now, no matter which level of education or knowledge a person has pertaining to caring of the sick, it consistently involved direct patient care which is typically given at bedside.

In general, the crisis in identity of the nursing profession originated from its customary association with other well-documented history of other fields such as medicine and feminism (Dietz, 2015). According to Watson (1977), nursing as a profession evolved as part of the social movement which is deeply intertwined with the works of the suffragettes which commenced in England in 1848. Nursing leaders are oftentimes involved in suffragettes and feminist movements due to the imposed stereotypes, discrimination, and inequality to women of the era.

At that point nursing profession started to be revolutionized through the development of formal nursing education coinciding the founding of the first school of Nightingale which is affiliated with St. Thomas' Hospital in London in year 1860. In the beginning, the main conflict for women striving for formal education is the orientation toward an eventual domestic life. Women going out of their norm by engaging to formal education have been regarded as women who have failed to hold up the ideal of wifehood and motherhood (Watson, 1977).

In the U.S. during the early 18$^{th}$ century, there were different views regarding when nursing profession essentially started. A few historians considered the works of the early Catholic and Protestant nuns however, there were only very little evidence of formalized training given to them and that made the historians to deliberate and come up with uncertainty whether the abovementioned nuns have pioneered the nursing

profession in this country (Watson, 1977). In 1839, there was a discrete documentation that the Philadelphia Lying-in Charity and Nurse Society trained nurses by conducting lectures with other medical students and use of practice manikins as they were guided by Physicians in performing Obstetric procedures (Watson, 1977). However, it was only in the year 1872 that a true formal education started in the US with the establishment of the first Nursing School which had been incorporated in the New England Hospital for Women and Children. Comparable to that of London's, the school was heavily influenced by Florence Nightingale's teachings and education. The said hospital pioneered the training to develop professional nurses with the use of formal nursing education (Yang & Li, 2019).

The introduction of nursing textbook in 1878 had been a great achievement in nursing education which led to lecture expansion in term of numbers. Nursing schools in the US spread like wildfire and in the year 1990, there were already a total of 432 established nursing schools in this country. The training was then standardized to three years in 1893 upon the recommendation of the Superintendent's Society while the concept of medical, surgical, and gynecological nursing in the nursing school lectures had been incorporated. In 1899, a pioneering graduate program for Nurse Administrators was offered in Hospital Economics in Teachers College, Columbia University and 10 years later the Teachers College was transformed into Department of Nursing and Health in which M. Adelaide Nutting was recognized as the first Nurse Professor. At around the same period, University of Minnesota established a nursing program by which graduates became eligible to become Head Nurses and Instructors (Watson, 1977). As development of nursing profession continued, more universities in the 1920s-1930s offered nursing under the program of School of Medicine but then the Bachelor of Science degree was offered completed within five years which required

two years of liberal arts study, two years study in the hospital and a one-year specialty study in either public health or teaching (Watson, 1977). The trend for collegiate education continued during the 1940s and 1950s wherein the pioneering master's degree program at this period was offered in Yale and other known universities to produce teachers and clinicians (Watson, 1977).

At this point of time, alongside the rapid modernization of Nursing through formal education is the concurrent paradigm shift and introduction that Nursing is not only limited to bedside care. Today, nursing roles and responsibilities is so diverse that it started to branch off to different fields such as education, clinical leadership, and administration among many others. With the rapid increase in demands for primary care alongside the continuous professional development it eventually gave birth to Advanced Practice Nurses (APN). In many available studies, there are evidence to prove APN's competence in delivering primary care services which may include promotion of health, wellness and disease prevention activities. They are also deemed effective in performing early detection and management of common and uncomplicated acute illnesses and treatment of acute and chronic diseases. In general, all these can be delivered by the APNs as safe and effective when compared to the performance of the physicians (Laurant et al., 2005).

In a comprehensive report written by the Institute of Medicine, it stated that the supply of Nurses is adequate however there are changes required pertaining to their skills and knowledge in order to meet the future demands (Scott & White, 2015). These changes were further identified and one of them is the need for interdisciplinary collaboration which includes nurses' involvement in decision-making, team building and collective practice (Krejci, 1999). The institute also identified need to improve care management highlighting the impact of information, finance, research, and system

design (Krejci, 1999). There is also a need to adapt and come up with new care delivery models while allowing nurses to lead these new designs and its actual implementation (Krejci, 1999). Lastly, a change required to further support the expanding roles of the nursing profession and its advanced practice (Krejci, 1999). APN as described by ANCC (2020c) is an RN who completed the educational and clinical requirements aside from the basic nursing education which is usually taken between two to four years. Currently, the main types of APNs are the nurse practitioners, certified nurse midwives, clinical nurse specialists and the certified registered nurse anesthetists (ANCC 2020c).

In addition, the revised scope and standards of nurse administrators published in 2015 included top 10 changes and two among them highlighted expanding scope of nursing practice influence (Scott& White, 2015). First is the all-encompassing standard for diversified nursing practice in various setting such as in the public health, community, and the academia. Second is the expansion of nursing in terms of either organization wide or unit-based influence and responsibility (Scott& White, 2015). These just prove the inevitable expansion of nursing scope of practice over the years. To cite a more specific example, the term “case management” has evolved its meaning in the last century (CCMC, 2021a). For such a long time it only meant activities performed for coordinated care of selected patients who happen to have more complicated health needs. However, in the recent two decades it has carried a new comprehensive definition from the Commission for Case Manager Certification (CCMC) which now pertains to the “professional practice in managing social, medical, financial and behavioral issues associated with complex cases” (CCMC, 2021a). Today, case management transformed to be an integral service found in various acute and long-term healthcare organizations, insurance companies, behavioral centers etc. Such

transformation along with other well-defined new nursing roles serves as evidence that this profession continues to expand its scope of practice which can potentially welcome and define a new era.

### *Case Managers*

The role of a case manager is to ensure provision of high-quality care in a timely manner while warranting continuity of patient care even after hospital discharge (Lowey, 2017). Case management is further defined by the CCMC as a collaborative process which involves steps such as assessment, planning, implementation, coordination, monitoring, and evaluation targeting all available health resource and services to the patient and their families. This includes utilization of such resources in order to meet their health needs, achieve excellence in care and patient outcomes in a cost-effective method (CCMC, 2021c).

Case management is very important yet little research was conducted on how the role is experienced and defined by the case managers within themselves (Friedman et al., 2016) which causes role ambiguity and confusion. The lack in research materials in case management inspired a study which predicts the barriers and facilitators at work which will help define task description among 25 participating Case Managers (Friedman et al., 2016). Post analysis, factors that can be a hindrance to their function are information technology, community resources, interactions, other healthcare facilities, patients, and their self-care practices to achieve physical and mental wellbeing. The job and functions of Case Managers were also identified such as chart review, assessments, outreach, discharges, self-care management, education, home visits, available community resources, data management, conduct meetings, and perform nurse interventions when needed among others (Friedman et al., 2016). The study concluded that relationship-building is the most effective key in achieving

excellent case management. This can be relationship established with physicians, patients and their families and other healthcare organizations (Friedman et al., 2016).

Above finding is quite expected as this role is centered on care coordination which requires speaking with different people to ensure optimal care is being provided for the patient. In the hospital under study, Case Managers were mainly involved in patient admission including determination of patient's level of care using a set criterion, conducting MDTs to ensure comprehensive and well-coordinated patient care and lead the discharge planning process. Coordination of care continues whether it will be at home, long-term care facility or home country repatriation depending on the discharge disposition of the patient. They also serve as a coordinator between patient, their families, physician, and payer/insurance throughout patient's hospital stay and beyond. They serve as a main source of patient information which is needed for insurance coverage and reimbursements. Aside from moderately high clinical experience of at least five years, it would be an advantage to have an international accreditation or certification to apply for this role. They are bound to take at least one of the recognized certifications such as the Nursing Case Management Certification (CMG-BC) from the ANCC or the Certified Case Manager (CCM) from the CMCC. CMG-BC is a board examination for case management which is taken at an entry-level with some taking it after the initial RN licensure in the US (ANCC, 2021). On the other hand, CMCC which is the first organization to offer certification dating from year 1990 qualifies applicants in different bearings such as licensure and actual case management experience. According to CCMC, 88% of Case Managers who are certified under the CCM program acknowledged that their certification has a positive impact in their careers (CMCC, 2021b).

### *Clinical and Patient Educators*

Despite vast review of job satisfaction of nurses, nurse educators received less attention (Gui et al., 2009). In a global review study conducted from the last 30 years relating to job satisfaction of nurse educators over time, it showed that the components of job satisfaction are comparatively similar overtime across different countries. The identified factors in this global review are summarized into work, co-workers, professional growth and promotion, pay, supervision, relationships with colleagues, work challenges and autonomy (Gui et al., 2009).

In a study conducted by Zheng et al. (2003) among 48 nurse educators in two hospitals in Beijing with their self-curated job satisfaction tool, it resulted to 90.6% levels of job satisfaction. The tool utilized consisted of 5-point Likert scale from the lowest score of 1 = very dissatisfied to highest score of 5 = very satisfied. The educators rated satisfaction with their co-workers (mean = 3.954) as the highest followed by supervision (3.694), pay (3.691), clinical position (3.686), coordination between clinical practice (3.563), and promotion & development (3.526) as the least factor of job satisfaction which by measure is still moderately high and not far off from other factors (Gui et al., 2009).

Clinical nurse educators in the hospital manage the overall competency of the nursing personnel from the day they join, during preceptorship and the entire duration of their tenure. Conducting classes on mandatory education requirements such as Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) among others is also part of their role. Some of them are also involved in clinical management, process improvements, research, educational simulation practices among others. For the Patient Educators, their line of work is more focused on specialty educations provided to patients at hospital admission and discharge. This may include intensive family and

patient educations about certain diseases such as stroke, diabetes mellitus, hypertension, asthma, chest pain, cardiac overload, cancer, discharged medications or other procedures performed at home such as different types of enteral feeding.

### *Clinical Nurse Coordinators*

In Israel, qualitative research on phenomenological approach was used to know the performance of the nurse coordinators. According to Monas (2017), there is enough evidence to conclude that the role of nurse coordinators is deemed to be beneficial for the patients. However, despite its significance, there is little local literature to support such claim alongside lack of clarity in the role in terms of practice, responsibilities, and authorities (Monas, 2017).

In the hospital under study, CNCs are clustered according to clinical units such as for Hospitalists, Endocrinology, Infectious Disease, Nephrology, Neurology, Neurosurgery, Surgical Subspecialties Institute (SSI), and Digestive Disease Institute (DDI). They work hand-in-hand with Physicians to ensure clinical guidelines and protocol were followed, patient assessments and care plan were updated promptly and that collaboration with other members of MDT was being maximized. These were accomplished to support provision of excellent care for the patients. They also perform patient rounds and consults with the Physicians.

### *Hospital Transfer/Triage Nurses*

To discuss this nursing role, it is best to have a brief overview of the history of telephone which was officially invented on the 10th of March, 1876 (Aronson, 1977) within the era of the industrial revolution. The first known spoken words in telephone were “Mr. Watson, come here, I want you” by the inventor himself Alexander Graham Bell (Aronson, 1977). However, what was not remembered by many is the reason why

he used such statement which is in fact a call asking for a medical assistance because he spilled the sulphuric acid on his clothes (Aronson, 1977). He then received first aid from his assistant after having that historical telephonic conversation (Aronson, 1977). The first call ever made was a call for help, an emergency which required immediate attention and response. This marked the first documented triage call in medical history by which nurses expanded role have been performing the role diligently using clinical protocols to assess patients over telephonic conversation (Escobedo-Wu, 2018).

The nurses on study perform not just telephonic triage but they also facilitate all types of patient transfers may it be for an emergency transfer (air and land transfer), transfer out, transfer in and repatriation of patients back to their home countries. Emergency transfers may include hyperacute strokes, chest pain, aortic abdominal aneurysms among others and transfers which require Extracorporeal membrane oxygenation (ECMO) and ventricular assist device (VAD). All these were performed systematically so that every step will ensure patient safety and best practice. For the telephonic triage, nurses utilize Schmitt-Thompson Protocols in their practice which enumerates probing questions which leads to a clinically-sound patient disposition according to the urgency, responses and actual needs and condition of the person calling. They also oftentimes deal with patient families, caregivers, nurses, physicians, hospital supervisors, paramedics, financial counselors among others in facilitating a single transfer call. It is quite typical for them to possess strong clinical nursing experience especially in the emergency and intensive care setting.

***Specialty Program Coordinators***

There are a few selected nursing personnel which are involved in running various specialty programs in the hospital. Their work may involve research, data analysis, data management, conducting meetings, carrying out performance

improvement projects, updating of clinical guidelines and policies, staff education, patient education, clinical audits, community outreach, compliance on quality metrics which can be internally or externally reported. The role may also be actively involved in program certification from the Joint Commission International (JCI), local health agency, among others.

As there is currently limited information available regarding this role, it may add value in this research to share few of the known duties and responsibilities per the researcher's own experience. A specialty program coordinator may be involved in specialty programs in a hospital which may include but not limited to trauma, stroke, multiple sclerosis, organ transplantation, obesity, pain management, heart failure among others. The nurses generally oversee the strict implementation of the program with close coordination with the program director which can be the Head of Surgery for the Trauma program or Stroke Program Director who is a Neurologist for the Stroke program. Aside from the roles and responsibilities mentioned above, this role usually involves care coordination, clinical audit, data analyzation, data management and a consistent report out of clinical metrics and key performance indicators (KPI). The coordinator may also be involved in investigating issues happening within the specialty program and to conduct regular meetings with the key stakeholders to address these concerns and help come up with solutions. The coordinator may be involved clinically at patient's bedside during critical codes where their presence is beneficial for prompt patient care coordination and serve as a program resource for the team.

### *Nursing Quality*

This expanded role is designated to nurses with strong clinical experience who are tasked to identify problems, track clinical performances and KPIs, maintain and update policy inventory and utilize data-driven performance improvement processes or

cycles such as Define, Measure, Analyze, Improve, and Control (DMAIC), Plan, Do, Check, Act (PDCA), Six Sigma, Lean philosophy, pareto diagram, control charts (Slack et al., 2013) among other methodologies of improvement and quality. They are the key stakeholders in accreditation preparations like the JCI or Magnet whether for the hospital-wide or specialty program certifications. Excellence in practice founded on empirical outcomes is one of the key elements in the Magnet process hence data trends, data analysis and continuous improvement are relatively important in the hospital under study.

### *Nurse Research Coordinators*

Research Coordinator is a type of program coordinator which is usually assigned to Nurses (Waller, J, 2003). According to Ecklund (1999), there is no specific training or type of nurse specialty to take on the role and is usually based on the individual research experience. The role basically is about overseeing a range of activities to maintain a complex research program. The role may include conducting research, clinical, education, and administrative functions which ensures compliance to all aspects of the program whether it is ethical, scientific, university standards (Merry et al., 2010).

However, despite the importance of the roles, nurses in this type of role are still underrecognized in terms of being regarded as research professionals. The recommendation is to include training in research management in the nursing education to better prepare nurses in the role (Merry et al., 2010). The health institution under study is a certified research center which conducts research and clinical trials to further improve practice and contribute its findings to the world. In the hospital, nurse research coordinators do not function as a nurse researcher per se as their main responsibility is to coordinate research activities and logistics between the Research

Ethics Committee (REC) and the Investigators. The nurse in this role should have an extensive knowledge of the national and international research guidelines, regulations and processes especially in conducting sensitive studies such as clinical trials and human subject research. They also serve as a mentor or resource person for new investigators in conducting their study.

**Magnet Recognition Program**

In 1994, the University of Washington Medical Center in Seattle, Washington became the very first Magnet-recognized hospital in history (ANCC, 2020b). To receive this distinction, the institution should possess the 14 Forces of Magnetism (FOM) which is based from a research conducted in 1983 which defined the characteristics of the hospitals which can best recruit and retain the nursing staff during the nationwide nursing shortage (ANCC, 2020b). According to ANCC (2019), although the FOM have been identified more than 30 years ago, its value and applicability is still valid and that it has also responded to the changes of the healthcare. In 2008, FOM was grouped into a new version and conceptual model called the Magnet Model which is composed of the five key elements which are the “transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations & improvements; and empirical outcomes” (ANCC, 2020b). This provided a new perspective on the sources of evidence and a platform on the creation of a work environment which promotes nursing excellence (ANCC, 2019). In addition, the new conceptual model considerably highlighted the value in measuring quality, patient care, and performance outcomes (ANCC, 2020b).

The Magnet program as it is known today is the gold standard of nursing excellence (ANCC, 2020a) in which currently, there are only 378 institutions which are Magnet-recognized among the more than 6,000 health organizations in the U.S.

(American Hospital Association, 2020).

Magnet is also an evidence-based and research-supported program which showed that when patient experience was compared from Magnet to Non-Magnet recognized institutions, it showed that the nurse-sensitive performance indicators such as lower patient falls, lower risk of 30-day mortality, and improved skin integrity were significantly higher not to mention significantly better patient satisfaction rates particularly in better nurse communication, help availability, and receiving of discharge information (ANCC, 2020a). As for the nurses, Magnet-recognized hospitals employed the best trained and most qualified nurses and according to Hader (2005), nurse leaders take more in salary by their non-Magnet counterparts as they are being required to be educated at higher levels. Also, better employee satisfaction rates alongside lower staff turnover was seen among Magnet-recognized hospitals as compared to their non-Magnet counterparts (ANCC,2020a).

## Synthesis

Key factors that can determine job satisfaction, work motivation, and job performance may include financial stability, professional status, work responsibilities, and autonomy. If the pay is equivalent to the workload one receives, then there should be an increase in their job performance.

Professional status and work responsibilities play a key role, too, as these individuals take pride in their positions in the professional field with the concept of carrying out roles expected from them. As for autonomy, individuals who typically have a say in decision-making or anything regarding them, there will be a more positive reaction from an individual in comparison to a person who has no control of external factors surrounding them.

In general, autonomous forms of motivation lead to positive outcomes that may include self-regulation, persistence, commitment, and job satisfaction. Equally important to this finding is that great managerial support leads to better employee satisfaction. However, one must be cautious in introducing extrinsic motivation such as threats or rewards because it can interfere with the employee's current intrinsic motivation and may impact negatively on motivation instead of providing a synergistic effect.

For the job performance, the more motivated and satisfied the employee the better job performance is to be expected. There is an occupational health hazard that needs to be addressed and monitored which is called Burnout. This may not just affect employee's motivation, satisfaction and engagement but certainly will reduce their job performance significantly which can eventually cause concerns for work retention in the long run. In general, employee satisfaction is directly correlated with patient satisfaction where the latter highly depends on employee's job performance.

## Theoretical Framework

The theoretical foundation of this research study is based on the SDT which consists of three postulated innate psychological needs which are competence, autonomy, and relatedness. If these needs were satisfied along the extent in which the behavior is internally motivated (Ryan & Deci, 2008), it will bring forth enhanced self-motivation and mental health. However, when these psychological needs were dissatisfied, it will lead to a reduced level of motivation and personal well-being (Ryan & Deci, 2000b). In addition to the above, when basic psychological needs comprising the SDT which are autonomy, competence, and relatedness are satisfied, it is linked to a more positive impact which may include developmental growth and maturity, energy, vitality, positive effect and absence of physical symptoms. However, when unmet, it

leads to apathy, irresponsibility, psychopathology, conceit, and insecurity (Ryan & Deci, 2000b).

The assumption of this theory which focuses on the behavior is that human beings are dynamic organisms who can naturally adapt and grow in the society (Ryan & Deci, 2000b). That although these conditions are naturally occurring, humans are still prone to various social and environmental circumstances which can either promote or disrupt their motivation or self-determination (Ryan & Deci, 2000b). Autonomous work motivation contributes to work organizations, because of its impact on employee's well-being which positively affect the organizational viability. (Ryan & Deci, 2017).

Several factors that may influence one's job satisfaction and work motivation are covered in the SDT. Gagné (2015) described SDT in the Oxford Handbook of Work Engagement, Motivation, and Self-Determination Theory as a motivational theory which pertains to the (basic) psychological needs as "human universals, defined as essential psychological nutrient." SDT further states that people in general have basic psychological needs as seen in their competence, autonomy, and relatedness. In fact, the theory can be applied to workplaces because if the said basic psychological needs are being met in a positive note, it can predict the outcome or reaction to an individual's workspace and quality of service. SDT is a kind of motivational theory which concentrates on the person's "volitional motivation" or whether they feel that their action is autonomous. Autonomy is achieved based on actions performed according to one's choice and happiness rather than being externally controlled such as when a person acts because of rewards or fear of punishment and guilt. Furthermore, it is generally accepted that more autonomous forms of motivation lead to positive outcomes that may include improved commitment and better job satisfaction (Fernet et al., 2008).

**Figure 1**

*The SDT Continuum*


Figure 1 demonstrates the continuum on how motivated a person is depending on autonomy or self-determined, regulation, and source of motivation. The most basic distinction between types of motivation was proposed by Porter and Lawler (1968) and they are the intrinsic and extrinsic motivation (Ryan & Deci, 2000a; Gagné & Deci, 2005) which is still widely used today. Intrinsic motivation simply means performing a task because it is inherently interesting or enjoyable while extrinsic motivation is based on an outcome or reward (Ryan & Deci, 2000a; Gagné & Deci, 2005). The types of motivation were further distinguished into six types and they are the intrinsic motivation, amotivation, external regulation, integrated regulation, introjected regulation, and identified regulation. *Intrinsic motivation* is characterized by a high degree of autonomy which comes from inherent interest and enjoyment. It is also reflected on person's yearning for challenges. This type of motivation is at the top end of the self-determination continuum while the second type called *Amotivation* is at the lowest end of continuum which means a person's state of lacking any willingness or intention to act.

Then *External regulation* are human behaviors out of threats or rewards which is associated with low autonomy and therefore negative outcome on well-being (Ryan & Deci, 2000b).

The other type of motivation includes *Integrated regulation* which are outcome of internal rewards and punishments instead of its external counterpart in the previously stated type of motivation while a more autonomous version of this is the *Identified regulation* which is a type of motivation out of personal goals and values (Nie et al., 2015). *Introjected regulation* is the kind of motivational regulation of behavior carried through self-worth contingencies which involves the person's self-esteem and guilt (Ryan, 1995).

The extrinsic type of motivation is not regarded as equivalent to each other as each differ on how such behaviors become more autonomous over time. Hence, Ryan & Connell (1989) suggested the use of the SDT continuum based on the SDT sub-theory *Organismic Integration Theory* (OIT) which depicts the extent of how extrinsic motivations are relatively internalized and how different factors can either promote or hinder internalization (Deci & Ryan 1985, Ryan & Deci, 2000a). In their more current work, the four types of motivations such as intrinsic, integrated, identified, and introjected regulation are regarded to be internally motivated but the extent varies on the degree of self-direction of the behavior (Ryan & Deci, 2002) which is another way of pointing out the extent of internal regulation for each type of extrinsic motivation plotted along the continuum. However, although the motivation types are placed in a continuum with predictable reasons for movement, there is no necessary sequence of motivation between external and internal types. But the continuum can speak of how an individual can pass through various levels of motivation from state of unwillingness to passive compliance until it reaches highest motivation as shown in a person's active

interest and commitment (Ryan & Deci, 2000a).

In Figure 1, the most internalized type of motivation is the intrinsic motivation, followed by integrated motivation, identified regulation, introjected regulation, while the least internalized type of motivation is the external regulation or the behaviors caused by rewards and punishments.

**Figure 2**

*Self-determination Theory and its effect on Person's Well-being*


Figure 2 shows the interaction of the types of human motivation from intrinsic motivation until amotivation. That these motivations resulted from either fulfillment or non-satisfaction of the basic psychological needs which are autonomy, competence, and relatedness. Furthermore, SDT runs in the concept that an individual is in constant relation to the world which strives to the satisfaction of the needs and at the same time responds to the environment which in return either support or hinder the satisfaction of these psychological needs (Ryan & Deci, 2000b; Legault, 2017). In addition, there are not just different types of motivation but people have varying amounts of it as well

(Ryan & Deci, 2000a) and as a result, a person can either be engaged or demotivated, ineffective, and detached (Ryan & Deci, 2000b; Legault, 2017).

Motivation as backed by empirical studies is a good indicator of job performance and job satisfaction (Gagne & Deci, 2005). Motivation and job satisfaction for an instance were both significantly associated with the employee turnover intention while low level of motivation has a negative impact on the job performance of health workers both on personal and organizational level. In a study conducted to 241 Nurses in Ethiopia, they described motivators at work as encouragement, recognition, and financial incentives. These motivators bring forth increase in their work performance, job satisfaction, team spirit, patient satisfaction, and job attachment (Deressa & Zeru, 2019; Bonenberger, et al., 2014).

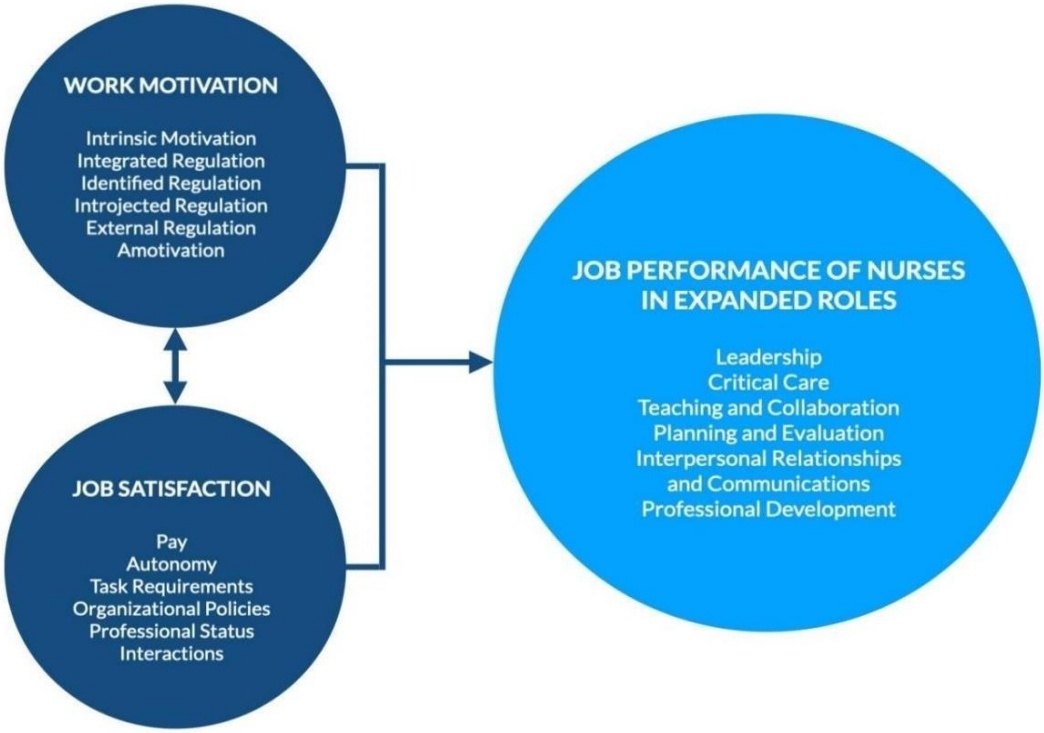
Moreover, SDT's theoretical framework is tested to be cross-culturally valid which further means that when the results point out to employees who are well-motivated; autonomous, competent, and high level of relatedness to others are found to be inherently engaged regardless of their cultural and other ethnic background and therefore is quite useful in other fields as well (Meyer & Gagne, 2008; Deci & Ryan, 2008; Gagne et al, 2014).

Overall, these descriptions prove the general applicability of SDT beyond these studies which determine the level of employee's work motivation and satisfaction. SDT can be used in variety of research to identify a person's level of motivation in unimaginable variety of factors. This can include someone's perception of health and lifestyle, general interests, education, culture, beliefs, societal norms and stigmas, gender and racial issues, justice, and inequality and many more.

## Conceptual Framework

**Figure 3**

*Conceptual Framework of the Study*




` Figure 3 demonstrates the conceptual framework of the study. Amongst the given variables, job motivation and job satisfaction of the nurses serve as the *independent variables* along with its factors or dimensions each. The *dependent variable* is the resulting job performance along with its six factors.

Various components and concept of the SDT comprises the conceptual framework of the study which overlaps to the factors of work motivation, job satisfaction and the resulting job performance (Ryan & Deci, 2017). As people are differently motivated not only in amounts but what motivates them (Ryan & Deci, 2000a) wherein autonomy, relatedness and competence play a huge factor on its increase (Ryan & Deci, 2000a), several factors can either improve or diminish the level of motivation which have a synergistic effect between the variables of the study.

This concept depicts that the work motivation and satisfaction of nurses in expanded roles shape and affect their eventual job performance. A notable similar model is the Person-Environment-Occupation Performance Model which highlighted the interrelation of person, environment, and occupation and its effect on the person's job performance (Law et al., 1996). Motivational theory highlighted the role of human motivation in enhancing job performance. Therefore, the more the extrinsic and intrinsic factors were being satisfied the better the job performance will be (Ong & Noor, 2016). However, many studies in SDT suggest that extrinsic rewards and threats produce a negative impact on intrinsic motivation due to the control of behavior and reduction in autonomy (Ryan & Deci, 2000a).

## Operational Definition of Terms

The following terms enumerated below were utilized and defined exactly according to its actual use in this study.

***Amotivation***- According to Ryan & Deci (2000a), amotivation is "a state of person's lack of willingness or intention to act due to perceived incompetence, lack of value, and lack of control." In this study, aside from the abovementioned definition, it is used as one of the types of motivation which is seen at the end of the left-hand side of SDT continuum which corresponds to the least level of motivation.

***Autonomy***- Autonomy is consistently defined as "one of the psychological needs which requires to be satisfied for an individual to get motivated (Ryan & Deci, 2008)." Then according to Stamps (1997), it is an "amount of job-related independence, initiative, and freedom, either permitted or required in daily work activities." In this study, it is defined as one of the factors of job satisfaction which suggests about the employee's independence in performing their work.

***Bedside care***- In this study bedside care pertains to nurses practicing or giving

general or specialized care directly to patients that may include assessments, giving of medications, performing independent procedures, assisting physicians in procedures and other task which involves bedside nursing interventions.

***Case manager***- The role ensures provision of high quality of care in the fastest possible time plus the continuity of patient care after hospital discharge (Lowey, 2017) while more task-oriented definition was given by Friedman et al (2016) such as chart reviews and discharge planning. In the study, aside from Lowey's and Friedman's definition, a Case manager is defined as a clinical staff which performs patient care coordination with a goal to promote cost-effective and continued care delivery.

***Clinical Nurse Coordinator***- Since this is a breakthrough role, own definition was used in this study. A CNC assists the Physician in assessing patients during patient rounds and help complete Physician orders in the electronic documentation system from patient's admission to discharge. This role bridges the gap in communication and interaction between the bedside nurse and the Physician aiming for a more collaborative type of patient care by closely working with the multi-disciplinary team.

***Critical care***- According to Schwirian (1978), critical care pertains to the "nursing activities associated with the care of critically ill individuals including the potential outcome of death." In this study, it is defined as one of the factors of job performance which pertains to the Nurse's ability in performing technical procedures, adapting to emergency situations, and help meet the emotional needs of the patient and family even to the point of family grieving.

***External regulation***- This refers to human behaviors performed out of threats or rewards which is associated with low autonomy and therefore negative outcome on well-being (Ryan & Deci, 2000b). In this study it is similarly defined as actions made to comply to external type of rewards and punishments.

***Hospital Transfer & Triage Nurse***- This role is defined in this study as a highly skilled,

experienced, and specially trained nurses performing telephonic triage to patients by utilizing clinical protocols such as Schmitt-Thompson protocols. Concurrently, they perform another task which is to coordinate inter-hospital patient transfers with protocols set according to the acuity of patient needs.

***Identified regulation***- According to Ryan & Deci (2020b), identified regulation is a factor of work motivation which pertains to actions made from finding personal importance and conscious valuing. In the study, aside from the abovementioned definition it is mainly defined as one of the factors or types of motivation which sees value in a task or activity. ***Interactions***- According to Stamps (1997), interactions are "opportunities presented for both formal and informal social and professional contact during working hours." In many instances, she differentiated it into two types, the Nurse-Nurse and Nurse-Physician interactions. In this study it is defined as a one of the factors of job satisfaction which encompassed all types of interrelationships at work.

***Integrated regulation***- According to Nie et al (2015), integrated regulation is "an outcome of internal rewards and punishments instead of its external counterpart." In this study, it pertains to the factor of work motivation which is more internally regulated and autonomous as compared to other external type of motivation which is closest to the intrinsic motivation as seen in the SDT continuum.

***Interpersonal relations & communications (IPR)***- According to Schwirian (1978) IPR pertains to "interactions about patient care." In this study, it is a factor of job performance pointing to the Nurse's ability to effectively communicate with the patient and other members of the healthcare team

***Intrinsic motivation***- It is defined as motivation from individuals who found pleasure or enjoyment by the task itself (Ryan & Deci, 2000a; Gagn& Deci, 2005). In this study, it is a factor of work motivation about performing task which gives pure joy, interest, and

inherent satisfaction and regarded as the peak kind of human motivation which is shown on the farthest right of the SDT continuum.

***Introjected regulation***- According to Ryan (1995), introjected regulation is a behavior based on self-worth contingencies which includes self-esteem and guilt. In this study, it is defined as a factor of work motivation pertaining to actions made from self-control and ego brought by perceived internal rewards and punishments

***Job satisfaction***- According to Stamps (1997), job satisfaction is the "extent to which people like their jobs." In this study it pertains to the degree on how an employee feel towards their job together with the different factors established around it. The factors affecting job satisfaction are pay, autonomy, task requirements, organizational policies, interaction, and professional status.

***Leadership***- According to Merriam-Webster (2021) leadership is the "office or position of a leader," a capacity to lead," and the "act or an instance of leading." In this study, it is defined as a factor of the job performance which pertains to effectively leading a group of people or organization by giving due praise and recognition of subordinates, knows how to delegate tasks, guides others in planning nursing care, accepts responsibility, and remains open to the suggestion of others among other great characteristics of a leader.

***Nurses in expanded roles***- In this study it is defined as Nurses participating in new roles or designations which are highly specialized compared to the conventional nursing practice which still falls within the overall scope of practice of the nursing profession. In this study, nurses in expanded roles will be pertaining to the above description but are limited to roles without bedside care.

***Nurse educator***- In this study it is described as a nurse who teaches clinical staff various set of knowledge and skills from the day of on-boarding which includes orientation and training throughout the service of the licensed nursing personnel. The

educator makes different teaching methods and design to maintain a certain level of competency to all the nursing personnel on service.

***Nurse researcher***- In this study it is described as a nurse who performs research education studies as a research center and helps assist other health professionals during the entire process of their research.

***Nursing Quality***- This term will be defined in separate words due to lack of definitive meaning as a role in global research review. “Nursing” according to the International Council of Nurses (ICN, 2002) means “…autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings...” While the word quality by Oxford (2021) means “the degree of excellence.” In this study as it pertains to a specialized nursing role it is described as a nurse who drives different performance improvement projects in the hospital alongside different quality assurance activities.

***Organizational policies***- According to Stamps (1997) it is described as a “management policies and procedures put forward by the hospital and nursing administration of this hospital.” In this study it is a factor of job satisfaction which pertains to policies and procedures prepared and implemented by the hospital management which must be followed by all the members of the organization.

***Patient Educators***- In this study it is described as nurse who were involved for a focused and more technical patient education regarding their disease condition like stroke, diabetes, heart failure, among others.

***Pay***- According to Stamps (1997), pay is “dollar remuneration and fringe benefits received for work done.” In this study, it is a factor of job satisfaction pertaining to the monetary compensation combined with other employee’ benefits in exchange for the work and services delivered to the organization.

***Planning & evaluation***- In this study, it is a factor of job performance relating to the

Nurse's ability to create a nursing care plan, implement, evaluate, and coordinate it according to the patient's needs.

***Professional development***- In this study it pertains to a factor of job performance about the Nurse's ability to show acts of professionalism while on the role, maintain high standards of performance, be responsible on personal and professional growth, be accountable, and display a positive disposition, among others.

***Professional status***- According to Stamps (1997) professional status is defined as "an overall importance or significance felt about your job, both in your view and in the view of others." In this study, it is defined similarly as a factor of job satisfaction which pertains to the degree of perceived significance of the role according to personal or people's opinion.

***Program coordinator***- Since this is a relatively new role, own definition seemed more fitting in this research. In this study, program coordinator pertains to the role who oversees the over-all implementation of the facility's specialized program which is oftentimes being executed under the mandate of accrediting bodies just like JCI or the local health authority with accompanying set of quality measures for program evaluation.

***Task requirements***- According to Stamps (1997) it is defined as "tasks or activities that must be done as a regular part of the job." In this study, task requirements is defined as a factor of job satisfaction which pertains to mandatory work activities that is part of the job.

***Teaching & collaboration***- According to Stamps (1978), teaching and collaboration pertains to the behaviors of the Nurse when teaching the patients and families and other parties the activities that involve the care of patients in collaboration with other members of the health care team. In this study, it adapts the similar definition and is a factor of job performance relating to the Nurse's ability to teach the patient and their

family in his care needs which includes creativity in finding available resources and using effective methods of teaching.

***Work motivation***- Work motivation is defined as a drive to perform something with focus on what gives them power to perform the task. The types of motivation are either controlled which are externally regulated or autonomous which are self-selected goals. (Ryan & Deci, 2017). In this study, the motivation factors are intrinsic motivation, integrated regulation, identified regulation, introjected regulation, external regulation, and amotivation.

## Hypothesis

There are several studies which concluded that a well-supported employee will most likely be highly motivated at work and have high job satisfaction and improved job performance as a result. The following hypotheses aimed to find the correlation between the variables including work motivation, satisfaction, and performance of Nurses specifically in expanded roles.

**H0:** There is no significant relationship between work motivation, satisfaction, and performance of Nurses in expanded roles in a Magnet-recognized Hospital in the Middle East.

**H1:** There is significant relationship between work motivation, satisfaction, and performance of Nurses in expanded roles in a Magnet-recognized Hospital in the Middle East.

# Chapter III

# RESEARCH METHODOLOGY

## Research Design

The study is described as a non-experimental, quantitative descriptive correlational research design. According to Lammers & Badia (2013), a correlational research design involves collecting data or searching out records of a specified population and ascertaining the relationships among the variables of interest. Such research involves neither random assignment nor manipulation of an experimental variable.

The socio-demographic characteristics of the respondents included factors such as age, gender, number of years in the hospital, years as a nurse, years in the current role, the role itself and the highest educational attainment. This gave the study a background on the social characteristics of the respondents which gave clarity on interpretation which further supported the results of the study. Validated questionnaires with high reliability were utilized in the study to match the researcher's requirement and study objectives. According to Dyer (1995), personality scales do not need to be factually accurate as they simply need to reflect one possible perception of the truth. The respondents would not assess the factual accuracy but would respond to the feelings which the statement triggered in them.

Various validated instruments were utilized in the study to measure different levels of the given variables. The relationship of job satisfaction, work motivation, and job satisfaction of Nurses in review was identified by computing the correlational coefficient through Pearson product-moment correlation coefficient (Pearson r). To test the hypothesis, nurses were presented with electronic questionnaires in which level of

job performance, motivation and job satisfaction were gathered and scrutinized under the prescribed data analysis.

The following detailed information presents the plan for data collection, management, and treatment of this research.

## Sampling Technique

The sampling technique utilized the *total enumeration* type of sampling which targeted to include all the nurses in expanded roles working in the hospital with an n = 117 at the time of the study.

Power analysis was computed upon consultation with the hospital's biostatistician. With a total respondent of n = 117 for variables with small to medium level of correlation, a correlation of .228 and higher will be statistically significant taken at .05 level of confidence with power of 80%.

The table presents the power analysis in detail according to the sample size n.

**Table 1**

*Power Analysis at .05 level of confidence with power of 80%.*

| **Power Analysis** | |
|---|---|
| **Sample Size** | **Pearson r** |
| 117 | 0.228 |
| 100 | 0.238 |
| 90 | 0.256 |
| 80 | 0.271 |
| 70 | 0.288 |

Along with the sampling and power determination, the data management, analysis, and computations were performed by the researcher with an aid of an expert/professional statistician from the University and the hospital.

## Study Population

The target population for the research investigation consisted of all the nurses in expanded roles performing specialized nursing tasks without bedside care. Due to this focus and in accordance with the goal and objectives of the study, the areas of nursing which participated in the study were all the areas with the above-stated function. The selected nurses who participated in study are the following: Hospital Transfer/Telephonic Triage Nurses (20), Clinical Nurse Coordinators (23), Nurse Research Coordinators (4), Nursing Quality (5), Program Coordinators (5), Clinical Educators (29), Patient Educators (14), and Case Managers (17).

## Study Setting

Nurses in study works in a Magnet-recognized hospital in the Middle East which is at quaternary-level medical institution with less than 500 bed capacity.

The hospital employs a significant number of nurses for services unique to the organization which happens to represent a wide array of expanded roles. To cite as an example, one of the pioneering Hospital Transfer and Telephonic Triage Nursing service in the region is from this institution. Other relatively new roles which were included in the study were the CNCs and other Specialty Program Coordinators which are uncommon in the medical organizations in the Middle East.

## Data Collection

A self-completed type of questionnaire was distributed to the qualified participants after accomplishing the ethical approval from UPOU and the hospital. The questionnaire consists of four parts such as the socio-demographic, WEIMS to measure motivation, IWS to measure job satisfaction, and the last part the 6-D scale which is a self-completed job performance evaluation tool for nurses. The survey form was then formatted into a structured online questionnaire (SurveyMonkey) which

contained the letter of informed consent on its first page. Prior to sending the link to the participants, their line managers were approached to explain the purpose of the survey and the extent of the participant's expected participation. Once achieved, the participants received the link to the online survey and the e-mail stating the details of the research and their level of participation like the informed consent attached to the actual survey via Microsoft Outlook. The completed surveys were gathered electronically in the SurveyMonkey format which closed on Day 40.

During the preliminary communication from the managers right before Hospital REC and University REB, the total number of gathered possible respondents was 117. However, during the actual survey distribution and the formal e-mail to their managers on Day 1 the list of staff has been extended to 127, adding 10 more qualified participants. Among the 127 nurses who have received the invitation to participate in the research, 109 agreed to partake but not all of them returned a completed survey. Nine respondents filled-in just the socio-demographic profile, the WEIMS part of the questionnaire or up to the 6-D scale at most. The final response rate is 79% which is consisted of 100 individuals.

## Research Instrument

There are three validated instruments that were utilized in this study which measured the study variables – job performance, work motivation, and job satisfaction. The Nurses' over-all work motivation was measured by the Work Extrinsic and Intrinsic Motivation Scale (WEIMS) which is an 18-item measure of work motivation grounded in self-determination theory (Ryan & Deci, 2000b). To determine the level of job satisfaction, an additional instrument was used which is the 44-item Stamp's Index of Work Satisfaction (IWS). Then to measure the level of job performance, the Six Dimension Scale of Nursing Performance (6-D Scale) a 52-item

questionnaire was utilized (Schwirian, 1978).

*Job Performance*

The Six-D Scale developed by Patricia Schwirian was used to measure the nurses' job performance. It is a self-administered tool consisting of a 52 four-point rating scale items which evaluate the level of effectiveness of nursing performance. The tool contains six nursing behavioral subscales such as leadership (5 items), critical care (7 items), teaching and collaboration (11 items), planning and evaluation (7 items), IPR and communications (12 items), and professional development (10 items) (Schwirian, 1978). The original reliability scores for 6-D scale are from .98 to .84 for leadership subscale. (Ward & Fetler, 1979).

While when taken through self-appraisal, the reliability estimates using Cronbach's alpha for the subscales is uniformly high ranging from .901 for leadership and .978 for professional development as opposed to the much lower reliability for the same tool if performed through employer's appraisal. The resulting job performance scores are standardized by averaging only the behavioral subscales which were rated which are based on the type of job the person had hence, the score will not be lowered if the subscale performance is not required for the role (Schwirian, 1978).

*Work Motivation*

The work motivation of Nurses was measured using the (WEIMS) which is a translated and validated tool in different work environments originating from the five-factor French motivation scale tool validated by Blais and colleagues in 1993, the BIWM (Tremblay et al., 2009). WEIMS is an 18-item tool consisting of six subscales with three items each which measures employee's work motivation which is

theoretically grounded on SDT (Deci & Ryan, 2000). The subscales of the WEIMS tool corresponds to the six types of motivation postulated by SDT such as intrinsic motivation, integrated regulation, identified regulation, introjected regulation, external regulation, and amotivation. Internal consistency was assessed for the WEIMS motivation scale which received adequate reliability ranging from .64 for amotivation to .83 for integrated regulation. In general, since these sub-scales present three indicators each the alpha scores show enough adequacies despite its limited numbers (Tremblay et al., 2009).

*Job Satisfaction*

In order to determine the level of job satisfaction, the latest revision of IWS was utilized. The 44-item questionnaire by Paula Stamps is composed of attitude statements corresponding the six identified subscales which are pay, autonomy, task requirements, organizational policies, professional status, and interactions (Taunton et al., 2004). During seven administrations during 1975 to 1981, coefficient alphas ranged from .69 to .90 with an overall coefficient of .85 (Stamps, 1997).

The over-all internal consistency score through Cronbach's alphas is .81 which is adequate whereas factor analysis confirmed the construct validity of the index and its subscales (Karanikola, & Papathanassoglou, 2015). The original reported Cronbach alpha by Stamps ranged from .82 to .91 and even when the scale was shortened from 72 to 48 items, the total scale reliability declined very little, from .929 to .912 (Stamps, 1997).

Since IWS is one of the most used motivation tools because of its general applicability, the tool was also examined through Rasch analysis for its fit in cross-cultural use, validity, and reliability. The persons mean location of -0.018

approximated items mean of 0.00 suggested good alignments of the measure and of the items, however, at the items level, some of them were not fitted to the Rasch model but in conclusion, the tool is very reliable overall (Ahmad et al., 2016).

## Procedures

A thesis proposal was performed in front of four research experts and professors from the University of the Philippines – Open University (UPOU) in UP Diliman. Based on the comments of the panel of experts, necessary revisions were made in February 2020.

The approval to utilize the selected tools to measure job performance, work motivation, and job satisfaction of Nurses in expanded roles were secured from the authors. Their approval was gathered by sending e-mail to the owners who all agreed for full utilization of the tools. For IWS, the author referred to her third-party data & tool manager called Market Street Research, Inc. based in Northampton, MA which required payment for IWS tool utilization and its corresponding scoring workbook.

Then the ethical approval of the study was submitted to the Research Ethics Board of UPOU (REB) and to the hospital's REC. Once both were secured, the dissemination of tool started. Participation in the study was completely non-mandatory and their privacy was ensured on the entire duration. The survey procedure is presented on the following table with its corresponding details.

**Table 2**

*Survey Procedure*

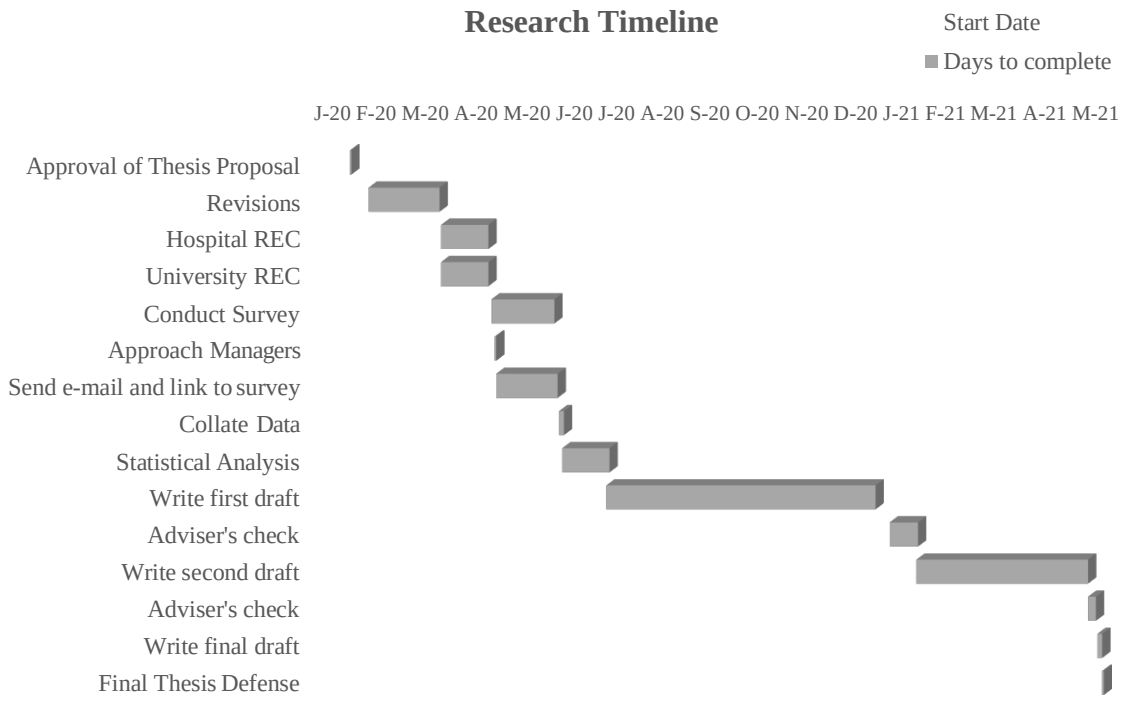
| Timeline | Survey Procedure |
|---|---|
| Day 1 | The respective managers of nurses in expanded roles were informed of the details and the extent of the staff participation in the study which is to accomplish an online questionnaire with an estimated time of 20 minutes to complete. A list of names to be included was asked from them together with their work e-mails. |

| | |
|---|---|
| Day 2-39 | After securing the informed consent which was sent back to the Researcher, the participant received the e-mail which included the corresponding link to the actual online survey (SurveyMonkey). The said e-mail and the cover letter by which both the Hospital's Research Manager and the Research Ethics Committee (REC) recommended was attached in the beginning of the questionnaire. The participants were given enough time to accomplish the form within 40 days. |
| Day 40 | Survey ended. |

The research timeline is presented on the following Gantt chart which covers the period of thesis proposal until the date of final thesis defense.

**Figure 4**

*Research Timeline*




## Data Analysis and Interpretation

The analytical software tool SPSS was utilized to compute the *Pearson r* on a one-tailed test as per the final advice of an expert/ statistician from the university and the hospital. This was performed to provide a basis as to either accept or reject the stated hypothesis. A correlation of pair of subscales among the given variables was

also calculated. This *Pearson r* measures the degree of linear relation of the independent and dependent variable. While the mean score and standard deviation per domain were computed in order to describe each.

The scores were interpreted by using the general rating ratings scales which are equally spaced. For the job performance, the scale ranged from 1 to 4 with rating scale of 1.00 to 1.75 which is described as “not very well,” 1.76 to 2.50 as “satisfactory,” 2.51 to 3.25 as “well,” and 3.26 to 4.00 as “very well.” The WEIMS (motivation) along with the IWS (satisfaction) on the other hand has a scale which ranged from 1 to 7 with a corresponding rating scale of 1.00 to 1.86 interpreted as “not motivated/satisfied at all,” 1.87 to 2.72 as “unmotivated/ unsatisfied,” 2.73 to 3.58 as “slightly motivated/satisfied,” 3.59 to 4.43 as “neutral,” 4.44 to 5.29 as “slightly motivated/satisfied,” 5.30 to 6.15 as “moderately motivated/satisfied” and 6.16 to 7.00 as “strongly motivated/satisfied.”

Correlation was used to measure the strength of association between two variables and ranges between -1 (perfect negative correlation) to 1 (perfect positive correlation). Cohen (1992) has the following interpretation of the absolute value of the correlation. With the correlation coefficient value of -1.0 to -0.9 & 0.9 to 1.0 the association is “very strong, for -0.9 to -0.5 & 0.5 to 0.9 it is “strong,” for -0.5 to -0.3 & .03 to 0.5 it is “moderate,” and for -0.3 to .03 the association is “weak.”

**Table 3**

*Reversal of Items in WEIMS*

| Component | Number of Items | Range of Component Scores | Negatively Worded Items: Strongly Agree=1 Strongly Disagree=7 | Positively Worded Items: Strongly Agree=7 Strongly Disagree=1 |
|---|---|---|---|---|
| Pay | 6 | 6 to 42 | 8, 21, 44 | 1, 14, 32 |
| Professional Status | 7 | 7 to 49 | 2, 27, 41 | 9, 11, 34, 38 |
| Autonomy | 8 | 8 to 56 | 7, 17, 20, 30, 31 | 13, 26, 43 |
| Organizational Policies | 7 | 7 to 49 | 12, 18, 33 | 5, 25, 40, 42 |
| Task Requirements | 6 | 6 to 42 | 4, 15, 36 | 22, 24, 29 |
| Interaction | 10 | 10 to 70 | 10, 23, 28, 35, 39 | 3, 6, 16, 19, 37 |
| *Nurse-Nurse* | *5* | *5 to 35* | *10, 23, 28* | *3, 16* |
| *Nurse-Physician* | *5* | *5 to 35* | *35, 39* | *6, 19, 37* |

*Note.* Stamps, P. L. (2012). *Scoring workbook for the index of work satisfaction*. Northampton, MA: Market Street Research, Inc.

The above table as shown in the Scoring workbook for the IWS denote the list of items per component category. Aside from the number of items in the category and its corresponding range of component scores, it is very important to take note of the identified items which are negatively and the positively worded items.

In the study, the positively worded items were reversed (e.g., items 1, 4, 32, 9, 11, 34, 38, 13… among others) so that the items will follow the format of Likert scale 1 to7 which is like the format of the negatively worded items in the questionnaire.

**Table 4**

*Quartiles for Interpreting Data Obtained from the IWS Questionnaire*

| Component | Range of scores | QUARTILES | | | |
|---|---|---|---|---|---|
| | | First | Second | Third | Fourth |
| **QUARTILES FOR PART B (LIKERT SCALE)** | | | | | |
| Pay | 6 to 42 | 6 to 15 | 16 to 24 | 25 to 33 | 34 to 42 |
| Autonomy | 8 to 56 | 8 to 20 | 21 to 32 | 33 to 44 | 45 to 56 |
| Task Requirements | 6 to 42 | 6 to 15 | 16 to 24 | 25 to 33 | 34 to 42 |
| Organizational Policies | 7 to 49 | 7 to 17 | 18 to 28 | 29 to 38 | 39 to 49 |
| Professional Status | 7 to 49 | 7 to 17 | 18 to 28 | 29 to 38 | 39 to 49 |
| Interaction | 10 to 70 | 10 to 25 | 26 to 40 | 41 to 55 | 56 to 70 |
| *Nurse-to-Nurse* | 5 to 35 | 5 to 13 | 14 to 20 | 21 to 27 | 28 to 35 |
| *Nurse-to-Physician* | 5 to 35 | 5 to 13 | 14 to 20 | 21 to 27 | 28 to 35 |
| Total Scale Score | 44 to 308 | 44 to 112 | 113 to 180 | 181 to 248 | 249 to 308 |
| **QUARTILES FOR PART A (PAIRED COMPARISONS)** | | | | | |
| Component Weighting Coefficients | 0.9 to 5.3 | 0.9 to 2.0 | 2.1 to 3.1 | 3.2 to 4.2 | 4.3 to 5.3 |
| Component Adjusted Scores | 0.9 to 37.1 | 0.9 to 9.9 | 10.0 to 19.0 | 19.1 to 28.1 | 28.2 to 37.1 |
| Index of Work Satisfaction | 0.5 to 39.7 | 0.5 to 10.3 | 10.4 to 20.0 | 20.1 to 29.7 | 29.8 to 39.7 |

*Note.* Stamps, P. L. (2012). *Scoring workbook for the index of work satisfaction*. Northampton, MA: Market Street Research, Inc.

Table 4 shows the interpretation keys of the IWS for Part A, B, the component adjusted scores and the index score. Part A shows the paired comparisons which resulted to component weighing coefficient. Part B is divided per component which is

further divided into quartiles. In this study, the first quartile corresponds to “unsatisfied,” second quartile as “slightly satisfied,” third quartile as “moderately satisfied,” and fourth quartile as “very satisfied.” Weighing in both Part A and B resulted into component adjusted scores and lastly the actual index score as seen in the last row.

## Data Management

The responses from the subject were collated and entered in an approved statistical application such as SPSS in order to yield advance statistical computations and data management. The frequency and percentages were determined for the socio-demographic characteristics of the respondents. The completed survey forms done electronically were stored in a SurveyMonkey format which is password protected to ensure controlled access. The extracted raw data were saved in a personal laptop which is password protected as well. The researcher will have the control of data in the study and that the electronic data will be stored for a minimum of 25 years.

For data analysis, a consultation with a professional statistician was performed for more in-depth data manipulation to come up with an organized data presentation, accurate data analysis and interpretation in order to accept or reject the hypothesis. *Pearson r* was computed for job performance, work motivation, and job satisfaction to determine if they have strong correlation or not.

## Ethical Considerations

This research study satisfied the international human research ethics and guideline together with the Declaration of Helsinki code of ethics and other applicable ethical research protocols. Ethical approval was obtained from the University of the Philippines- Open University’s ERB and the hospital’s REC. The participants were

informed that the participation in the survey is completely voluntary and highly confidential at the same time. There were no personal identifiers and that the results of their accomplished self-assessment particularly the job performance does not have any effect on the employee's personal records and their corresponding job appraisal.

The author has ensured that during survey tool distribution that their participation is completely voluntary and that their decision to participate including the details of their responses together with their privacy will be kept unidentified by the author. Same information was included in every front page of the questionnaire. The collected data will only be used for this study while the access to the raw data will be limited to the researcher himself in a safe and prescribed manner.

## Chapter IV

## RESULTS AND DISCUSSIONS

The data presentation is organized to address the study objectives and other relevant results. Socio-demographic characteristics of the respondents are discussed as an overview which is then followed by data results on specific objectives.

**Table 5**

*Socio-Demographic Profile*

| Characteristics | Frequency | Percentage (%) |
|---|---|---|
| **Sex** | | |
| Male | 31 | 31.0 |
| Female | 69 | 69.0 |
| **Age** | | |
| 25-34 y/o | 57 | 57.0 |
| 35-44 y/o | 16 | 16.0 |
| 45-54 y/o | 22 | 22.0 |
| 55-64 y/o | 2 | 2.0 |
| 65 y/o and above | 3 | 3.0 |
| **Years in the hospital** | | |
| Less than a year | 2 | 2.0 |
| 1 – 3 years | 28 | 28.0 |
| 4 – 5 years | 41 | 41.0 |
| Greater than 5 years | 29 | 29.0 |
| **Years as a Nurse** | | |
| 0 – 5 years | 1 | 1.0 |
| 6 – 10 years | 37 | 37.0 |
| 11 – 15 years | 37 | 37.0 |
| 16 – 20 years | 10 | 10.0 |
| Greater than 20 years | 15 | 15.0 |
| **Years on the Expanded Role** | | |
| Less than a year | 11 | 11.0 |
| 1 – 3 years | 57 | 57.0 |
| 4 – 5 years | 20 | 20.0 |
| Greater than 5 years | 12 | 12.0 |
| **Educational Attainment** | | |
| Diploma | 3 | 3.0 |
| BSN | 57 | 57.0 |
| Master | 29 | 29.0 |
| APN | 4 | 4.0 |
| PhD or Equivalent | 7 | 7.0 |

## Socio-Demographic Profile

More female nurses in the expanded roles (69%) participated in the study as opposed to their male counterpart (31%) which is quite typical in the nursing population around the globe. The age of the sample ranged from 25 to 65 years old and above. Fifty-seven of the respondents were between the ages of 25-34 years old. Majority of them (41%) were employed in the hospital from the early phase of its opening which is equivalent to four to five years of stay in the hospital while 29% were employed for greater than five years which means they are part of the pre-opening phase. Most of the participants (37%) were well-experienced with years of experience ranging from 6-10 years. Another 37% had nursing experience ranging from 11-15 years. Ten percent (10%) had 16-20 years of experience while the remaining 15% had greater than 20 years of experience. Only one participant had a nursing experience of less than five years. This implies that the Nurses in this type of role are very well-experienced. Moreover, 57% of the participants were in the nursing expanded role from one to three years and 32% of them were in four to five years, or more. Only 11 % are in the role for less than a year. Considering that the hospital is in operation for just five years, this means that majority of the nurses stayed in their role.

For education, 3% graduated with Diploma course in Nursing, 57% had Bachelor of Science in Nursing (BSN), 29% had master's degree, four percent were APN, and seven percent had Doctor's degree (PhD) which reflected their highest educational attainment. In comparison to the overall nursing educational characteristics of Magnet-recognized hospitals (Collins, 2017), the nurses in study have even higher and more advance educational background based on the actual

Magnet average for nurses; Associate Degree – 31%, Diploma – 6%, BSN – 59%, Master – 4%. In 2019 (Lal, 2019). Another census was conducted among Magnet hospitals which showed slight increase in the overall educational characteristics with Associate Degree – 26%, Diploma – 4.5%, BSN – 65%, Master – 4.5% however, despite this improvement, in comparison to nurses' educational achievement in this study, these were significantly lower.

Higher educational achievement of nurses is proven to be beneficial to the patients. According to a study (ANCC, 2020a), hospitals with better nursing education have lower mortality rates. With 10% increase in BSN graduates as opposed to having a Diploma is equivalent to nine fewer deaths per 1,000 discharged patients. Moreover, this outstanding drive-in continuing graduate education indicates the cohort's high level of motivation to further their knowledge, skills and qualifications which can support them eventually in achieving their chosen career goals as they move up the clinical ladder.

Since the hospital promotes multi-cultural workforce with nationalities amounting close to 100 in number, it is expected that cultural background among many other factors played a role on how nurses responded to the survey questionnaire. According to Hofstede (Oatley, 2012), culture is highly associated with social groups which carry multi layers of influences or mental programming and a few of them are from person's nationality or region, gender, generation, ethnic, social class or religious group. Aside from the diverse cultural characteristics, it is also worth to mention that majority of the respondents were female (69%) which implied behaviors and characteristics associated with this social group. In addition, influence from segmentation of nursing roles were discussed throughout the chapter.

Lastly, aside from these uncontrolled influences and though they were mentioned in multiple sections of the study, work environment, organizational culture among others also influenced their responses as well. To be specific, the institution is guided by the 14 forces of magnetism which promote work satisfaction and excellence in practice. Compared to its non-Magnet counterparts, Magnet hospitals convey better performance in various components of care delivery systems (ANCC 2020a; Kelly et al., 2011; Gandi et al., 2011; Chen & Johantgen, 2010; Kutney-Lee et al., 2009; Aieken, 2008).

**Table 6**

*Mean Scores of Nurses in WEIMS*

| Item No. | Question | Mean | Standard Deviation |
|---|---|---|---|
| **Intrinsic Motivation** | | | |
| 4 | Because I derive much pleasure from learning new things | 5.7 | .916 |
| 8 | For the satisfaction I experience from taking on interesting challenges. | 5.55 | 1.31 |
| 15 | For the satisfaction I experience when I am successful at doing difficult tasks. | 5.31 | 1.26 |
| Total Mean Score | | 5.52 | .974 |
| **Integrated Regulation** | | | |
| 5 | Because it has become a fundamental part of who I am. | 5.14 | 1.46 |
| 10 | Because it is part of the way in which I have chosen to live my life. | 4.79 | 1.62 |
| 18 | Because this job is a part of my life. | 4.98 | 1.58 |
| Total Mean Score | | 4.97 | 1.15 |
| **Identified Regulation** | | | |
| 1 | Because this is the type of work I chose to do to attain a certain lifestyle. | 4.59 | 1.6 |
| 7 | Because I chose this type of work to attain my career goals. | 5.36 | 1.40 |
| 14 | Because it is the type of work I have chosen to attain certain important objectives. | 5.16 | 1.25 |
| Total Mean Score | | 5.04 | .925 |
| **Introjected Regulation** | | | |
| 6 | Because I want to succeed at this job, if not I would be very ashamed of myself. | 4.77 | 1.76 |

| | | | |
|---|---|---|---|
| 11 | Because I want to be very good at this work, otherwise I would be very disappointed. | 4.96 | 1.36 |
| 13 | Because I want to be a "winner" in life. | 4.55 | 1.68 |
| Total Mean Score | | 4.76 | 1.16 |
| **External Regulation** | | | |
| 2 | For the income it provides me. | 4.07 | 1.88 |
| 9 | Because it allows me to earn money. | 4.61 | 1.75 |
| 16 | Because this type of work provides me with security. | 4.87 | 1.49 |
| Total Mean Score | | 4.52 | 1.43 |
| **Amotivation** | | | |
| 3 | I ask myself this question, I don't seem to be able to manage the important tasks related to this work. | 3.27 | 1.79 |
| 12 | I don't know why; we are provided with unrealistic working conditions. | 3.06 | 1.58 |
| 17 | I don't know, too much is expected of us | 3.61 | 1.62 |
| Total Mean Score | | 3.31 | 1.20 |

**Work Motivation**

Table 6 presents the mean score and standard deviation per subscale of WEIMS which further describes the level of motivation among nurses in study. Work Self Determination Index (W-SDI) was also computed to describe the overall level of motivation in a single score. The W-SDI was calculated by multiplying the mean of each subscale by weights corresponding to the underlying level of self-determination (Tremblay, et. al, 2009). The index determined the consolidated amount of work motivation of the nurses in study.

Six subscales in this self-assessment tool were used to determine the level of motivation of nurses which consisted of statements targeting their work behaviors. Among these subscales, intrinsic motivation gathered the highest overall mean score of 5.52, SD= .974, followed by identified regulation (5.04, SD= .925), integrated regulation (4.97, SD= 1.15), introjected regulation (4.76, SD= 1.16), external regulation (4.52, SD= 1.43), and amotivation (3.31, SD= 1.20). The standard

deviation which ranges from .925 from Identified regulation to 1.43 from External regulation. This indicates small variation on the responses of nurses but compared to the dimension of work performance, here is slightly higher. Among the items in External regulation, motivation derived from income received the highest SD (1.88) which can be interpreted as higher variation in the nurses' opinion regarding pay as a source of motivation. Pleasure derived from learning new things under intrinsic motivation received the highest mean of 5.7 along with the lowest SD which further supported the notion that nurses get their highest motivation from inherent pleasure they experience from doing things they adore such as in the case of learning new things.

With nurses scoring highest in the intrinsic motivation subscale (5.52, SD= .974) basically means moderate level of motivation in performing work-related tasks because they are inherently interesting and satisfying. The positive score of W-SDI= 7.91 also indicates a self-determined profile or that they are motivated in general. According to Tremblay et. al, (2009) the author of this motivation tool that a positive score indicates a self-determined profile and a negative score indicates a non-self-determined profile. High levels of self-determination along with a positive work environment leads to satisfied employees (Tremblay et al., 2009). The range of possible scores on the W–SDI is between -36 to 36 for a 7-point Likert-type scale. (Tremblay et al., 2009). Meanwhile, amotivation received the lowest mean score (3.31, SD= 1.20) which further supported the study result of nurses' positive motivation in their expanded roles.

The mean and standard deviation were also computed to determine the extent of each of the following items which corresponds to the reasons why they are

presently involved in their work. The scale per statement ranges from 1 – Does not correspond at all to 7 – Correspond Exactly.

**Intrinsic Motivation**

The nurses were moderately motivated on learning new things because they derived much pleasure on it (5.7, SD= .916) received the highest mean score and indicated small variation from individual responses. This type of motivation derives inherent joy or satisfaction in performing certain activity and never for the corresponding consequence or effect (Ryan & Deci, 2000a). Intrinsic motivation is associated with improved job performance, satisfaction, and well-being. Also, performing challenging tasks and competence-promoting activities such as learning new skill or being responsible for a successful performance are very intrinsically motivating. This is also true when receiving positive feedback as opposed to hearing negative feedback (Kuvaas, et. al, Gagné & Deci, 2005, Ryan & Deci, 2000a). Having said these, it is best to ensure that autonomy, competence, and relatedness is also being fulfilled within the tasks (Ryan & Deci, 2000a) because the more autonomous the type of motivation is the more it will be beneficial (Nie et al., 2015, Ryan & Vansteenkiste, 2013).

In Magnet Program, there is a wide range of opportunities to get involved in challenging activities which can further support the requirements to achieve intrinsic motivation. Nurses are always being challenged professionally to perform above and beyond to consistently maintain the gold standard of nursing excellence (ANCC, 2020a). Also, nurses are required to provide qualitative and quantitative proof of exemplary practice through excellent patient outcomes (ANCC, 2020b). There is always a constant call for them to participate in decision-making activities and

leadership formation. There are different groups to join which conduct improvement projects and evidence-based practice initiatives to support the Magnet conceptual model. The platforms available in Shared Governance support transformational leadership through mentoring and succession planning which is one of the key components of Magnet model. Aside from these, the hospital in study is Centre for many advance scientific practices from robotic multi-organ surgeries, various pioneering treatments and therapies, and research which will always capture the curiosity of the nurses in general. Nurse research coordinators received high exposure with innovative research findings and various clinical trials which influenced their eagerness to learn new things. The same goes with the Specialty Program Coordinators who are expected to have strong knowledge foundation and up to date with new clinical practice guidelines published by reputable health organizations and academic journals implemented in their respective programs. Of course, clinical and patient educators will not be able to last long in their role if they do not hold genuine interest in acquiring new knowledge and skills which they share with other healthcare practitioners, patients, and their families. With these illustrations, management should be able to find balance in their methods in motivating staff because simultaneous implementation of extrinsic motivation to intrinsically motivated staff have a negative correlation (Kuvaas, 2017).

Not far off from the other two statements which received the lowest mean score with small variation in responses is the kind of motivation they had when they have been successful in performing difficult tasks (5.31, SD= 1.26). The lower mean score is associated with the task property itself because difficult tasks bringing enjoyment varies. Pleasure depends on the individuality of the person at work in synergy with their level of autonomy and competence, which are the primary focus of

the SDT sub-theory called Cognitive Evaluation Theory (CET). CET tackles the variability of intrinsic motivation, whether they may bring enhancement or not in relation to associative social or external factors (Ryan & Deci, 2020a). External events like rewards and feedback can also affect an individual's intrinsic motivation (Ryan & Deci, 2020a) wherein consistently, studies showed negative correlation between these two types of motivation (Kuvaas et al., 2017; Sicsic et al., 2012; Gagné & Deci, 2005; Ryan & Deci, 2000a).

However, challenging or difficult tasks can in fact be motivating but if its level of difficulty reached the point where it already affects their competence or in other case get hold of their freedom, then it can also lead to lower down their level of motivation. Like in the case of Telephonic Triage Nurses, they receive frustrated phone calls from patients and families in many occasions. It is true that they enjoy challenging calls which potentially can uplift their morale especially when they were able to assist the caller with their immediate need however, there are instances that callers can be completely conceited that even after giving the best responses there is no reciprocated respect and appreciation, then this situation may not add up to the person's motivation and confidence and may even lead to staff amotivation. As a proactive support, Hospital Transfer and Triage Nurses were trained on the steps in handling difficult callers.

Overall, these statements received the highest scores in WEIMS (5.52, SD=.974) hence, nurses were motivated when learning new things and being motivated as well when facing difficult and stimulating tasks. Job satisfaction has closer association with intrinsic or more autonomous type of motivation as compared to the external type (Blais, 1993). This is a finding which seemed to be coming up

quite consistently in a lot of studies but of course there are variations relevant to other factors and characteristics from the specific study cohort such as age, sex, education, culture, work experience, work climate and environment among others. According to Kuvaas et al. (2017) on a study investigating the association of extrinsic and intrinsic motivation to employee outcomes which yielded a similar claim from SDT (Ryan & Deci, 2000a) and other studies that there is a moderate negative correlation between the two types of motivation and that rewards can diminish the effects of intrinsic motivation.

**Integrated Regulation**

The Nurses were slightly motivated because they consider it to be a fundamental part of who they are (5.14, SD= 1.46) which received the highest mean score. In the sub-theory OIT, it postulated that the more a person internalizes an external factor the more that the corresponding extrinsic motivation will become self-determined (Ryan & Deci, 2000a). This equates to the person bridging the external factors to their own beliefs and values by performing self-examination. Then the type of motivation will become more autonomous hence the expected increase in motivation (Ryan & Deci, 2000a). If the Nurses were able to integrate external motivation to their own beliefs and claim that their current role has become a fundamental part of who they are, then more motivation could be expected from them.

Similarly, they were slightly motivated due to the conscious decision that their work is a part of the way in which they have chosen to live their lives. This has received the lowest mean score (4.79, SD= 1.62). The other two statements pertaining to one's integrated motivation was received better since it states full

assimilation rather than highlighting the need to decide in accepting the external factor which is clearly a conscious effort. This could have been the factor why the statement fared lower than the other two.

In general, this type of motivation received the third highest mean score (4.97, SD= 1.15) among the motivation sub-scales. This involves activities which are being performed not because of enjoyment but rather, the person has internalized and fully synthesized these external factors to personal values and goals. It is also considered to be more autonomous in nature in comparison to other types of extrinsic motivation (Ryan & Deci, 2000a) The more autonomous or internalized the activity, the more that it produces positive outcomes (Ryan & Vansteenkiste, 2013) such as the sense of higher well-being (Chircov et al., 2003) and better performance (Assor, et al., 2009). Integrated motivation shares a lot of characteristics with internal motivation but the difference remains to be that the latter does not rely on outcomes (Ryan & Deci, 2000a).

Overall, nurses were slightly motivated because their jobs and its corresponding tasks were deemed valuable not because of inherent joy or satisfaction they receive but by reaching the state of full integration, internalization and self-examination (Ryan & Vansteenkiste, 2013). Even though the benefits may be slightly lower as compared when having intrinsic motivation, nurses could still reap positive benefits as this is considered the most autonomous type among all extrinsic types of motivation. As such in the case of Nursing Quality, they may not have inherent interest with data gathering and data management and they may be keener in performing tasks which involve logic, process improvement, analyzations and utilizing problem-solving methodologies. However, since they know for a fact

that data gathering and maintaining database are required in their work process, then they can fully assimilate to this need in the long run and potentially be motivated in performing these tasks but not necessarily enjoy the process (Ryan & Vansteenkiste, 2013).

**Identified Regulation**

Nurses were moderately motivated because the job itself can help them attain their career goals (5.36, SD= 1.40) which ranked the highest among the motivational statements. Not far off from above, they were motivated because of the type of work they have chosen to attain certain objectives (5.16, SD= 1.25) which is somehow similar in context.

Although considered to be extrinsic type, identified regulation is also autonomous in nature next to integrated type (Ryan & Deci, 2000b) but certainly they are not being performed for enjoyment in contrast with the true intrinsic type (Ryan & Deci, 2019). This means that the person performs such activity while still exhibiting conscious decision and freedom as opposed to being compelled to comply by either reward or threat which is the introjected type. For example, a nurse moved to the expanded role in order to achieve his goal of moving up the career ladder but not necessarily that the person finds enjoyment in the role itself though he may consider it necessary. But along the process, since the person took ownership of his decision, then that person will still get motivated while looking after his desired goal or outcome. Correlating this with the nurse's high graduate study rate wherein 29% had a master's degree, four percent were APNs and seven percent had a PhD, then it can be expected that the nurses in cohort have definitive long-term goal of climbing up the ladder which in fact can also be a source of motivation.

What gathered a considerably lower score in comparison with the other two statements is when the Nurses were asked if their current job was the reason to attain a certain lifestyle which showed slight motivation with a mean score of 4.59 while SD= 1.6 showed higher variation in responses. This gaining the lowest score among the three could be attributed to the fact that the nursing profession is still a vocation or a personal calling to serve the sick and attend to their needs. Being in the nursing role while focusing on personal privileges as the reason in staying in this caring profession might still be a taboo to many hence the lower score. Aside from this virtue, Clinical and Patient Educators as backed by other studies (Gui et al., 2009) typically showed high levels of work motivation and satisfaction because they value their role in educating people and not necessarily for the material resources to make a living.

**Introjected Regulation**

The nurses were slightly motivated with the statements showing behaviors that were not fully internalized with type of motivation which is focused on avoidance of guilt and improvement of one's ego (Ryan & Vansteenkiste, 2013). Nurses in expanded roles responded that they wanted to be very good at their jobs because if not, they will be very disappointed (4.96, SD= 1.36) which indicates a slight or low-level motivation and has gained the highest mean score among introjected statements. This was followed by the eagerness to succeed at the job otherwise they would be ashamed of themselves (4.77, SD= 1.76) which is quite like the first statement. According to Ryan & Vansteenkiste (2013), when an individual acted to gain self or others' approval and to avoid negative feelings of anxiety, guilt, or shame then this is true to the facets of introjected regulation. Since this type of motivation is

closer to the external regulation in the continuum, its impact to the individuals are similar and more related as compared to the other types hence lower level of motivation can be expected. During the development of the BIWM (Blais, 1993), introjected regulation along with extremal regulation were associated with negative outcomes such as emotional exhaustion, physical, and mental problems.

The motivational statement which speaks about being a “winner in life” has gained the lowest mean score among the three (4.55, SD= 1.68). Between the introjected statements, this one illustrates the person’s need to satisfy one’s ego or pride. It has a focus on maintaining one’s self-worth. While this is internalized, the actions made to establish how other people will see them produces the feeling of being controlled (Ryan & Deci, 2000a).

Overall, as nurses placed this type of motivation in the lower end of the motivational continuum (4.76, SD= 1.16) which is significantly similar to the “hierarchy” of the SDT in terms of autonomy and how factors are internalized. This in return signifies a good level of motivation as they act more autonomously and that they are not performing actions in their role just to avoid feelings of guilt, shame or to protect their ego. A concrete source of stress among Specialty Program Coordinators and Nursing Quality is when staff and hospital performance do not achieve excellent levels such as when compliance or target values in the KPIs and other pertinent performance measures are not achieved per expectation. Since this type of motivation did not score among the highest then it can be inferred that they implement their specialty programs and quality process along with its comprehensive and complex details not merely to avoid guilt and shame especially during reporting to the management. Lackluster quality compliance scores reflect poor program

management but since Introjected regulation scored low, then it showed that these nurses work for better reasons such as being patient advocates among others rather mere avoidance of guilt and shame or sustaining one's ego.

**External Regulation**

Nurses were slightly motivated due to the security it provides (4.87, SD= 1.49) which gained the highest mean score and the lowest SD which pertains to the response's degree of variation. In comparison to the other two statements, this did not specify the word "money" or "income" and just simply used the term "security" which can mean many other things aside from financial aspect.

They were undecided if the motivation came from the income their work provides (4.07, SD=1.88) which also gained the lowest mean score and the highest SD among the three statements. This means that there is no strong consensus among the nurses in study whether the desire for them to perform well in their role is caused by their desire to earn money or the amount of money they received from working.

External motivation is typically being compared to its intrinsic counterpart in several studies which is a type of motivation achieved through satisfying demands or by receiving external rewards (Ryan & Deci, 2000b). The author of a motivation scale by which WEIMS was patterned (Blais et al., 1993) described the negative effects brought by external type of motivation such as emotional exhaustion, physical and mental problems. This study result from Blais was supported by study inferences from (Gagne & Deci, 2005) who reported that use of extrinsic motivation causes negative effects to the individual's intrinsic or more autonomous type of motivation. This is also consistent with the study performed among French Physicians which

resulted pay as an external motivator to contribute negative effects on individual's motivation (Sicsic et al., 2012). There are several studies which concluded that there is a negative correlation between intrinsic and extrinsic type of motivation wherein intrinsic motivation were consistently associated with good outcomes and were consistently associated with negative outcomes (Kuvaas et al., 2017). Nursing in general is a considered a calling or a vocation to help the sick and it remained the same with the group of nurses in study. Pay, promotion and other external motivators including threats certainly play a role in motivating staff at a certain level however, oorganizations should be careful with implementing extrinsic motivators to improve staff satisfaction as it can impose a negative effect to intrinsic motivation (Gagné & Deci, 2005; Ryan & Deci, 2000a).

Taking its effect on Case Managers for example who exhaust efforts in order to provide a timely, efficient and cost-effective care coordination to their patient along its entire care continuum, from admission to discharge and even beyond that timeline. Certainly, their deep desire to help and assist their patient and families in all aspects of care would supersede their personal intention to earn a living. Besides, this is not something exclusive to the highlighted role, but it also applies to all the other nursing roles included in the study. Moreover, external regulation received the highest SD in this dimension which means that nurses in study have varying behaviors, opinion and personal orientation about external demands, regulation, and rewards including pay and income. That some nurses regard it with more value in relation to their motivation in performing their job as compared to others and vice versa.

**Amotivation**

Nurses were undecided whether the source of their amotivation was due to excessively high expectation from them (3.61, SD= 1.62) which received the highest mean score followed by slight amotivation due to inability to manage the important task related to work (3.27, SD= 1.79). It is quite important for the management to understand that an employee's inability to cope with tasks is a precursor to stress and staff burnout which can lead to amotivation. This cluster of statements pertaining to staff amotivation received higher SD which denotes higher variation in the nurses' opinion in comparison to other dimensions being measured.

Furthermore, according to Deci & Ryan (1985), receiving negative feedback and other negative external factors can decrease the person's competence which affects their motivation and in turn leads to a person's amotivation or lack of self-determination. Comprehensive orientation program, competency trainings, mentoring, and regular goal setting with the managers to establish clearer expectations responsibilities among the nurses in this study. Moreover, managers should be consistent in providing their staff opportunities to grow, hear their opinion in decision-making activities and support them in their search for future role (Olafsen et al., 2018; Joseph & Bogue, 2018; Kanter, 1997). Managers should make it a point that they are encouraging staff and not dispiriting them over the things they wanted to achieve within the unit as support and reassurance improves their motivation (Olafsen et al., 2018; Joseph & Bogue, 2018). These were all mandated in the principles of mentoring and transformational leadership which are pertinent to every organization aiming for higher level of magnetism and improved staff involvement and motivation.

Amotivation can also be affected by one's personal or trait-like orientation

aside from the work context and social environment (Gagné & Deci, 2005) and is often associated with both emotional and physical symptoms (Gandi et al., 2011). In response to this, hospital management offers free consultation about stress and burnout by the Occupational Health Clinic which they immensely promoted during pandemic. They also provided recreational activities and a free membership to a well-maintained gym facility inside the hospital with free access to professional fitness instructors and exercise programs to help combat stress, burnout and their ensuing state of amotivation but limitations during pandemic were implemented due to the need for social distancing. Overall, mental, and physical health initiatives for all the staff in the hospital had been particularly helpful during the time of pandemic when staff were more prone to physical fatigue, burnout, and exhaustion.

Nurses have slight amotivation with the statement speaking of unrealistic working conditions in the workplace (3.06, SD= 1.58) which apparently received the lowest mean score with high SD denoting high variation in their opinion. The low score can be associated with the hospital's provision of safe and conducive work setting which is one of the main characteristics of being a Magnet hospital (ANCC, 2020a, Lofmark, et al., 2006). Also, amotivation can vary from individual character or trait like-orientation such as others can be more forgiving for the negative things in their work environment while others may be more critical about them. Hence, to consider work environment as not conducive may involve variable opinions (Gagné & Deci, 2005) as noted in the high SD of 1.58. According to Herzberg's Two Factor theory (Herzberg, 1968) organizational environment characteristics determine staff satisfaction in general hence every management should be aware of the importance of providing good working condition which can be interpreted as provision of clean, safe, and spacious workstations, proper room temperature and lighting, great

working relationship with manager and co-employees, assigning of right amount of task, fair working schedules and salaries among others.

In general, nurses were slightly unmotivated to the behavioural statements pertaining the lack of willingness or power to act due to reasons such as lack of self-control or incompetence. This gathered an overall mean score of 3.31, SD=1.20 which is the lowest among the subscales. With the subscale receiving the lowest mean scores among the six components of work motivation only proves that nurses in study are highly motivated at work and their type of motivation is more autonomous and internalized type gearing towards intrinsic side of the motivation scale. Nurses involved in these expanded roles have exerted varying level of work in terms of upgrading their education, skills, continuing study and completing various trainings and specialty certifications. There is various level of specialization required in order to qualify and excel in the chosen role which cannot be accomplished without personal motivation and commitment. In fact, nurses particularly the CNCs were keen to continue their specialization up until the level of Nurse Practitioners (NP). However, a national policy hinders them from achieving this professional career progression as it requires a minimum 2-year clinical experience performing the same role post-graduation from any other country except from their current setting. This seemed to work against the CNCs and other interested nurses in general which is identified as a potential threat for amotivation for these individuals.

**Table 7**

*Frequency Distribution Analysis of Nurses' in IWS*

| Items | SA (%) | A (%) | MA (%) | U (%) | MD (%) | D (%) | SD (%) | Mean |
|---|---|---|---|---|---|---|---|---|
| **PAY** | | | | | | | | |
| 1. My present salary is satisfactory | 14.0 | 24.0 | 32.0 | 4.0 | 4.0 | 12.0 | 10.0 | 4.64 |
| 8. It is my impression that . . . a lot of nurses are dissatisfied with pay | 9.0 | 21.0 | 22.0 | 20.0 | 17.0 | 7.0 | 4.0 | 3.52 |
| 14. Considering what is expected, the pay is reasonable | 10.0 | 21.0 | 20.0 | 19.0 | 9.0 | 16.0 | 5.0 | 4.36 |
| 21. The present rate of increase in pay is not satisfactory | 20.0 | 12.0 | 18.0 | 28.0 | 10.0 | 7.0 | 5.0 | 3.37 |
| 32. From what I hear, we at this hospital are being fairly paid | 11.0 | 10.0 | 31.0 | 29.0 | 6.0 | 11.0 | 2.0 | 4.50 |
| 44. An upgrading of pay schedules is needed at this hospital | 30.0 | 18.0 | 26.0 | 24.0 | 2.0 | 0 | 0 | 2.40 |
| Component Mean Score | | | | | 3.80 | | | |
| **AUTONOMY** | | | | | | | | |
| 7. I feel that I am supervised more closely | 6.0 | 15.0 | 15.0 | 20.0 | 19.0 | 15.0 | 10.0 | 4.16 |
| 13. I feel I have sufficient input into care of patients | 10.0 | 27.0 | 27.0 | 31.0 | 4.0 | 0 | 1.0 | 6.04 |
| 17. I have too much responsibility and not enough authority. | 7.0 | 13.0 | 16.0 | 34.0 | 15.0 | 8.0 | 7.0 | 3.89 |
| 20. On my service, my supervisors make decisions | 4.0 | 6.0 | 16.0 | 12.0 | 25.0 | 25.0 | 12.0 | 5.19 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 26. A great deal of independence is permitted | 6.0 | 25.0 | 42.0 | 15.0 | 4.0 | 5.0 | 3..0 | 5.95 |
| 30. I am sometimes frustrated-my activities seem programmed | 0 | 1.0 | 25.0 | 28.0 | 21.0 | 12.0 | 13.0 | 3.97 |
| 31. I am sometimes required to do things against my judgement | 1.0 | 13.0 | 21.0 | 7.0 | 23.0 | 20.0 | 15.0 | 4.58 |
| 43. I have the freedom to make decisions as I see fit | 5.0 | 20.0 | 45.0 | 11.0 | 10.0 | 6.0 | 3.0 | 2.69 |
| Component Mean Score | | | | | 4.56 | | | |
| **TASK REQUIREMENTS** | | | | | | | | |
| 4. There is too much paperwork required | 17.0 | 26.0 | 29.0 | 16.0 | 7.0 | 2.0 | 3.0 | 2.88 |
| 15. I think I could do a better job if I didn't have so much to do | 10.0 | 19.0 | 29.0 | 15.0 | 11.0 | 8.0 | 8.0 | 3.54 |
| 22. I am satisfied with activities I do | 13.0 | 22.0 | 46.0 | 15.0 | 2.0 | 2.0 | 0 | 5.23 |
| 24. I have plenty of time to discuss patient care | 5.0 | 11.0 | 25.0 | 30.0 | 23.0 | 5.0 | 1.0 | 4.26 |
| 29. I have sufficient time for direct patient care | 52.0 | 8.0 | 12.0 | 11.0 | 14.0 | 2.0 | 1.0 | 5.63 |
| 36. I could deliver better care if I had more time | 6.0 | 13.0 | 28.0 | 42.0 | 9.0 | 1.0 | 1.0 | 3.42 |
| Component Mean Score | | | | | 4.16 | | | |
| **ORGANIZATIONAL POLICIES** | | | | | | | | |
| 5. The nursing staff has sufficient control over scheduling | 3.0 | 16.0 | 22.0 | 42.0 | 4.0 | 3.0 | 10.0 | 4.23 |
| 12. There is a great gap between | 9.0 | 24.0 | 21.0 | 23.0 | 16.0 | 4.0 | 3.0 | 3.37 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| administration and daily problems | | | | | | | | |
| 18. There are not enough opportunities for advancement | 8.0 | 22.0 | 19.0 | 15.0 | 17.0 | 14.0 | 5.0 | 3.73 |
| 25. There is opportunity for participation in decision-making | 4.0 | 18.0 | 29.0 | 16.0 | 13.0 | 10.0 | 10.0 | 4.41 |
| 33. Administrative decisions interfere with care | 9.0 | 14.0 | 18.0 | 18.0 | 29.0 | 10.0 | 2.0 | 3.82 |
| 40. I have all the voice in planning I want | 7.0 | 19.0 | 22.0 | 26.0 | 20.0 | 4.0 | 2.0 | 4.47 |
| 42. The nursing administrators consult with staff | 0 | 13.0 | 30.0 | 19.0 | 17.0 | 13.0 | 8.0 | 3.81 |
| Component Mean Score | | | | | 3.94 | | | |
| **PROFESSIONAL STATU** | | | | | | | | |
| 2. Nursing is not recognized as being an important profession | 9.0 | 19.0 | 30.0 | 9.0 | 10.0 | 13.0 | 10.0 | 3.71 |
| 9. Most people appreciate the importance of nursing care | 14.0 | 20.0 | 38.0 | 19.0 | 2.0 | 6.0 | 1.0 | 5.03 |
| 11. There is no doubt in my mind that what I do is important | 31.0 | 31.0 | 23.0 | 4.0 | 6.0 | 5.0 | 0 | 5.62 |
| 27. What I do on my job doesn't add up to anything significant | 0 | 5.0 | 9.0 | 14.0 | 29.0 | 25.0 | 18.0 | 5.14 |
| 34. It makes me proud to talk to other people about what I do on my job | 21.0 | 30.0 | 31.0 | 15.0 | 2.0 | 0 | 1.0 | 5.49 |
| 38. If I had the | 28.0 | 26.0 | 27.0 | 12.0 | 4.0 | 2.0 | 1.0 | 3.96 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| decision to make again, I would still go into nursing | | | | | | | | |
| 41. My job really doesn't require much skill | 1.0 | 2.0 | 9.0 | 4.0 | 16.0 | 30.0 | 38.0 | 5.74 |
| Component Mean Score | | | | | 4.96 | | | |
| **INTERACTION: NURSE-NURSE** | | | | | | | | |
| 3. The nursing personnel on my service help one another | 17.0 | 40.0 | 17.0 | 26.0 | 0 | 0 | 0 | 5.48 |
| 10. It is hard for new nurses to feel 'at home' | 5.0 | 8.0 | 10.0 | 14.0 | 33.0 | 15.0 | 15.0 | 4.07 |
| 16. There is a good deal of teamwork between levels of nursing personnel | 10.0 | 28.0 | 37.0 | 21.0 | 3.0 | 1.0 | 0 | 5.18 |
| 23. The nursing personnel are not as friendly as I would like | 2.0 | 4.0 | 11.0 | 9.0 | 41.0 | 21.0 | 12.0 | 4.94 |
| 28. There is a lot of 'rank consciousness' | 1.0 | 7.0 | 12.0 | 21.0 | 34.0 | 14.0 | 11.0 | 4.66 |
| **INTERACTION: NURSE-PHYSI IAN** | | | | | | | | |
| 6. Physicians in general cooperate with the nursing staff on my unit | 9.0 | 34.0 | 31.0 | 9.0 | 6.0 | 5.0 | 6.0 | 4.92 |
| 19. There is a lot of teamwork between nurses/doctors on my unit | 8.0 | 26.0 | 36.0 | 18.0 | 11.0 | 0 | 1.0 | 4.98 |
| 35. I wish physicians would show more respect for nursing staff | 21.0 | 15.0 | 24.0 | 21.0 | 7.0 | 8.0 | 4.0 | 3.18 |
| 37. Physicians understand what the nursing staff | 10.0 | 12.0 | 35.0 | 18.0 | 13.0 | 9.0 | 3.0 | 5.49 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| does | | | | | | | | |
| 39. The physicians look down too much on the nursing staff | 7.0 | 6.0 | 7.0 | 31.0 | 29.0 | 16.0 | 4.0 | 4.33 |
| Interaction: Component Mean Score | | | | | 4.72 | | | |

**Work Satisfaction**

The table above shows the frequency distribution analysis of the nurses' viewpoint in terms of the actual responses per statements asked in the IWS. The 7-point Likert scale corresponds to the degree of agreement to the statements. Wherein SA = Strongly Agree, A = Agree, MA- Moderately Agree, U = undecided, MD = Moderately Disagree, D = Disagree, and SD= Strongly Disagree and where scoring reversal to the negative statements does not apply (Stamps, 2012).

For easier interpretation of data, the 7-point Likert scale will be summed up to whether the nurses agreed, disagreed, or were undecided about the statement. Then the level of agreement or disagreement will be mentioned accordingly throughout the analysis and interpretation.

Below table presents the IWS calculation which measures employee satisfaction.

**Table 8**

*IWS Calculation*

| Component | Component Weighing Coefficient (Part A) | Component Scale Score | Component Mean Score | Component Adjusted Score |
|---|---|---|---|---|
| Pay | 3.408 | 22.78 | 3.80 | 12.950 |
| Autonomy | 3.37 | 36.47 | 4.56 | 15.367 |
| Task Requirements | 2.829 | 24.96 | 4.16 | 11.769 |
| Organizational Policies | 2.694 | 27.57 | 3.94 | 10.614 |
| Professional Status | 3.117 | 34.69 | 4.96 | 15.460 |
| Interaction | 3.178 | 47.23 | 4.72 | 15.000 |
| **Total Scale Score** | | **Mean Scale Score** | **Index of Work Satisfaction** | |
| **193.7** | | **4.36** | **13.53** | |

Table 8 shows the components' corresponding scale and mean score, its weighing coefficient, and adjusted score. The total scale score provides an estimate of overall levels of satisfaction while the mean scale score represents the average satisfaction score in Likert scale form. The IWS is an overall summary of level of satisfaction, which includes an estimate of how important each of the components are to the nurses. Note that the positively worded items were reversely scored as instructed in the IWS Score Manual (Stamps, 2012).

A high score indicates a high satisfaction level. The total scale score (193.7) belongs to 3rd quartile (reference range: 44-308) which indicates a high level of satisfaction (below 75% of the maximum score). This is further supported by the mean scale score (4.36) which indicates the nurses have a moderately high level of satisfaction from the scale of 1-7 where 7 represents very high level of satisfaction.

The Index of Work Satisfaction (13.53) shows slightly satisfied nurses as it belonged to the 2nd quartile (below 50% but higher than 25% of the maximum score). The index accounted the importance of all the components from Parts A & B. The nurses' IWS revealed a slightly satisfied level however according to Stamps (2012), although using the weighted summary scores such as the IWS can be valuable, most of the score points from the studies which used IWS tool produced low level of satisfaction of 12 out of a maximum possible score of 37 which is clearly at the lower

end of the second quartile. When associated to the average of all IWS studies (Stamps, 2012), this research resulted to a slightly higher satisfaction rate which is a good indicator of better staff satisfaction. Although IWS generated a slight level of satisfaction, it cannot therefore entirely represent the overall satisfaction level of the nurses due to inherent technical weakness of the tool which leans toward low index. To cite a basis of interpretation that nurses in expanded roles have in fact high satisfaction rates as opposed to its slight level IWS are the high total scale score of 193.7 which belongs to 3rd percentile and the mean scale score of 4.36 denoting moderate level of satisfaction.

**Table 9**

*Frequency Matrix of IWS Part- A (n=100)*

| | | **MOST IMPORTANT** | | | | | |
|---|---|---|---|---|---|---|---|
| | | Pay | Autonomy | Task Requirements | Organizational Policies | Professional Status | Interaction |
| **LEAST IMPORTANT** | Pay | | 55 | 45 | 23 | 30 | 39 |
| | Autonomy | 45 | | 28 | 34 | 42 | 49 |
| | Task Requirements | 55 | 72 | | 46 | 61 | 68 |
| | Organizational Policies | 77 | 66 | 54 | | 63 | 68 |
| | Professional Status | 70 | 58 | 39 | 37 | | 42 |
| | Interaction | 61 | 51 | 32 | 32 | 58 | |

Table 9 presents the measure of how important each of the six components when equated against each other using the paired comparison method. Overall, autonomy received the highest importance followed by pay. When autonomy was compared to all other components it was chosen by the respondents as more important while pay was favored by the nurses against all the components except for

autonomy (45% vs. 55%).

When task requirement was compared to other components such as autonomy, pay, professional status, and interaction, all these were regarded as more important with autonomy gathering the highest preference at (28% vs. 72%). Organizational policies as a component was the least preferred component because it was never considered more important in comparison to other components with pay receiving the highest preference rate at (23% vs. 77%). Professional status was favored as more important to four other components except for pay and autonomy with pay receiving the higher preference at (30% vs. 70%) while interaction fared better to three other components except for pay, autonomy, and professional status with pay receiving the highest preference rate at (39% vs. 61%).

According to ANCC (2020a), Magnet-recognized hospitals have recruited and successfully retained more nursing professionals compared to their non-Magnet counterparts. The average staff turnover rate of 9.9% for Magnet hospitals against the national average which ranged from 8.8% to 37% depending on the state (Gandi et al., 2011). Then not to mention their average length of employment is at 9.8 years while the average nurse vacancy is at 2.4% (ANCC, 2020a) and in fact, the actual staff turnover rate of the hospital in study is even below the Magnet average which further indicates better employee satisfaction when pitted against the established gold standard.

In a study conducted to 26,276 nurses in 567 acute care hospitals to determine the work environments and nurse outcomes of Magnet and non-Magnet hospitals, the study showed that nurses in Magnet hospitals were 18% less likely to be dissatisfied with their jobs and 13% less likely to report burnout, which overall reports higher job satisfaction for Magnet nurses (Kelly et al., 2011). This significant

difference can be associated to the hospital's implementation of Magnet process which targets not only to improve the quality of care but the provision of better work environment for nurses (ANCC, 2020a, Gandi et al., 2011) which in fact considered a good indicator of nursing outcomes and job satisfaction (Lake & Friese, 2006; Kelly, et al., 2011).

Implementing improvement strategies in work environment leads to better staff satisfaction which consisted of both intrinsic and extrinsic rewards which positively impacts overall job performance (ANCC, 2020a; Gagné & Deci, 2005; Porter & Lawler, 1968,). In case of Hospital Transfer and Triage Nurses, they work in a high-rise business building situated in a financial district which is a 10-minute walk from the hospital campus. Although opinions may vary regarding this work set-up, as others may perceive that working in a business building equipped with usual office services, working in a clean, bright, amply spaced workstation which has panoramic view of the cityscapes is conducive and befitting. However, others may argue that it is still best for these nurses to work within the physical vicinity of the hospital as this may give them the atmosphere of working as a nurse and that they are an integral part of the nursing team. With various factors to consider such as practicality, logistics, technology and actual office set-up, these superseded other factors especially that the hospital's Call Center is situated in the same floor of the same business building they are in. In the future, moving these nurses to the main hospital campus is still worth to consider with the intention of limiting sense of isolation from the rest of the clinical nursing staff. With this move, they can also establish better rapport and interactions with fellow nurses, physicians and other employees as well as easy access to some of the hospital facilities like shared gym, occupational health clinic, salon, specialty stores and restaurants. However, since they are currently

located in a work environment complete with high-end amenities and convenience, although isolated from the rest of the nursing team, their current work set-up could also contribute positively to their level of work satisfaction.

**Pay**

This subscale was measured with six motivational statements about pay with component mean score of 3.80 which denotes a neutral point-of-view in terms of satisfaction. Nurses stating that they have a satisfactory pay received the highest mean of 4.64 which is consisted of 70% agreeing to the statement (SA- 14, A- 24, MA- 32) and is interpreted at slight level of dissatisfaction. However, despite this consensus, 52% of them believed that other nurses were dissatisfied with their pay with mean score of 3.52 (SA- 9, A- 21, MA-22). It is also worth to mention that in general, increase in pay is not satisfactory with a mean score of 3.37 (SA-20, A- 12, MA- 18) which is interpreted as slight level of dissatisfaction. A need for upgrading pay schedules received the lowest mean of 2.40 interpreted as does not correspond at all. Overall, this is one of the factors of work satisfaction in which management can take a closer look and is an area for general improvement and variation reduction as discussed below.

According to Stamps (1997), pay is a concept which is straightforward and easy to measure hence it usually yields stronger results in terms of item validity. It is also one of the most important methods of recognition which is obviously important to the employee's level of satisfaction. Pay is considered as one of the most important satisfiers among employees however, it is not always the case (Stamps, 1997; Sicsic et al., 2012) which corresponds to the results of this study. In Part A (Mean= 3.408), it ranked first in two-subscale comparison however, it completely

took the rear end in Part B (Mean= 3.80) which indicated Pay as the least cause of staff satisfaction. With the component adjusted score of 12.950, it ranked 4th which means that salary is not the best type of satisfier as opposed to several studies (Karanikola & Papathanassoglou, 2015) wherein Pay was regarded as the most valued component of job satisfaction. Stamps (1997) recommended that for pay to be an effective tool in satisfying employees, it should be given in partnership with other types of recognition such as promotion among other motivators. Pay being a true extrinsic motivator should be used judiciously along with other types of motivators as it tends to weaken the effect of intrinsic motivation (Gagne & Deci, 2005).

Regarding pay structure, the hospital follows a standardized process through a salary grading system which determines individual wages and benefits according to role, qualifications, previous salary, and experience among other undisclosed factors guarded by business confidentiality. When nurses in study were asked whether they have an impression that the nurses in the hospital are dissatisfied with their pay, it gathered a mean score of 3.52 which is interpreted as slight dissatisfaction. The reason for this minor dissatisfaction may be associated with the variables in salary offer and benefits. The organization follows a standardized salary grading system but it changes every period and therefore, it showed a perceivable difference in total value between batches of new joiners. In other words, salary may differ according to the year that the employee has joined and this is observed within the same job position which certainly incurs a risk for employee dissatisfaction. At any rate, management is aware of this and is trying to close the gap between perceived salary differences by providing periodic salary increments to everyone but in particular to the employees in the lower bracket of the same salary scale.

**Autonomy**

This subscale was measured using eight motivational statements about autonomy with a component mean score of 4.56 which means slight satisfaction. Nurses were moderately satisfied when they feel that they have sufficient input into care of patients which received a mean score of 6.04 which is closely followed by great deal of independence being permitted with a mean score of 5.95. On the other hand, having freedom to make decisions as they see fit received the lowest mean score of 2.69 but despite of this, 70% of them agreed that they have such freedom (SA- 5, A-20%, MA-45%) however, it did not cause them satisfaction as expected. In conclusion, negative statements such as their supervisors making the decisions for them and that sometimes they were being required to do things against their judgment both accrued disagreement at 62% and 58% respectively.

According to Gagne & Deci, (2005), feelings of competence and autonomy are quite vital in building intrinsic type of motivation and that this kind of motivation contributes to better job satisfaction. Hence, it is very important that nurses feel that they have control over their jobs and that they were given enough freedom to decide on their own. By following Magnet process (Kelly et al., 2011) and implementing the principles of Shared Governance (Coile, 2001; Bogaert et al., 2018), nurses became more engaged in planning of care and in drafting strategies to improve patient outcomes. This type of autonomy is supported further with transparency in governance and policy structure which makes nurses independent in practice but remain accountable in their actions at the same time. It is very important that nurses get involved in planning and implementation of patient care by conducting and participating in multi-disciplinary meetings (MDT) and other platforms such as council meetings and performance improvement efforts to make them feel that their voices

matter at workplace. Nurses in expanded roles were given the same opportunity as with the bedside nurses in joining unit councils and other team activities as mandated by the Shared Governance. Hence, they can voice out strategies in improving their workflows and processes in the mission of improving care delivery and patient outcomes. This shared platform promotes autonomy, competence and relatedness which are necessary in achieving wellness and motivation among the staff (Ryan & Deci, 2008; Ryan & Deci, 2000b).

As previously discussed, job burnout is deemed higher for people who have less participation in decision-making (Maslach et al., 2001). Since nurses scored neutral in this subscale while freedom to decide received the lowest mean score which denotes some level of dissatisfaction, these outcomes indicated the need for improvement in the provision of independence in practice among nurses. Nurses should be free to act in a well-supported work environment in order to stay satisfied and motivated as more autonomous forms of motivation seemed to be more beneficial to staff's well-being (Ahlstedt et al., 2019; Othman & Nasurdin, 2019; Nie et al., 2015). Nursing leadership and the model of nursing practice should work hand-on-had to improve nurses' perception of autonomy. Nurse managers should also know the importance of knowing staff's job characteristics, skill level and competence to provide the right amount of autonomy which will keep their staff highly satisfied (Jiang et al., 2020).

In case of Hospital Transfer and Telephonic Triage Nurses, all their calls are being recorded for audit and legal purposes. This is quite reasonable and is required for their safety and service improvement. However, over time, with this consistent perception that their line is being recorded and that they can be checked and

reviewed for lapses, this may impose a risk on their autonomy in practice. As with the CNCs, they are limited with regulations on prescribing medications and other physician-related clinical privileges. Although in the long run, they may become experts in their specialty field such as in Neurology, Nephrology, General Surgery, Heart and Vascular among others, their autonomy will still be limited by internal and external policies including government mandate of practice which can lead to dissatisfaction. In this scenario, although they work very closely with Physicians prudently assisting them in admission, daily rounds and patient discharges, their roles must be well-defined with limitations in practice made clear from all parties involved including the management, CNCs and Physicians to avoid potential role confusion and role overlap. It is also worth highlighting that the Nurse Research Coordinators function not as researchers as their role focus more on research coordination and supervision of the process standards in all clinical research being performed in the hospital. Nurses in this role are quite mindful of this scope which is quite important in the concept of autonomy and competence where roles are clear and well-defined.

**Task Requirements**

This subscale was measured using six motivational statements about task requirements which gathered a component mean score of 4.16 or neutral satisfaction. Nurses were satisfied when they have sufficient time for patient care which received the highest mean score of 5.63 or 72% (SA-52, A- 8, MA- 12). However, 72% of them were displeased because of too much paperwork which gained a mean score of 2.88 which means slight dissatisfaction.

Nurses showing neutral satisfaction in task requirement component can be

attributed to paper works (electronic record) which is regarded as tedious since it takes up a lot of time and energy to complete. Although they feel that they have enough time to perform tasks for their patients or the organization but concurrently, with the amount of desk jobs faced by the nurses, it is quite possible that they experience data fatigue which is a common risk when organizations put effort to tract their performance. Fatigue certainly plays a role in ensuring safety at work and their patients which should always be monitored by the management (Sagherian, et al., 2016). For the managers, it is important that they have a full grasp of employees' job characteristics which helps improve their work satisfaction (Jiang et. al., 2020). This can be especially useful in appropriate task delegation, balanced workload, troubleshooting of identified issues and fair or objective review of staff performance among others. Staffing and work schedule can also be a problem which are not discretely covered by the survey statements in the IWS. According to a study, improving nurse staffing and care environments are great predictors of not just staff satisfaction but of patient outcomes.

Moreover, Magnet and those implementing Magnet components in their practice showed significant improvements in the caregivers' work environment (Aiken et al., 2008). In another study conducted to 3,689 nurses in 146 hospitals regarding safety climate at work, nurses in Magnet Hospitals were found out to be more likely to communicate about errors and participate in error-related problem-solving tasks which promotes patient safety (Hughes, et al., 2009). Employee burnout (Pecino et al., 2019) which is hugely related to the amount of workload and rotating shifts (Karanikola & Papathanassoglou, 2015) usually leads to dissatisfaction which brings negative effects to employees and the organization. Nurses in study share varying work schedules but among these roles, only Hospital

Transfer and Triage Nurses are required to work in Day and Night shifts in order to cover the service for 24 hours and during weekends. For the rest of the roles, they work in a regular schedule of 8.5hrs per day with minor variation with Case Managers as they need to cover weekends for new and pending works encompassing all hospital floors as opposed to their usual and daily practice which is limited in one specialty unit only which at some point can post a risk for exhaustion. However, they avoid this risk by rotating the personnel for the required weekend coverage. Case Manager's weekend role may include attending to urgent case coordination and tasks such as organizing home country repatriations which they share responsibility with the Hospital Transfer Nurses.

Regarding the dissatisfaction about "too much paperwork" garnering a mean score of 2.88 and interpreted as slight dissatisfaction, the researcher reckons that this task is quite inevitable in most of these roles as documentation, data management and clinical documentation audit is pertinent to specific roles such in the case of the Nursing Quality, Specialty Program Coordinators, and the Nurse Research Coordinators. When associated with the Magnet process, empirical outcome is one of the five key elements to ensure excellence in practice which denotes the importance of tracking data and implementation of evidence-based practice in the service delivery hence more comprehensive documentation is required or expected in the process. Then with the roles of CNC, Case Managers, Transfer and Triage Nurses and Patient Educators and when mentoring newly joined staff for the Clinical Educators, since they have direct patient interactions in varying levels, they are required to document all pertinent details of their patient encounter. At any rate, management must ensure to avoid data fatigue and overly complicated and unnecessary segmentation of the electronic medical records along with other

documentation platforms to avoid staff dissatisfaction.

**Organizational Policies**

This subscale was measured using seven motivational statements about organizational policies which gained a component mean score of 3.94 interpreted as neutral opinion. Nurses perceiving that they have enough opportunity in decision-making gained the highest mean score of 4.41 while gap between administration and daily problems received the lowest mean score of 3.37. This subscale can be generally stated that it is skewed to neutral because both positive and negative statements received varying level of agreement from nurses. 54% of them agreed that there is a great gap between administration and daily problems (SA-9, A- 24, MA- 21) and 49% of them admitted that there were no enough opportunities for advancement (SA-8, A- 22, MA- 19). However, for the positive statements such as the opportunity for participation in decision-making and having the voice in planning both received favorable level of agreement at 51% and 48% respectively. Also, even if there is a gap between the administrators and the daily problems as mentioned above, 43% (A- 13, MA- 30) of them agreed that the nursing administrators do consult with the staff.

Based on the study about the impact of Magnet attributes to the nurses' job satisfaction in Europe (Chen & Johantgen, 2010), organizational or personnel policies is the strongest predictor of employee satisfaction. The same study concluded that the Magnet attributes which are present even to the non-Magnet hospitals in the study were highly associated with better job satisfaction. The Mancini study which features shared governance also showed high staff satisfaction related to organizational polices (Stamp, 1998). However, in this study, the result is quite

the opposite. Organizational policies based on the IWS placed 5th rank in Part A and last in Part B and ended to be the last in the component adjusted score (Parts A & B) with a score= 10.614. This means that among the six components of employee satisfaction as proposed by Stamps (1997), organizational policies received the lower preference by the nurses as compared to other components in terms of being a source of staff satisfaction. Although this may indicate a need for lesser focus on organizational policies, this should still be consistently monitored and improved to retain high level of staff satisfaction as shown on the total score of 193.7, overall mean score of 4.36 and the IWS.

Aside from Magnet attributes which bind all the interventions in improving staff satisfaction, Shared Governance model also played a major role in this dimension. The latter provides a platform for hearing the opinion of the staff as it opens an opportunity for them to be involved in decision-making activities. It is also important that the managers and C-suite consult with the staff (Joseph & Bogue, 2018) to achieve organizational goals and excellence in practice as it leads to better compliance and collaboration. Among these roles, Nursing Quality seemed to have the highest exposure and closest interactions with higher administration as they consistently report current performance of the hospital-wide compliance and quality measures. Another expanded role which has this unique responsibility is the Specialty Program Coordinators who connect with the management concerning various matters, issues and requirements about the specialty program. In any case, this dimension can benefit from enhanced administrative-to-staff interactions including flexibility in work schedules, opportunities for advancement, better involvement in decision-making and improved administrative support and presence among others. Also, since at present, there is a limitation in terms of career

advancement for these expanded roles, the administration should also consider staff crossover to managerial positions meriting qualified staff who are best fit for the role e.*g.,* Operation or Unit Managers and Service Directors in order to avoid staff dissatisfaction which stunts the growth potential of deserving employees in the long run. At present, Nurses in expanded roles perceive that there are not enough opportunities for career advancement as neutral at 3.73 which can still benefit from further improvement efforts.

**Professional Status**

This subscale was measured using seven motivational statements about professional status. Overall, this component received the highest mean score in Part B and the highest component adjusted score of Part A & B (Mean= 4.96, Component adjusted score= 15.460). Nurses' perception whether their job does not require much skill received the highest mean score of 5.74 while Nursing being not recognized as being an important profession received the lowest mean score of 3.71. There is a high-regard among the respondents about the nursing profession with 85% (SA-31, A- 31, MA- 23) of them conformed that what they do is important while the statements which describes that the job does not require much skill and that it does not add up to anything significant received a generally strong disagreement at 84% and 72% respectively. The positive statements such as being proud in talking to other people about what they do in their jobs and that given a chance, they would still choose nursing both received 81% of approval.

In general, it is safe to conclude that nurses in these roles have high regard to their current role and profession. They consider their role as specialized job which requires training and technical skills to function effectively while projecting high

regard to Nursing as one of the most important professions. Among the six subscales, professional status received the highest component adjusted score (Part A & B) of 15.46. This shows that the highest source of their satisfaction is from this component. In contrast to a study conducted to Greek Nurses (Karanikola, & Papathanassoglou, 2015) that there is a low social appraisal to nursing profession from the public according to Nurses' perspective. Such perception evoked some disappointment to them but this seemed not to an issue in the region or at least in the hospital being studied as they seemed to have high regard with the profession.

Like the results of the study is the outcome of a systematic review conducted on 100 papers about job satisfaction (Lu et al., 2012). According to the report, professional status has been regarded as one of the major sources of hospital nurses' job satisfaction (Lu et al., 2012). In the same study, higher job satisfaction is closely related to good working condition and organization environment (Lu et al., 2012) and these are the exact components of the Magnet process which ensures improvement in employee satisfaction and patient outcomes (ANCC, 2020a, Gandi et al., 2011). Overall, positive nursing perception on their professional status helps them raise their morale so that they can continue to strive for excellence in practice. It is worth highlighting that Nurses in expanded roles are one in uplifting their current nursing roles as they beam in pride in the things that they do in the nursing profession and the difference they bring in providing excellent care delivery to patients and their families. As a result, this dimension has received the highest favorable responses among all the other components of work satisfaction which is a great indicator of how they perceive and value their current roles and positions.

**Interactions**

This subscale was measured using five motivational statements about the nurse-nurse interaction and another five motivational statements on the nurse-physician interaction. Overall, there were 10 statements which measured the nurses' interaction at workplace. This component ranked third in Part A and the component adjusted score while second on Part B which showed a mean score of 4.72. This shows that interaction with colleagues whether among nurses or with physicians is important among the nurses in the study and they are slightly motivated in this component at present.

There is a strong level of interaction among the nurses as 75% of them agreed that there is a strong level of teamwork between the nursing personnel. Physicians understand what the nursing staff received the highest mean score of 5.49. Nurses agreed that Physicians in general cooperate with the nursing staff in the unit at 74%. Positive statements such as there is a lot of teamwork between Physicians and Nurses and that Physicians understand what the nursing staff does both received high to moderate level of agreement at 70% and 57% respectively. The nurses also disagreed with the negative statement that the Physicians look down too much on the nursing staff at 49% (U-31, MD- 29, D- 16, SD-4).

The highest mean score which indicates great relationship of Nurses to Physicians was closely followed by the statement that the nursing personnel on their service help one another with a mean score of 5.48. Overall, the lowest mean score of 3.18 was received by the nurses' wish if the Physicians can show more respect for the nursing staff. Again, similar to the above findings, it seemed to be that there is such a great relationship and interaction between Nurse-Nurse and Nurse-

Physicians. Positive statement about interaction such as nursing personnel helping one another received high level of agreement at 74% while the negative statements such as nursing personnel not being friendly as they would like and that it is hard for new nurses to feel at home received high to moderate level of disagreement at 74% and 63% respectively. Nurses in the Specialty Program should be able to interact with nurses, physicians, allied health and administrative staff in performing the overall program coordination. They have to establish good working relationship especially with the program director in order to streamline the comprehensive work process in running the program and to consistently achieve excellent results.

There is no obvious difference on the level of interaction between the Nurses and Physicians as compared to the interaction between nurses. Nurses tend to have better job satisfaction when there is a great nurse-to-nurse and nurse-physician relationship. This relationship involves mutual respect, collaboration, and trust with each other's clinical capabilities and skills (Ahstedt et al., 2019). The CNCs work closely with Physicians hence it is quite important to develop rapport and maintain mutual respect in order to attain good working relationship and keep them satisfied. This is also applicable to Case Managers who coordinate patient care with Physicians consistently aside from the regularly occurring MDT meetings which they preside together with them. Since a study concluded that excellence in practice among Case Managers can be best achieved with interactions and relationship building, it is quite reasonable to focus and further improve this component (Friedman et al., 2016). Nurses in the Specialty Program should be able to interact with nurses, physicians, allied health, and administrative staff in performing overall program coordination. They must establish good working relationship especially with the program director in order to streamline the comprehensive work process of the

program and to consistently achieve excellent results reflected in compliance rates, program metrics and KPIs. As discussed earlier, although Hospital Transfer and Triage Nurses speak with Physicians and Nurses whether to coordinate an emergent interfacility transfer or to attend to patient queries, it is worth to consider transferring their workstation within the hospital to further improve nurse-to-nurse and nurse-physician interactions.

Likewise, in the nurse-manager relationship, employees enjoy better job satisfaction when managers listen and motivate them and that they are encouraged to get involved in decision-making activities (Jiang et. al., 2020; Othman & Nasurdin, 2019; Olafsen et al., 2018; Joseph & Bogue, 2018; Kuvaas et al., 2017; Kanter, 1997). In studies conducted to determine the relationship of job satisfaction and job performance in the healthcare service (Platis et al., 2015; Aiken et al., 2008), they found out that employee's satisfaction to their manager is one of the most important factors in determining job satisfaction. Managers in the hospital make sure that the staff can have easy access to them any time they need them. They can be reached through mobile badges, e-mail or team messaging app, open offices to see them anytime of the day but more particularly in daily huddles. Pre-pandemic, it is common for Managers to organize team building and social activities outside the hospital to interactions. During pandemic, this has significantly decreased due to gathering restrictions. However, managers make sure that they are on the top of things as they check regularly on their staff for their essential needs. It is also important that teamwork is well-promoted among staff which includes workload distribution. It is usual for teams to assign tasks to their members such as in Hospital Transfer/Triage, they typically assign triage calls to Arabic-speaking nurses while the rest take on Transfer calls for easier work process while taking in consideration

patient safety and prompt service.

**Table 10**

*Mean Scores of Nurses in the 6-D Scale*

| SD | Question | Mean | SD |
|---|---|---|---|
| **Leadership** | | | |
| 3 | Give praise and recognition for achievement to those under his/her direction | 3.25 | .714 |
| 23 | Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | 3.57 | .527 |
| 25 | Guide other health team members in planning for nursing care. | 3.35 | .681 |
| 26 | Accept responsibility for the level of care under his/her direction | 3.52 | .678 |
| 41 | Remain open to the suggestions of those under his/her direction and use them when appropriate. | 3.57 | .580 |
| Total Mean Score | | 3.42 | .498 |
| **Critical Care** | | | |
| 11 | Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes | 3.31 | .784 |
| 18 | Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | 3.10 | .917 |
| 19 | Give emotional support to family of dying patient | 3.40 | .814 |
| 27 | Perform appropriate measures in emergency situations | 3.58 | .583 |
| 30 | Perform nursing care required by critically ill patients | 3.24 | .802 |
| 37 | Recognize and meet the emotional needs of a dying patient | 3.34 | .841 |
| 40 | Function calmly and competently in emergency situations | 3.48 | .568 |
| Total Mean Score | | 3.44 | .518 |
| **Teaching/Collaboration** | | | |
| 1 | Teach a patient's family members about the patient's needs | 3.39 | .662 |
| 4 | Teach preventive health measure to patients and their families. | 3.85 | .501 |
| 5 | Identity and use community resources in developing a plan of care for a patient and his/her family | 3.25 | .782 |
| 12 | Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation | 3.54 | .558 |
| 14 | Develop innovative methods and materials for teaching patients | 3.35 | .682 |
| 28 | Promote the use of interdisciplinary resource persons | 3.52 | .543 |
| 29 | Use teaching aids and resource materials in teaching patients and their families | 3.45 | .619 |
| 31 | Encourage the family to participant in the care of the | 3.47 | .631 |

| | | | |
|---|---|---|---|
| | patient | | |
| 32 | Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | 3.39 | .704 |
| 38 | Communicate facts, ideas, and professional opinions in writing to patients and their families. | 3.34 | .721 |
| 39 | Plan for the integration of patient needs with family needs | 3.45 | .723 |
| Total Mean Score | | 3.44 | .492 |
| **Planning/Evaluation** | | | |
| 2 | Coordinate the plan of nursing care with the medical plan of care | 3.49 | .647 |
| 6 | Identify and include in nursing care plans anticipated changes in patient's conditions | 3.32 | .779 |
| 7 | Evaluate results of nursing care. | 3.41 | .623 |
| 9 | Develop a plan of nursing care for a patient | 3.36 | .742 |
| 10 | Initiate planning and evaluation of nursing care with others | 3.38 | .576 |
| 13 | Identify and include immediate patient needs in the plan of nursing care | 3.47 | .631 |
| 36 | Contribute to the plan of nursing care for a patient. | 3.50 | .611 |
| Total Mean Score | | 3.38 | .492 |
| **IPR/Communications** | | | |
| 8 | Promote the inclusion of patient's decision and desires concerning his/her care | 3.75 | .383 |
| 15 | Communicate a feeling of acceptance of each patient and a concern for the patient's welfare | 3.40 | .671 |
| 16 | Seek assistance when necessary | 3.64 | .503 |
| 17 | Help a patient communicate with others | 3.46 | .674 |
| 20 | Verbally communicate facts, ideas, and feelings to other health care team members | 3.52 | .620 |
| 21 | Promote the patients' rights to privacy | 3.49 | .626 |
| 22 | Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members | 3.62 | .551 |
| 24 | Explain nursing procedures to a patient prior to performing them | 3.46 | .593 |
| 33 | Use nursing procedures as opportunities for interaction with patients | 3.47 | .613 |
| 34 | Contribute to productive working relationships with other health team members | 3.58 | .559 |
| 35 | Help a patient meet his/her emotional needs | 3.45 | .658 |
| 42 | Use opportunities for patient teaching when they arise | 3.55 | .649 |
| Total Mean Score | | 3.52 | .486 |
| **Professional Development** | | | |
| 43 | Use learning opportunities for ongoing personal and professional growth. | 3.53 | .559 |
| 44 | Display self-direction. | 3.62 | .528 |
| 45 | Accept responsibility for own actions. | 3.67 | .514 |
| 46 | Assume new responsibilities within the limits of capabilities. | 3.67 | .533 |
| 47 | Maintain high standards of performance. | 3.66 | .517 |

| | | | |
|---|---|---|---|
| 48 | Demonstrate self-confidence. | 3.63 | .544 |
| 49 | Display a generally positive attitude. | 3.61 | .53 |
| 50 | Demonstrate a knowledge of the legal boundaries of nursing. | 3.63 | .525 |
| 51 | Demonstrate knowledge in the ethics of nursing. | 3.64 | .523 |
| 52 | Accept and use constructive criticism. | 3.67 | .514 |
| Total Mean Score | | 3.63 | .452 |

**Work Performance**

Table 10 depicts the dimensions of the 6-D Scale and the computed mean and standard deviation which measured the level of work performance of the nurses. In this performance predictor, scores and mean ranges from 1 – Not very well to 4 – Very well.

*Professional development* (3.63, .452) was ranked first which was followed closely by consistent very high scores from the following nursing dimensions: *IPR and communications* (3.52, .486); *Teaching and collaboration* (3.44, .492); *Critical care* (3.44, .518); *Leadership* (3.42, .498); and *Planning and evaluation* (3.38, .492). Overall, these very high mean scores derived from the 6-D scale indicated a very good or excellent nursing performance from these nurses. Being the single largest predictor of patient satisfaction, it can be inferred that the patient satisfaction score of the hospital in study is also very high (Larabee et al., 2004). The standard deviation ranges from .452 to .518 which is considered small and this denotes small variation in the responses of nurses in this dimension which also describes close association of their level of performance and expertise. This can also be associated to the nurses' comprehensive clinical experience where 74% of them have worked for 6-15 years while the remaining 25% worked for 15-20 plus years. Only one respondent has worked for up to five years which supports this cohort's very strong clinical background and work experience. Their self-evaluation regarding their job performance were similar to each other due to lean SD which can also be interpreted

as successful implementation of standard of care across the board which is reflected in individual's performance regardless of which expanded role, they are currently in.

To see the individual nursing performance according to questions asked and to determine in which statement did the nurses scored high or low, the corresponding mean and standard deviation of the individual 6-D scale questions were presented per dimension.

**Leadership**

The leadership dimension was measured with five behavioral statements and although it did not receive the highest score however, with an overall mean score of 3.42, SD= .498, this indicates a very strong leadership performance among the nurses. An important contributory factor to this is the hospital-wide promotion of quality leadership as one of the 14 forces of magnetism and the high-regard for transformational leadership.

Delegation of responsibilities gained the highest mean score for the individual question (3.57, SD= .527) which is tied with remaining open to suggestions of those under his direction and use them when appropriate (3.57, SD= .580).

Nurses play a vital role in managing their subordinates especially the less-skilled workforce and is trusted on to make significant decisions regarding task delegation. Hence, it is quite an asset if the nurses know and understand the delegation process and the responsibilities it entails (McInnis & Parsons, 2009). Giving praise and recognition for achievement for those under his/her direction received the lowest mean score of 3.25, SD= .714. The lowest mean score can be explained by their minimal involvement in formally managing nursing staff except for a few who are in the leadership role such as those in the senior role, team leader, or

a program manager. It is also worth mentioning that accepting responsibility for the level of care under his/her direction (3.52, SD= .678) and guiding other health team members in planning for nursing care (3.35, SD= .681 which shows excellent leadership skills in terms of accountability and active teaching.

It is also worth to discuss the hospital's model of nursing practice which is Shared Governance. In this type of nursing mode, everyone is being provided a platform and be involved in the decisions required to achieve excellent professional nursing practice. This model is also widely considered not only to improve the employee satisfaction but the nursing practice itself which gives a positive effect on patient outcomes (Coile, 2001). According to (Kanter, 1997; Joseph & Bogue, 2018) employee empowerment through shared governance can be best achieved by a joint effort or collaboration exhibited between the manager and the staff. In addition, Joseph & Bogue (2018) emphasized the role of the C-suite executives in bridging the councils and nursing leadership, this immensely help achieve the organizational goals.

Since having great nursing leadership is a critical component in a successful healthcare organization (Downey et al., 2011), receiving a very high mean score in the leadership dimension indicates a strong nursing presence to the organizational accomplishment. In this pool of nurses in the expanded roles, it can be concluded that they possess great leadership potential which can be a true asset to the organization. There are a few roles in the nursing expanded roles who manage subordinates such as in the case of the Nursing Quality, Case Managers and Clinical Educators though it can be significantly fewer in numbers as compared to that of the traditional clinical managers and directors.

**Critical care**

The dimension was gauged by seven behavioral statements. Basically, nurses in the expanded roles have less to no involvement in direct patient or bedside care. This dimension covered a wide range of nursing tasks which involves administering IV medications, airway management, use of mechanical devices, etc. (Schwirian, 1978). Nevertheless, the survey also included tasks which are supportive in nature such as building relationship with patients and their families which looks beyond the technical aspects of nursing care (DeGrande et al., 2018). Although the research participants were selected because of their roles without direct patient or bedside care, the dimension Critical care essentially included nursing skills which cover non-equipment related behaviors like the provision of emotional support to dying patients and their families, recognition of their needs, performing appropriate measures in emergency situations and to function calmly in attending certain events (Schwirian, 1978). Having such multi-faceted and wide coverage of this critical nursing dimension, nurses in this study scored very high in this dimension with a mean score of 3.44, standard deviation (SD = .518) despite belonging to a role far from performing bedside care. An important factor that this can be attributed to is that despite these nurses are currently not having direct bedside care, their experience as a Nurse should still be considered. In fact, for them to qualify to any of these expanded roles, they should possess a strong clinical background and years of clinical experience. Similarly, care coordination with patient and their families is in fact central to the job of most of the nurses in this study particularly the Clinical Nurse Coordinators, Case Managers, Patient Educators and Specialty Program Coordinators. Clinical Educators are also highly involved in critical nursing practice due to their task of educating bedside nurses in performing these critical nursing

skills.

The highest score in critical care dimension is performing appropriate measures during emergency situations (3.58, SD= .583). The nurses have scored very well despite their non-exposure to emergency cases. This nursing group is also considered to be very competent that if ever a need requires them to attend to emergencies, they will be able to manage well. In fact, during the COVID-19 pandemic, many nurses in the expanded roles especially the CNCs went back to the floor to perform bedside care particularly in the intensive care setting. Hence, it is also important for them to maintain their skills and competency just in case they will be called back to bedside nursing or to attend emergency situations. In general, these nurses are also required to complete 40 hours of continuing medical education (CMEs) every two years, basic life support, advance cardiac life support, specialty program CMEs, other certifications and competency skills set which is like that of the bedside role but of course with some variation.

The use of mechanical devices such as suction machine, Gomco, cardiac monitor, respirator received the lowest mean score of 3.10, SD= .917. This can be attributed to their current lack of exposure to critical care practice. However, even if it was scored the lowest, the actual rating is still considered high (well). A contributing factor to this level of performance and confidence is their strong nursing experience in the clinical practice. It is a typical requirement for their role to require at least two to three years of bedside experience and another two years in the same or similar role. Clinical Educators were also cited as another factor because it is central to their role to remain very competent on critical nursing skills as they maintain the competency skills set of the bedside nurses and educate them for any update and

process improvement.

It is also worth highlighting the high SD for the use of mechanical devices (SD= .917) which is the highest among all the nursing dimensions and its sub-sets. High standard deviation means high variation of scores between nurses. This can be attributed to the fact that even though they hold strong clinical background prior to their present roles, it cannot be denied that many of them do not perform these tasks anymore. The nursing roles which could have contributed to this high score variation are the Hospital Transfer and Triage Nurses which completely work through telephonic encounters, Nurse Researchers which coordinate the research program of the hospital, the Nursing Quality which ensures the delivery of standard of care in the hospital remains top-notch and the Program Coordinators especially those in the administrative side in contrast to their clinical counterparts. These roles are not expected to perform critical tasks as described by questions 11 and 18 in the 6-D Scale.

Overall, the result contrasts with the study findings conducted by Karami et al. (2017) that the 230 nurses who were tested for their professional competency needed to be more competent in their role, the competency level of nurses in this study is very high. Nevertheless, this is very much consistent with the excellent findings among Magnet hospital nurses wherein the identified nurse-sensitive performance indicators have led to lower patient falls, lower mortality rates and improved patient skin integrity (ANCC, 2020a).

**Teaching and collaboration**

This nursing dimension was measured with 11 behavioral statements which gained the third highest overall mean score of 3.44, SD= .518. Teaching preventive

health measure to patients and families received the highest score with mean score of 3.85, SD= .501 while the lowest mean score belonged to identification and use of community resources in developing plan of care for patients & families (3.25, SD= .782).

In general, this nursing dimension received a very high rating. This can be attributed to the fact that the nursing expanded roles have a strong job requirement for teaching patients and colleagues just like the Patient and Nurse Educators. Nurses in Hospital Transfer & Triage were also required to provide patient disposition and conduct health teaching over the phone. Specialty Program Coordinators educate their colleagues and patients about their specialty programs in the hospital. Research and Quality Nurses share the same expertise in their fields which guides their colleagues in studies and quality improvement programs. The CNCs and Case Managers have patient teaching opportunities when they perform rounds and discharge planning with the Physicians. Aside from its association to the nursing tasks, nurses working in a Magnet-recognized hospital are expected to receive higher patient satisfaction in terms patients receiving their discharge information and teaching (ANCC, 2020a; Kutney-Lee et al., 2009). Also, in a systematic review conducted by Holopainen et al. (2007), nurses involved in teaching and education were generally satisfied and that the relationship they build with their students and colleagues helps increase their level of their job satisfaction.

The involvement of identifying and using community resources received the lowest score which can be attributed to the fact that this is an area where the nurses have least control with. There are several support groups available in the area of study including the Parkinson's Disease Patient Support Group which is being led by

the hospital. However, it cannot be denied that community resources such as support groups is a relatively new concept in the country and will be needing a lot of attention before it can be compared to the robust resource and activities patients enjoyed in the Western countries.

**Planning and evaluation**

There were seven behavioral statements used to evaluate this nursing dimension. The highest mean score was gathered by the item pertaining to their contribution to the plan of nursing care (3.50, SD= .611) while identifying and including anticipated changes in patient's condition to the nursing care plans received the lowest mean score of 3.32, SD= .779. Following closely to the highest score are coordinating the nursing care plan with the medical plan of care (3.49, SD= .647) and to identify and include immediate patient needs in the plan of nursing care (3.47, SD= .631).

The nurses scored very well in planning and evaluation in spite ranking fifth among the six dimensions. Planning patient care is regarded to be associated with the length of nursing experience (Lofmark, et al., 2006). The high scores can be attributed to the length of their experience and their work environment in a Magnet hospital where it ensures not just the wellness and satisfaction of the staff but the excellence of patient care. In a study conducted by (Lofmark, et al., 2006), they concluded that nurses with lesser experience scored lower in teaching colleagues, planning of care and prioritization of interventions which can support the high scores achieved in this study.

Nurses need to ensure that the plan of care changes accordingly to reflect the current needs of the patient according to their condition. Although this scored the

lowest in this dimension, the rating is still considered very high (very well) at 3.32, SD= .779. Updating the plan can be even more challenging to complete when the floor becomes full and demanding and nurses in expanded roles are not spared from this. This dimension needs further improvement especially for nurses working as Case Managers who are responsible to create the discharge plan for admitted patients. They also facilitate multidisciplinary meetings which is the forum for evaluating patients' goals and changing the plan of care accordingly. Specialty Program Coordinators and Nursing Quality are heavily involved in planning, implementation and widespread promotion of evidence-based practice along with compliance to international clinical practice guidelines. They evaluate trends in staff performance and patient outcomes to identify strength and areas needing improvement. In case of Stroke Coordinator under the specialty program, this role is also expected to attend hospital-wide stroke alert calls which can prompt the nurse to assist, steer and coordinate patient care and attend to patient and family discussions typically about hyper-acute interventions with the presence of the Neurologist.

**Interpersonal relations and communication**

The nursing dimension targeting IPR and communication was quantified using 12 behavioral statements in total. Promoting the inclusion of patient's decision and desires concerning his/her care (3.75, SD= .383) received the highest mean score. The lowest dimensional score was received by communication of feeling of acceptance of each patient and a concern for patient's welfare (3.40, SD= .671). Although this was the lowest scored statement, it does not follow that they have low regard to patient's welfare. In fact, the hospital's dictum is founded on patient prioritization above all things. The high mean score for this component still indicates

excellence in practice with regards to dealing with patient and providing care despite receiving the lowest score.

IPR and communication ranked 2nd among six dimensions and it can be said that nurses in this study scored very well with a mean of 3.52. The criteria tackled in this performance subscale such as explaining the procedure prior to performing them, use of nursing procedures as an opportunity to interact, and promoting the patient's right to decision are fundamental requirements of the International Patient Safety Goals instituted by the Joint Commission International under Goals Two and Four in which the hospital is accredited and the staff are well-acquainted. Safe communications between patient, family and health team members are fundamental to a successful care delivery and this can be best observed in the works of the Case Managers, CNCs, Patient Educators and the Telephonic Triage Nurses as at some point, they do speak directly with patients and their families. As with the Case Managers, a study identified that IPR is the best indicator among all other factors in conducting excellent case coordination (Friedman et al., 2016). The CNCs were involved in direct patient and family interactions as they perform physical assessments and patient rounding with the Physicians. Patient Educators on the other hand perform specialized disease education activities with patients and their families. In case of Hospital Transfer and Triage Nurses, they must be diligent and precise in attending patient's needs over a telephone call since they do not see the patient which can be quite challenging. These nurses must rely on their screening questions, triage protocols and responses from patients and their families as a basis for clinical judgment in determining triage dispositions and health teaching. Nursing Quality and Specialty Nurse Coordinators also carry a distinct way of communication with other health team members through their reports in KPIs and other performance

measures which can be presented in various types of tables and graphs. In numerous ways, from nurse-patient to nurse-staff communication, it may have varied in multiple ways of how they communicate from the typical nurse-patient education session to a more unique method of telephonic health assessments and health teaching, nurses in expanded roles showed competence and expertise in the way they perform these essential communications.

In addition, ANCC claims through research that patients treated in a Magnet facility tend to give higher satisfaction scores due to better nurse communication (ANCC, 2020a; Kutney-Lee, et al., 2009). One of the principles of FOM is its multi-directional type of communication may it be among the nurses, their patients, and other interdisciplinary team members which fosters strong structural empowerment in terms of supporting the practice. Moreover, establishing rapport and creating good relationship with patient are great indicators of nurses' overall competence (DeGrande et.al, 2018). Receiving feedback from their frontline managers can also contribute to increase in staff motivation (Ahlstedt, et al., 2019, Kuvaas et al., 2017; Othman & Nasurdin, 2019) especially positive feedback versus negative feedback (Kuvaas, et. al, Gagn& Deci, 2005, Ryan & Deci, 2000a) hence, regular performance evaluations were officially conducted mid-year and year-end in the hospital.

**Professional development**

The last nursing dimension measured by 10 behavioral statements in the 6-D scale was the professional development. In comparison with the other nursing dimensions in this study, professional development was evaluated in terms of quality only. Different responses were assigned with these 10 items because the standard responses used in other subscales were deemed not to be appropriate with what is

being measured according to the author of 6-Scale (Schwirian, 1978).

The unweighted results were not too far off from each other which ranges from mean scores of 3.53 to 3.67, SD= .514 to .559. The highest mean scores were tied up with three behavioral statements on professional development such as accepting responsibility for own actions (3.67, SD= .514), to assume new responsibilities within the limits of capabilities (3.67, SD= .533), and to accept and use constructive criticism (3.67, SD= .514). Tailing right next to the highest mean scores is maintaining high standards of performance (3.66, SD= .517). The lowest mean scores on the other hand belonged to the use of learning opportunities for ongoing personal and professional growth which has a mean score of 3.53, SD= .559.

The nurses scored very well with the behaviors that promote professional development. They exhibited the right attitude to gain new knowledge and skills in the learning opportunities being offered by the institution. Nurses did not encounter challenges identified in the study conducted by de Jager (2016) which stated lack of resources, lack of institutional and managerial support, lack of motivation ageing, and lack of mentors as hindrances to achieve career development. Professional development is one of the pillars of 14 FOM identified by Magnet which serves as one of their standards in promoting excellence in nursing practice. In addition to this, mentoring as defined by ANCC (2020b) is the provision of information, advice, support and ideas to a person in their current role which is of value in promoting transformational leadership, growth and development especially to the next generation of leaders. This element is present in every phase of employment of the nurses from the day they join, as they develop skills and knowledge, as they build

their competence and expertise, also until they were able to coach others then through joining leadership positions mentoring is pretty much present in these time segments. For example, Hospital Transfer Nurse and Triage undergo intensive training on telephonic triaging and emergent patient transfers for several weeks under a mentor and the manager including apprenticeship period where their calls will be completed via split headphones before they can do stand-alone communications and take sole responsibility of their actions and decisions. Same method is applicable to every job position in the nursing expanded roles where mentoring is prevalent throughout especially on their joining phase. It is important at this stage that staff perceives encouragement from their mentors and managers in order to avoid amotivation and also for them to work on their competence and self-confidence. It is also best for managers to use constructive criticism and positive feedback consistently to improve performance and satisfaction (Kuvaas et al., 2017; Othman & Nasurdin, 2019).

According to Brunt who is an expert in nursing professional development (Schmidt, 2016), Magnet focuses on ensuring that nurses make a difference in their patients' lives through the utilization of three components which are the evidence-based practice, research, and innovations of care. These are key areas of professional development which covers quality improvement, informatics, education, and leadership (Schmidt, 2016). The hospital offers various training and certifications to nurses and those in expanded roles to help them prepare in assuming different responsibilities which are within the nursing scope of practice. Elements of mentoring and transformational leadership also play a major role in this dimension since the study deals with nurses working in a Magnet-recognized hospital. Specialty programs accredited by the JCI also requires additional training

and education to physicians, nurses and allied health depending on the area of specialty. One of the major issues faced by them is the country's mandate for nurses who wanted to become APNs. The local health agency requires a nurse at least two years of practice from home country as an APN to successfully transition to the role aside from the required education. This is mainly faced by CNCs and other nurses who are interested in career progression by becoming an APN. Another limitation is the strict curriculum requirements of the hospital's chosen universities for graduate studies which requires K-12 education as part of their admission requirements which is not possible with nurses who graduated from countries like the Philippines which started the said curriculum from year 2015 only (Estacio, 2015). In addition, study grants and conferences were significantly less both in financial value and quantity however, logistic limitations during Covid-19 pandemic can be a huge factor to this abrupt change.

**Correlation of Work Performance, Satisfaction and Motivation of Nurses**

Pearson's r correlation was used to determine the strength (from 0 as none to 1 as perfect correlation) and direction (positive meaning direct correlation; or negative meaning inverse correlation) of the association between the level of work performance, satisfaction, and motivation among Nurses in expanded roles in a Magnet-recognized hospital in the Middle East. Levels are presented through indexes or dimension scores.

**Table 11**

*Pearson's r Correlation of Work performance, Satisfaction and Motivation*

| Nursing Performance (By Dimension) | Work Satisfaction Index | | Work Self Determination Index | |
|---|---|---|---|---|
| | **r** | **p-value** | **r** | **p-value** |
| Leadership | .011 | .913 | **.205** | **.041** |
| Critical Care | -.078 | .459 | **.252** | **.015** |
| Teaching/Collaboration | **.267** | **.008** | .158 | .120 |
| Planning and Evaluation | .105 | .315 | **.219** | **.034** |
| Interpersonal relations/Communications | .114 | .264 | .140 | .171 |
| Professional Development | **.267** | **.007** | .115 | .256 |
| **Work Satisfaction Index** | | | **.279** | **.005** |

*(Note that p-values which are less than or equal to .05 are considered significant)*

Table 11 shows Pearson's r correlation results of work performance (Nursing Performance), satisfaction (Work Satisfaction Index), and motivation (Work Self Determination Index) and their corresponding p-value.

There is sufficient evidence to conclude that there is a statistically significant correlation between work satisfaction and teaching/collaboration and professional development. The Pearson's r correlation (.267) shows a weak uphill (positive) linear relationship between work satisfaction and Teaching/Collaboration. This indicates that increases in the teaching/collaboration of the nurses in expanded roles are correlated with the increase of work satisfaction. This is a like the conclusion made in a systematic review which showed that nurses involved in teaching and collaboration were generally satisfied at work (Holopainen, 2007). Most of the nurses in expanded roles have a high tendency to teach patients, their families, and colleagues not only because it is required in their jobs, but it can be attributed to their vast clinical experience plus their expertise on their chosen specialty field. Also, in the study

among Magnet hospitals, there is a higher patient satisfaction which has been attributed to nurses' teaching capabilities (ANCC, 2020a; Kutney-Lee et al., 2009). Moreover, teaching and collaboration was highlighted as good indicator of nurses' retention (Hill, 2011) along with a supportive work environment (Coomber & Barriball, 2007) which is a unique characteristic of Magnet hospitals (ANCC, 2019). However, a study conducted among educators in Beijing yielded a contrasting result wherein the respondents rated professional development as the least factor among all contributing factors to their job satisfaction (Gui et al., 2009). Teaching and collaboration is a core component in most of the nursing expanded roles under study. Patient and Case Managers can be considered at the top of this dimension as it is considered their core responsibility to train and teach patients/families various skills and knowledge pertaining to disease physiology and treatment. Same goes with Clinical Educators who ensure staff competence and conduct various skill trainings. This may also be applicable to nurse coordinators and managers working in Research, Specialty Programs, and in Nursing Quality as they teach and collaborate evidence-based practices, clinical guidelines and policies and performance measures to all integral hospital employees. Since they are highly involved in teaching activities and staff collaboration then it is expected that nurses in expanded roles perceived it as a source of their work satisfaction.

The Pearson's r correlation for work satisfaction and professional development of nurses (.267) also shows a weak uphill (positive) linear relationship. This signifies that increases in professional development are correlated with increases in work satisfaction. Despite required areas of improvement in terms of definitive clinical ladder and professional growth, nurses in expanded roles were able to derive work satisfaction in this work dimension. This can be attributed to the

elements of structural empowerment, transformational leadership and mentoring incorporated in the Magnet process. It is also important to highlight that there is a significant support from the management in promoting professional development through educational grants, free trainings and workshops, opportunities for specialty certifications etc. not only with nurses in expanded roles but across the board. This yielded an opposing result from that of de Jager et al., (2016) were nursing staff were demotivated and dissatisfied due to issues identified hindering professional development such as lack of funds, lack of managerial support and lack of personal motivation among others.

There are several programs in the hospital which supports education, training and professional development of nurses in expanded roles which can be attributed to its positive correlation to work satisfaction. Aside from the provision of the mandatory continuing medical education (CMEs) as required by the local regulating body of 40 units per two years, there are various trainings offered which aims to improve leadership skills, personality development, performance improvement and achieve specialty role certifications. Exclusive for the bedside nurses, there is a program called Professional Recognition Program (PRP) which intends to develop nurses to become leaders, educators, and researchers. In this program, members who comply with the minimum requirements will receive additional pay for their project involvement whether as a Unit-based Council member or by educating newly hired staff as their preceptor or by conducting a research study. However, PRP program is not available for nurses in expanded roles and nurse managers which can be pointed out as one of the opportunities for improvement if the management can develop a similar program. Moreover, challenges faced by nurses in opportunities to enroll in graduate studies or becoming APNs were discussed accordingly in this

study. These are areas for improvement that the leadership can execute since study grants for nurses has declined in numbers and became limited over the past year which can also be attributed to the effects of the global pandemic. During the times of Covid19, nurses and nurses in expanded roles were provided with significant number of online classes and trainings and one of their recent offerings is the use of Coursera which is an online education platform complete with trainings and certifications from top-tier universities and organizations. On the other hand, in-house education remains active and robust which seemed to even increase to rise up to the challenges brought in by the situation.

For work motivation and work performance, there is significant evidence to conclude significant relationship between work performance subscales Leadership, Critical Care, Planning and Evaluation and the IWS at 5% level of significance. The Pearson's r correlation for Leadership (.205), Critical Care (.252), and Planning and Evaluation (.219) all show a weak uphill (positive) linear relationship with the nurses' work motivation. This indicates increases in leadership, critical care, and planning of nurses are correlated with the increase in their work motivation. This is a relative result to several studies (Ong & Noor, 2016; Deressa & Zeru, 2019; Bonenberger, et al., 2014) which concluded that better job performance is achieved when employees are motivated regardless of whether it is intrinsic or extrinsic in nature. As the scope of nursing practice continue to advance and develop there is a concurrent demand for nursing leadership (Krejci, 1999) and in this study, relative to the competence, experience and sub-specializations, nurses in expanded roles can be a great source of this need. In fact, it already started in the hospital for some nurses in the expanded roles to assume leadership and managerial roles which is significantly seen in the roles of Case Managers and CNCs. In the long run, management should

be able to determine a process where they can safely qualify nurses in expanded roles to assume higher leadership clinical positions considering the value they can add in these new designations.

Critical care on the other hand received positive correlation with work motivation which can be related to their very strong clinical experience of the nurses in expanded roles. Then in terms of planning and evaluation, this element in the nursing process has received a deeper and more comprehensive interpretation relative to the roles and responsibilities of nurses in expanded roles. They may have limited involvement in bedside care but due to their roles, this skill has been escalated to a general applicability in patient care through rigid incorporation and definite implementation of research and evidence-based practices in patient care as observed in various practice of nurses in expanded roles especially in the roles of the Case Managers, Specialty Program Coordinators, and the Nursing Quality.

Gagné & Deci (2005) also concluded that only intrinsic type of motivation consistently resulted to better work performance while several studies (Assor et al.2009; Nie et al., 2015, Ryan & Vansteenkiste, 2013) which associated it with more autonomous and internalized motivation and not necessarily intrinsic alone. The study does support the outcomes of other studies about SDT (Kuvaas et al., 2017) wherein (intrinsic) motivation garnered a positive association with positive outcomes such as work performance since the study received more positive responses on the intrinsic and more autonomous type of motivation as compared to more extrinsic type towards amotivation. This is supported by the W-SDI of 7.97 which means a (positively) self-determined profile.

Furthermore, there is significant evidence to conclude that work satisfaction

and work motivation have a significant relationship. The Pearson's r correlation (.372) shows a moderate uphill (positive) linear relationship between the work satisfaction and work motivation of nurses. Increases in work motivation are correlated with increases in work satisfaction. This suggests that the more satisfied nurses in expanded roles are work, the more motivated they are to continue working – or vice versa. The result is similar a study outcome (Gagnè & Deci, 2005) in which work motivation and work satisfaction have significant relationship with each other and that both are associated with employee turnover rates in which authors (Kuvaas et al., 2017; Fernet et al., 2008; Gagnè & Deci, 2005; Blais, 1993;) further associated it with intrinsic type of motivation rather than extrinsic kind. Nurses working in a Magnet hospital are expected to experience less burn out and higher level of job satisfaction (Lake & Friese, 2006; Kelly, et al., 2011; Aiken 2008) which shows similar results to the study cohort. It is also worth to mention that factors such as the cohort's diverse nationalities with different cultural background while also giving high importance to continuing education as shown in their high post graduate degrees. These impact their motivation and satisfaction in workplace as they strive to move up their personal career ladder with the vast opportunities for growth provided in the organization. Cultural diversity may have influenced their behavior on how they responded in the survey questionnaires.

However, at 5% level of significance, there is evidence to conclude that there is no statistically significant correlation between work motivation and teaching & collaboration, interpersonal relations and communications, and professional development. Therefore, increases or decreases in the work motivation of nurses in expanded roles do not significantly relate to increases or decreases in the nursing performance subscales. Furthermore, there is no statistically significant correlation

between work satisfaction and leadership, critical care, planning & evaluation, and interpersonal relations & communications of nurses. That means, increases, or decreases in the work satisfaction of nurses do not significantly relate to increases or decreases in the nursing performance subscales.

# Chapter V

# CONCLUSION AND RECOMMENDATIONS

## Summary of Findings

Vast majority of nursing studies revolve around work motivation, satisfaction, and performance of nurses in a bedside role which failed to keep sight of nurses in expanded roles. These roles signify a paradigm shift in the nursing profession which made this study a well-intentioned groundwork for this specific area of research. With the study's specified target segmentation, a clearer focus was applied to identify the key characteristics of these group of nurses relative to the study variables. Aside from the cohort's diverse cultural background and unique profile characteristics who performs innovative nursing roles, the study was conducted in a Magnet-recognized hospital which immensely substantiated the results and overall presentation of this study.

The value that these expanded roles contributed to the exemplary service and care delivery deserved due acknowledgment and support from the public. As the scope of nursing practice continues to evolve and expand, opportunities to acquire new knowledge and identify trends via deep-dive study of these roles may lead to further advancement of the nursing profession and give it a more defined professional identity. A stand-alone vocation far from its primary association to the practice of medicine or that of the concept of feminism as promulgated by the suffragettes (Dietz, 2015) but of one strong, independent, and ever-growing profession.

## Conclusions

Nurses in expanded roles showed a self-determined profile and are considered motivated in their current work relative to their positive W-SDI of 7.91. Intrinsic motivation remains to be the strongest source of motivation among them which is consistent with several studies (Blais, 1993; Gagné & Deci, 2005; Kuvaas et al., 2017). This shows that the primary reason for nurses' retention and the reason they stay in their roles, remain involved and motivated at work is because of perceived inherent happiness and that they also find their current role challenging and interesting. Subsequently, total scale score of 193.7 which belonged to the 3rd quartile as determined in the IWS scoring workbook indicates a high level of satisfaction. This is further supported by the mean scale score of 4.36 valued as moderately high level of satisfaction. This high employee satisfaction scores can be related to the elements of the Magnet process implemented in the hospital (Kelly et al., 2011) as well as the Shared Governance model (Coile, 2001; Bogaert et al., 2018) which promotes staff engagement and motivation which is like other study findings. The IWS of 13.53 also showed an overall slightly satisfied level as it belonged to the 2nd quartile (below 50% but higher than 25% of the maximum score) based on the same IWS scoring workbook. The index indicates that overall, while accounting the importance of each component, nurses in expanded roles showed slight satisfaction. The slightly low index score was explained by Stamps (2012), the author of the IWS in her workbook. Stamps inferred that the method as shown in most of studies resulted to low index which has an average score of 12 – an overall low level of satisfaction. In comparison to the overall average index, the study even resulted to a slightly higher satisfaction index of 13.53. To support the finding that highly motivated and satisfied employees tend to give better performance (Deressa & Zeru, 2019; Ong & Noor, 2016; Kuvaas et al., 2017; Gagné &

Deci, 2005), Nurses in expanded roles portrayed an excellent level of performance with mean range of 3.38 to 3.63 with small variation of scores among them. The dimensions which received the highest to lowest performance scores are professional development, interpersonal relations & communications, critical care, teaching and collaboration, leadership, and planning and evaluation.

To determine the significant relationship between level of work performance, satisfaction, and motivation among nurses, there is sufficient evidence to conclude that there is a statistically significant correlation between work satisfaction and teaching/collaboration and professional development. The Pearson's r correlation (.267) shows a weak uphill (positive) linear relationship between work satisfaction and teaching/collaboration. This indicates that increases in the teaching/collaboration of nurses are correlated with the increase of work satisfaction. The Pearson's r correlation for work satisfaction and professional development of nurses (.267) also shows a weak uphill (positive) linear relationship. Increases in professional development are correlated with increases in work satisfaction. However, there is evidence to conclude that there is no statistically significant correlation between work satisfaction, leadership, critical care, planning & evaluation, and IPR/communications of nurses. That means, increases, or decreases in the work satisfaction of nurses do not significantly relate to increases or decreases in the nursing performance subscales.

For work motivation and work performance, there is significant evidence to conclude any significant relationship between work performance subscales Leadership and Critical Care and the work motivation index at 5% level of significance. The Pearson's r correlation for Leadership (.205), Critical Care (.252), and Planning and Evaluation (.219) all show a weak uphill (positive) linear relationship with the nurses' work motivation. This indicates increases in the leadership, critical care, and planning of

nurses are correlated with their increase in work motivation. Lastly, there is significant evidence to conclude that work satisfaction and work motivation have a significant relationship. The Pearson's r correlation (.279) shows a weak uphill (positive) linear relationship between the work satisfaction and work motivation of nurses. Increases in work motivation are correlated with increases in work satisfaction. This suggests that the more satisfied the nurses are in their work, the more motivated they are to continue working – or vice versa.

## Recommendations

This research can serve as a resource for future studies which aim to compare nurses' work motivation, satisfaction, and performance between those working as a bedside nurse or in an expanded role. Since this study was conducted in a Magnet hospital, the results can also serve as a good contrast study to work motivation, satisfaction and performance of nurses working in non-Magnet institutions or hospitals which are non-Magnet but are trying to implement Magnet fundamentals or components in their management.

Citing another use of this study which can be applied to health organizations is its ability to measure the success of any intervention implemented to improve staff engagement and satisfaction. According to Stamps (1997), analyzing responses from the employees particularly per subscale can determine any change in satisfaction post-intervention over a period. This can be a useful tool in improving their work motivation and satisfaction and can be a good adjunct to other staff satisfaction evaluation tools such as the Press Ganey.

Patients and health organizations can benefit in the study especially that work motivation and satisfaction among nurses were found to be correlated with each other

while some studies even further associated them to improved patient outcomes (ANCC, 2020b, Ahlstedt, et al, 2019; Alvarez & Fitzpatrick, 2007; Coile, 2001). Nurses on the other hand especially those who are in the expanded role will be able to identify themselves to the unique roles presented in the study which in hope clears role ambiguity, role confusion, overlap and non-identity. Also, with this research, nursing students and new nurse graduates will be able to identify new nursing roles which can give them more variety in career path that they can take later. This in a way can potentially attract students to take up Nursing in the university especially those who do not prefer to perform bedside care in the long run as they see the profession's improved role flexibility.

This research study along with all the other studies which will be written hereafter may pave way to ignite an increase in public interest in this expansion of scope of nursing practice. The findings of the study may echo and create ripples of information that in today's trend, not all nurses end up in bedside care which is perfectly fine and are also worthy of acknowledgement and appreciation. That through this research, we may have seen a glimpse of the future of nursing profession which is more welcoming to the expansion and diversification of roles. For at the end of the day, the efforts, as diverse as the roles may be, will eventually reach patients in one way or another – to impart wellness, healing and recovery. The world must recognize that Nurses contribute great value in patient care delivery whether they work from the background or the sidelines. After all, nurses in expanded roles were fueled mainly by their inherent joy and pleasure gathered from putting their hearts on service while making a difference in their patients' lives – regardless of space in between them.

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## Appendices

## APPENDIX A

Hospital REC – Cover Letter

Date: April 26, 2020

Dearest Research Participant:

I am Rhamzell Pingol, a graduate student from the University of the Philippines – Open University. As part of the requirements for graduation for Master of Arts in Nursing Major in Nursing Administration, I am tasked to submit a research study.

My master thesis is entitled ***"Work Performance, Motivation and Satisfaction of Nurses in Expanded Roles in a Magnet-recognized Hospital in the Middle East."*** Since your current role in the hospital qualifies for the said study, your participation by completing the following survey is highly appreciated. There is no corresponding compensation of any form when you partake in the study. To ensure that all information will remain confidential, there is no space provided in the survey questionnaire that requires an identity. The research does not present greater than minimal risk and joining is strictly voluntary. You may refuse to participate at any time. The self-assessed rate of job performance will not affect your actual employment records and appraisal.

Your decision to complete this survey will be interpreted as an indication of your agreement to participate. An estimated amount of time of 20 minutes is needed to complete. Please see the link to the survey in SurveyMonkey format and accomplish the survey promptly or before (June 3, 2020).

Your valued support will not only help achieve my personal education requirements but will provide pertinent information on the above research topic especially that I find the role underrepresented in this area of study. Kindly reach out if you need further information by calling the number provided below, leaving a message via business link, or by sending your query to the e-mail provided.

Best regards,

Rhamzell Pingol

rhamzell87@yahoo.com

## APPENDIX B

University ERB-Informed Consent

**UNIVERSITY OF THE PHILIPPINES – OPEN UNIVERSITY**

**Informed Consent**

This informed consent form is made for the nurses in expanded roles who were selected to participate in the research entitled ***"Work Performance, Motivation and Satisfaction among Nurses in Expanded Roles in a Magnet-recognized Hospital in the Middle East."***

Name of Principle Investigator: Rhamzell Bernardo Pingol

Contact Details: rhamzell87@yahoo.com; phone

Name of Organization: University of the Philippines - Open University

Name of Project: Thesis N300

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study)
- Certificate of Consent (for signature if you consent to participate)

**Part I: Information Sheet**

**Introduction**

I am Rhamzell Pingol, a graduate student from the University of the Philippines – Open University. In relation to the requirements for graduation for Master of Arts in Nursing Major in Nursing Administration, I am tasked to submit a research study. This study aims to determine the correlation of work performance, motivation and satisfaction among nurses in expanded roles working in a Magnet Hospital. Nurses in such hospitals typically project high level of magnetism however, the studies made about it normally involve nurses at bedside. The studies which predict factors affecting work motivation and job satisfaction even in non-Magnet Hospitals do not usually involve nurses in expanded roles. Aside from the limited amount of studies involving this group of participants; questions about the role expansion itself, the nature of the job, their contributions to healthcare, its future, and the reasons to stay motivated and satisfied in the role will be given somehow a definitive impression in this study.

**Purpose of the research**

There is a limited amount of resource available that tackles the role expansion specific to no bedside care positions for Nurses and this study hopes to ignite further curiosity to fellow Nurse Researchers in exploring this unturned facet of contemporary nursing. Most nursing studies which predict factors affecting work motivation and job satisfaction, and their eventual job performance were done in Western and developed countries hence conducting one in the Middle East will show the cultural impact of these work-related factors. Not to mention that majority of these studies were focused on the clinical and patient facing Registered Nurses and not the underrepresented nurses in expanded roles.

**Type of Research Intervention**

There is no research intervention involved in this study. This study is a non-experimental, quantitative, descriptive correlational research which requires data coming from a survey questionnaire.

**Participant Selection**

Your current role in the hospital as a nurse in expanded role qualifies for the said study; your participation by completing the following survey is highly appreciated.

**Voluntary Participation**

The research does not present greater than minimal risk and joining is strictly voluntary. Although there is risk of psychological discomfort or distress with nurses participating in the study, it is foreseen to be minimal. However, if this should happen, then the following actions will be taken:

- The participant may always refuse to participate at any time.
- Joining is strictly voluntary and no one will be coerced to participate or continue participating.
- Emotional and psychological support will be offered to the participant in distress.

The self-assessed rate of job performance will not affect your actual employment records and appraisal. Your decision to sign this informed consent and complete this survey will be interpreted as an indication of your agreement to participate.

**Procedures**

The researcher will approach your respective managers to explain the details and extent of your participation and the list of names of nurses in expanded roles and their corresponding e-mail will be asked. Once done, you will receive an e-mail from the work email explaining the study, things that you needed to know about it which is similar to the content of this

informed consent. When you agree to participate, kindly sign the attached informed consent and sent it back to the Researcher. Next will be sent the survey link in a SurveyMonkey format. After completing the survey, that ends your participation to the research. If there is any problem you have encountered upon filling-in the survey form, you are free to contact me via e-mail, business link, or by the contact number.

**Duration**

One month depending on the response rate will be given to the selected participants to complete the survey. An estimated time of 20 minutes is to be expected to complete the survey questionnaire.

**Benefits**

There is no corresponding compensation of any form when you partake in the study. However, this study will provide pertinent information on the work variables mentioned above especially that I find the expanded roles underrepresented in this area of study.

**Confidentiality**

To ensure that all information will remain confidential, there is no space provided in the survey questionnaire that requires an identity, anonymity of the respondent will be maintained all throughout the process. The information and survey will not be shared to anyone aside from the author and the data will be kept in a password-protected environment.

**Right to Refuse or Withdraw**

You may refuse to participate at any time. The self-assessed rate of job performance will not affect your actual employment records and appraisal.

**Part II: Certificate of Consent**

I have been invited to participate in research about ***"Work Performance, Motivation and Satisfaction among Nurses in Expanded Roles in a Magnet-recognized Hospital in the Middle East."***

I have read the abovementioned information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

**Participation in survey**

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher /person taking the consent: _____

Date: _____

## Appendix C

Proof of Approval from Authors of Survey Tool

**Index of Work Satisfaction – Paula Stamps**

**Sent:** Sunday 26 January 2020 11:13
**To:** 'stamps@schoolph.umass.edu'
**Cc:** 'rhamzell87@yahoo.com'
**Subject:** Permission to utilize the IWS in a study

Hi Professor Stamps,

I would like to ask permission to use your Index of Work Satisfaction (IWS) for my master thesis being taken in the University of the Philippines – Open University which will be conducted in a tertiary/quaternary hospital in the middle east.

The proposed thesis title is "Job Performance, Job Satisfaction, and Work Motivation of Nurses in Expanded Roles in a Magnet-Recognized Hospital in the Middle East."

I hope for a favorable response.

Best regards,
Rhamzell Pingol, RN

On Sunday, 2 February 2020, 03:12:16 AM GMT+4, Paula Stamps <stamps@schoolph.umass.edu> wrote:

Rhamzell--I am glad to hear of your interest in using the IWS. I have attached two documents for you--one is a letter I send to all investigators and the other is how to get in touch with market Street Research to gain access to the scale.

Best of luck in your study.
Paula Stamps

**From:** "Alec Baclawski" <alecb@marketstreetresearch.com>
**To:** "rhamzell87@yahoo.com" <rhamzell87@yahoo.com>
**Sent:** Thu, Feb 13, 2020 at 5:53 PM
**Subject:** RE: IWS Order - Confirmation

Hello Rhamzell,

Attached please find a standard compressed zip file containing the IWS questionnaire and scoring manual.
Have a great day!

**Alec Baclawski**
IT Manager/Senior Research Associate
Market Street Research, Inc.
9 ½ Market Street
Northampton, MA 01060
413-582-1200
alecb@marketstreetresearch.com

**Work Extrinsic and Intrinsic Motivation Scale – Maxime Tremblay**

Hi Maxime Tremblay,

I would like to ask permission to use your Work Extrinsic and Intrinsic Motivation Scale (WEIMS) for my master thesis being taken in the University of the Philippines – Open University which will be conducted in a tertiary/quaternary hospital in the middle east.

The proposed thesis title is "Job Performance, Job Satisfaction, and Work Motivation of Nurses in Expanded Roles in a Magnet-Recognized Hospital in the Middle East."

I hope for a favorable response.

Best regards,
Rhamzell Pingol, RN

-----Original Message-----
From: mtrem001@uottawa.ca [mailto:mtrem001@uottawa.ca]
Sent: Monday 27 January 2020 06:08
To: Rhamzell Pingol
Subject: [External] Re: Permission to Utilize the WEIMS

Good day, thank you for your interest in our work.
You can certainly use the WEIMS for research purposes.
Simply properly reference it and keep me informed of the obtained results.
Wishing you great success!

Best regards,
Maxime

**To:** '"mtrem001@uottawa.ca"' <mtrem001@uottawa.ca>
**Cc:** '"rhamzell87@yahoo.com"' <rhamzell87@yahoo.com>
**Sent:** Mon, Jan 27, 2020 at 8:49 AM

**Subject:** RE: [External] Re: Permission to Utilize the WEIMS

Thank you very much Maxime for the prompt response! I will certainly reference and update you of the results!

Best regards,
Rhamzell

**Six Dimension Scale of Nursing Performance (6-D Scale) – Patricia Schiwirian**

**Sent:** Sunday, January 26, 2020 2:33 AM
**To:** Schwirian, Pat <schwirian.1@osu.edu>
**Cc:** 'rhamzell87@yahoo.com' <rhamzell87@yahoo.com>
**Subject:** Permission to Utilize the SDNS

Hi Professor Patricia Schwirian,

I would like to ask permission to use your Six Dimension Scale of Nursing Performance (SDNS) for my master thesis being taken in the University of the Philippines – Open University which will be conducted in a tertiary/quaternary hospital in the middle east.

The proposed thesis title is "Job Performance, Job Satisfaction, and Work Motivation of Nurses in Expanded Roles in a Magnet-Recognized Hospital in the Middle East"

I hope for a favorable response.

Best regards,
Rhamzell B. Pingol, RN

**From:** Schwirian, Pat [mailto:schwirian.1@osu.edu]
**Sent:** Monday 27 January 2020 21:14
**To:** Rhamzell Pingol
**Subject:** [External] Re: Permission to Utilize the SDNS

I believe these materials will be of assistance to you. Best wishes.
pms

## Appendix D

Survey Questionnaire

Please answer the following questions as truthful as it can be. Accomplish all parts I-IV. Each component will have a different set of instructions, kindly read carefully.

□ *I have read the attached informed consent and agreed to participate in this research.*

***I.*** **Socio-demographic character** *(Fill-in the answer, put an "X" on the box)*

A. **Age in years**: _____ **B. Years in the hospital** _____

C. **Years as a Nurse:** _____ D. **Years on the Expanded Role** _____

E. **Gender:** □ Male □ Female

F. **Nursing Expanded Role:** □ Hospital Transfer & Triage □ CNC
□ Research Coordinator □ Nursing Quality □ Program Coordinator
□ Clinical Educator □ Patient Educator □ Case Manager

G. **Educational attainment** □ Diploma □ BSN □Master
□ APN □PhD or equivalent

***II.*** **Maxime Tremblay et al. Work Motivation of Nurses in expanded roles**

| | Using the scale below, please indicate as to what extent each of the following items corresponds to the reasons why you are presently involved in your work. Encircle your answer. | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Does not correspond at all | | | Corresponds moderately | | | | Corresponds exactly |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 | Because this is the type of work I chose to do to attain a certain lifestyle. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | For the income it provides me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3 | I ask myself this question, I don't seem to be able to manage the important tasks related to this work. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4 | Because I derive much pleasure from learning new things. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5 | Because it has become a fundamental part of who I am. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | Because I want to succeed at this job, if not I would be very ashamed of myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**II. (Maxime Tremblay et.al. Work Motivation of Nurses in expanded roles, continued)**

| | Does not correspond at all Corresponds moderately Corresponds exactly | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1 2 3 4 5 6 7 | | | | | | | |
| 7 | Because I chose this type of work to attain my career goals. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | For the satisfaction I experience from taking on interesting challenges. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9 | Because it allows me to earn money. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10 | Because it is part of the way in which I have chosen to live my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11 | Because I want to be very good at this work, otherwise I would be very disappointed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12 | I don't know why; we are provided with unrealistic working conditions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13 | Because I want to be a "winner" in life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14 | Because it is the type of work I have chosen to attain certain important objectives. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15 | For the satisfaction I experience when I am successful at doing difficult tasks. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16 | Because this type of work provides me with security. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17 | I don't know, too much is expected of us. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18 | Because this job is a part of my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**III. Patricia Schwirian's Job Performance of Nurses in expanded roles**

## SIX DIMENSION SCALE OF NURSING PERFORMANCE

Patricia M. Schwirian, Ph.D., R.N.
The Ohio State University College of Nursing
1585 Neil Avenue - Columbus, OH 43210

**Instructions:** The following is a list of activities in which nurses engage with varying degrees of frequency and skill.

1. **IN COLUMN A:** please enter the **number** that best describes how often the nurse performs the activities in the performance of his/her current job.
2. **IN COLUMN B:** for those activities that the nurse does perform please enter the **number** that best describes how well he/she performs them.

**PLEASE USE THE KEY AT THE TOP OF EACH COLUMN**

| **COLUMN A** | **COLUMN B** |
|---|---|
| How often does this nurse perform these activities in his/her current job? | How well does this nurse perform these activities in his/her current job? |
| 1- Not expected in this job | 1- Not very well |
| 2- Never or seldom | 2- Satisfactorily |
| 3- Occasionally | 3- Well |
| 4- Frequently | 4- Very Well |

| | **Column A** | **Column B** |
|---|---|---|
| 1. Teach a patient's family members about the patient's needs. | | |
| 2. Coordinate the plan of nursing care with the medical plan of care. | | |
| 3. Give praise and recognition for achievement to those under his/her direction | | |
| 4. Teach preventive health measure to patients and their families. | | |
| 5. Identity and use community resources in developing a plan of care for a patient and his/her family. | | |

| | Column A | Column B |
|---|---|---|
| 6. Identify and include in nursing care plans anticipated changes in patient's conditions. | | |
| 7. Evaluate results of nursing care. | | |
| 8. Promote the inclusion of patient's decision and desires concerning his/her care. | | |
| 9. Develop a plan of nursing care for a patient. | | |
| 10. Initiate planning and evaluation of nursing care with others. | | |
| 11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes. | | |
| 12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation. | | |
| 13. Identify and include immediate patient needs in the plan of nursing care. | | |
| 14. Develop innovative methods and materials for teaching patients. | | |
| 15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare. | | |
| 16. Seek assistance when necessary. | | |
| 17. Help a patient communicate with others. | | |
| 18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator | | |
| 19. Give emotional support to family of dying patient. | | |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | | |
| 21. Promote the patients' rights to privacy. | | |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | | |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel. | | |
| 24. Explain nursing procedures to a patient prior to performing them. | | |

| Column A | Column B |
|---|---|

| | | |
|---|---|---|
| 25. Guide other health team members in planning for nursing care. | | |
| 26. Accept responsibility for the level of care under his/her direction. | | |
| 27. Perform appropriate measures in emergency situations. | | |
| 28. Promote the use of interdisciplinary resource persons. | | |
| 29. Use teaching aids and resource materials in teaching patients and their families. | | |
| 30. Perform nursing care required by critically ill patients. | | |
| 31. Encourage the family to participant in the care of the patient. | | |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | | |
| 33. Use nursing procedures as opportunities for interaction with patients. | | |
| 34. Contribute to productive working relationships with other health team members. | | |
| 35. Help a patient meet his/her emotional needs. | | |
| 36. Contribute to the plan of nursing care for a patient. | | |
| 37. Recognize and meet the emotional needs of a dying patient. | | |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | | |
| 39. Plan for the integration of patient needs with family needs. | | |
| 40. Function calmly and competently in emergency situations. | | |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | | |
| 42. Use opportunities for patient teaching when they arise. | | |

**The following PROFESSIONAL DEVELOPMENT behaviors should be evaluated in terms of quality only--i.e. COLUMN B.**

| | Column A | Column B |
|---|---|---|
| 43. Use learning opportunities for ongoing personal and professional growth. | | |
| 44. Display self-direction. | | |
| 45. Accept responsibility for own actions. | | |
| 46. Assume new responsibilities within the limits of capabilities. | | |
| 47. Maintain high standards of performance. | | |
| 48. Demonstrate self-confidence. | | |
| 49. Display a generally positive attitude. | | |
| 50. Demonstrate a knowledge of the legal boundaries of nursing. | | |
| 51. Demonstrate knowledge in the ethics of nursing. | | |
| 52. Accept and use constructive criticism. | | |

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**Further information regarding the development, use and scoring of the Six Dimension Scale of Nursing Performance can be found in: Schwirian, P.M. (1978). Evaluating the performance of nurses: A multi-dimensional approach. Nursing Research, 27, 347-351.**


## RHAMZELL BERNARDO PINGOL MBA, MScHM(c) MAN, RN, BSN

rhamzell87@yahoo.com
pingolr@clevelandclinicabudhabi.ae


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## CAREER OBJECTIVE:

To take up space in hospital/nursing operations, leadership or program management and drive organizations to a more effective and efficient work environment. To bring great value to any company by achieving organizational goals and objectives through application of in-depth clinical experience and management theories learnt from various work experiences, accreditations, specialized trainings and studies. Finally, to close the gap between operations management and actual clinical work processes for improved team performance and patient outcomes.

## PROFESSIONAL LICENSES:

**Health Authority Abu Dhabi (HAAD), United Arab Emirates - Registered Nurse**
HAAD License Number: GN10354
Status: February 10, 2023

**Professional Regulation Commission (PRC) Manila, Philippines - Registered Nurse**
PRC License Number: 0506469
Date Registered: September 10, 2008

**BOARD EXAMINATION:**
**NCLEX-RN California Board of Nursing, United States of America**
Date Passed: October 22, 2009

## EDUCATION:

**Graduate Studies:**
***Master of Arts in Nursing, Major in Nursing Administration (MAN)***
University of the Philippines System, UPOU, Los Baños, Laguna, Philippines
Year: August 2015 to Dec 18, 2021

***Master in Business Administration (MBA) - GPA 3.7***
Swiss Business School, Kloten-Zurich, Switzerland
Year: March 2021 to April 29, 2022

***Master of Science in Healthcare Management (MScHM)***
Swiss Business School – Middle East, United Arab Emirates
Year: March 2021 to Present (for thesis submission)

***Master of Arts in Nursing, Major in Nursing Service Administration***
With complete academic requirements, thesis pended
University of La Salette, Santiago City, Isabela, Philippines
Year: October 2008 to 2010

**College:** ***Bachelor of Science in Nursing***
Bulacan State University, City of Malolos, Bulacan, Philippines
Year: June 2004 to April 2008

**High School:** ***Graduate of Secondary Education***
Sto. Niño Academy, Bocaue, Bulacan, Philippines
Year: June 2000 to March 2004

## CLINICAL EXPERIENCE:

Position: **Stroke Program Coordinator**
Company: Cleveland Clinic Abu Dhabi
Date: May 13, 2019 to present

Position: **Hospital Transfer & Triage Nurse**
Company: Cleveland Clinic Abu Dhabi
Date: June 23, 2018 to May 12, 2019

Position: **Freelance Business Director** (A Neurorehabilitation Clinic)
Company: Physioworld Therapeutic Center, Bulacan, Philippines (closed)
Date: Dec 1, 2016 to May 1, 2018

Position: **Staff Nurse, Emergency Department** with New Hospital & Ambulance set-up
Company: Nation Hospital, Abu Dhabi managed by University Hospital of Vienna (closed)
Date: July 16, 2017 to May 29, 2018

Position: **Trauma Coordinator & HAAD Trauma Registry**
Company: ADNOC Ruwais Hospital (currently NMC Ruwais), Ruwais, Abu Dhabi, U.A.E.
Date: August 1, 2015 up to January 30, 2017

Position: **Accident & Emergency Staff Nurse**
Company: ADNOC Ruwais Hospital (currently NMC Ruwais), Ruwais, Abu Dhabi, U.A.E.
Date: January 11, 2015 up to January 30, 2017

Position: **Staff Nurse, Emergency Department**
Company: Al Noor Hospital (currently MediClinic Airport Road Hospital), Airport Road, Abu Dhabi, U.A.E. Date: August 23, 2011 to December 9, 2014

Position: **Nursing Assistant, Emergency Department** (whilst awaiting HAAD-RN license)
Company: Al Noor Hospital (currently MediClinic Airport Road Hospital) Airport Road, Abu Dhabi, U.A.E. Date: May 15, 2011 to August 22, 2011

Position: **Staff Nurse, Emergency Department** with rotational shifts in **Medical-Surgical Ward**
Company: Emmanuel Hospital, Bulacan, Philippines
Date: September 15, 2008 to December 30, 2010

## JOB DESCRIPTION/DUTIES AND RESPONSIBILITIES:

• Help oversee the implementation and management of the Stroke Program in CCAD functioning as the official Stroke Center in Abu Dhabi
• Currently serving as the Vice Chairman for Stroke Steering Committee in CCAD under the Medical Executive Council and as a ***Stroke Program Coordinator***
• Maintain and oversee several KPIs - 18 Joint Commission metrics for Stroke and help validate/adjudicate 19 JAWDA stroke quality metrics
• Preparation and readiness for American Heart Association's Comprehensive Stroke Accreditation
• Preparation and readiness for JCI's Clinical Care Program Certification for Stroke
• Actively participates in research, performance improvement, clinical education and community outreach
• Educate clinical caregivers about the CCAD Stroke Program
• Analyze, manage, report stroke data
• Update of policies per JCI, DOH, AHA/ASA, CCAD clinical practice guidelines and quality measures.

• All the basic and advance skills of an ***Emergency Staff Nurse*** with certifications from TNCC, ACLS, PALS, AHLS, and BLS who has worked in the ED for 9 years across different facilities in the United Arab Emirates.
• Held the position of a ***Trauma Program Coordinator*** for ADNOC Ruwais Hospital, a JCI certified government health facility for 2 years and managed data for Trauma Registry under HAAD Trauma Initiative.
• Analyzation and reporting performed in a monthly personal meeting with other SEHA Hospitals like SKMC, Mafraq, Al Ain, Tawam, and Al Rahba among others.
• Has worked side-by-side with the Quality Department and top clinical managers during the entire program implementation.
• Collates, analyzes, and reports data to all concerned staff and department and represents the program in regular medical board meeting.
• Coordinated outreach and educational programs and has active involvement for the radiological preparation of ADNOC Ruwais Hospital as the first medical responder in several major disaster drills together with other government entities for the opening of the ENEC-Baraka Nuclear Power Plant.
• Assisted with HAAD and JCI surveys and accreditation.
• And other duties of a Trauma Program Coordinator such as clinical supervision of trauma cases and the corresponding Trauma Code Activations, co-authored clinical guidelines and policies, performed performance improvement activities for all the members of the Trauma Team and represent the hospital organization in all trauma-related conferences and meetings.

## PERFORMANCE IMPROVEMENT PROJECTS:

**1.** Door to First CT Image – Stroke — Date: June 2019 – Dec 2019
**2.** New tPA workflow -Stroke — Date: May 2019 – Jan 2021
**3.** Door to Groin Puncture – Stroke — Date: Oct 2020 – Present
**4.** Depression Screening for Stroke Patients — Date: Apr 2022 - Present

## PROGRAM ACCREDITATIONS:

**1.** JCI Clinical Care Program Certification for Stroke — Date: November 2021
**2.** DOH Abu Dhabi – Center for Excellence for Stroke Recertification — Date: Aug, Oct 2022
**3.** On process: AHA Comprehensive Stroke Accreditation/GWTG Stroke Registry — Date: Present

## BUSINESS MANAGEMENT EXPERIENCE:

1. Physioworld Therapeutic Center — Date: Dec 2016 – May 2018
Out-patient Physical Therapy & Rehab Clinic
Guiguinto, Bulacan, Philippines
Partner, Freelance Business Director

## TRAININGS ATTENDED:

**U.A.E**

***1.*** ***"Clinical Pathways in Stroke Rehabilitation - Teaching Course"*** Date: Feb 5- May 21, 2021
Training Provider: World Federation of Neuro Rehabilitation (WFNR), UK/Germany
2. ***"National Institutes of Health Stroke Scale (NIHSS)"*** Date: September 9, 2021
Data Provider: BlueCloud
3. ***"Trauma Nursing Core Course (TNCC)"*** Date: Nov. 28-30, 2016
Data Provider: TNCC
4. ***"Radiation Health Sciences Workshop"*** Date: Sept. 3-6, 2016
Training Provider: ADNOC Medical Services
5. ***"Abu Dhabi Central Registry DI Collector V5 2016 Trauma Registrar's Update"*** Date: March 16, 2016
Training Provider: Al Rahba Hospital, SEHA, HAAD-ADTI
6. ***"Core Skills in Trauma Resuscitation Course in Cadaveric Models"*** Date: September 3, 2015
Training Provider: American College of Emergency Physicians, University of Sharjah
7. **"*Performance Improvement & Patient Safety (PIPS)"*** Date: May, 12, 2014
Training Provider: SEHA & Abu Dhabi Trauma System Initiative; Johns Hopkins University
8. ***"Trauma Outcomes Performance Improvement Course (TOPIC)"*** Date: May 29, 2012
Training Provider: HAAD & Abu Dhabi Trauma System Initiative
9. "***Advanced Hazmat Life Support (AHLS)"*** Valid until: June 2017
Training Provider: ADNOC Ruwais Hospital
10. **"*Advanced Cardiac Life Support (ACLS)"*** Valid until: January 2018

Training Provider: Uniteam Medical Assistance, American Heart Association

11. **"Pediatric *Advanced Life Support (PALS)"*** Valid until: February 2020
Training Provider: Uniteam Medical Assistance, American Heart Association

12. ***"Basic Life Support (BLS), Healthcare Provider"*** Valid until: October 2018
Training Provider: Uniteam Medical Assistance, American Heart Association

13. ***"Neonatal Resuscitation Program (NRP), Basic Provider"*** Date: December 29, 2011
Training Provider: Uniteam Medical Assistance, American Academy of Pediatrics, AHA

**Philippines**

1. ***"Advance Cardiac Life Support (ACLS) Healthcare Provider's Course"***
Training Center: Philippine Heart Center Duration: December 1-3, 2010
2. ***"Basic ECG and Arrhythmia Recognition"***
Training Center: Philippine Heart Center Duration: November 16-18, 2010
3. ***"Adult Basic Life Support (BLS)"***
Training Center: Philippine Heart Center Duration: November 11, 2010
4. ***"Basic Life Support (BLS)***
Training Center: Red Cross Bulacan Chapter Duration: March 2, 3, 2009
5. ***"Intravenous Therapy Training (IVT)"***
Training Center: Bulacan Medical Center, a tertiary hospital Duration: January 15, 16, 17, 2009

## SEMINARS ATTENDED:

**U.A.E.**

1. ***"8th MENA Stroke Congress"***
Seminar Sponsor: American Heart & Stroke Association, MENASO Date: October 22-23, 2022
2. ***"Respiratory Therapy Conference"***
Seminar Sponsor: Cleveland Clinic Abu Dhabi Date: October 19, 2022
3. ***"Care Effective, Cost Effective"***
Seminar Sponsor: Emirates Nursing Association, Etihad Towers Date: May 23, 2015
4. ***"Concepts in Community Health: Health Beliefs between Facts and Myths"***
Seminar Sponsor: Emirates Nursing Association, Fatima College Date: October 24, 2013
5. ***"The 8 Millennium Development Goals"***
Seminar Sponsor: Emirates Nursing Association, Fairmont Hotel Date: May 11, 2013
6. ***"1st INCAN, Safe Nursing Practice: Building and Promoting Quality and Excellence"***
Seminar Sponsor: Al Noor Hospital, Abu Dhabi Women's College Date September 6, 2013
7. ***"2nd Pain Management Seminar"***
Seminar Sponsor: Al Noor Hospital, Intercontinental Hotel Date: September 7, 2012

## PERSONAL INFORMATION:

Birthdate : January 11, 1987
Birth Place : Guiguinto, Bulacan, Philippines
Nationality : Filipino
Height : 174cm
Weight : 105kgs
Sex : Male
Civil Status : Married
Religion : Roman Catholic
Professional Organizations : *Emirates Nursing Association, Philippine Nurses Association, Society of Trauma Nurses*
Community Organizations : *Light of Jesus Family Abu Dhabi, Jesus Wants to Tell You Catholic Charismatic Community, Guiguinto Scholars Association, Nurse's Notes: Official Paper for BulSU College of Nursing as founding Editor-in-Chief*

## REFERENCES:

**Dr. Victoria Mifsud**
Stroke Program Director
Cleveland Clinic Abu Dhabi
Dhabi mifsudv@clevelandclinicabudhabi.ae

**Mr. Pooraj Rumon**
Nurse Manager, Level 13
Cleveland Clinic Abu
rumonp@clevelandclinicabudhabi.ae

**Dr. Syed Irteza Hussain**
Chief, Neuro Institute
Cleveland Clinic Abu Dhabi
hussaiS3@clevelandclinicabudhabi.ae

I do hereby certify that the above information is true and correct to the best of my knowledge.

Signed:

**Rhamzell Bernardo Pingol MBA, MScHM(c), MAN, RN, BSN**
20/09/2022