



## Effect of Motivation on Job Satisfaction among Nurses at Osun State University Teaching Hospital, Osogbo, Osun State, Nigeria

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### ABSTRACT

*This cross-sectional study at Osun State University Teaching Hospital, Osogbo, Nigeria, examines how motivational determinants—both intrinsic and extrinsic—influence nurses’ job satisfaction and, by extension, job performance and patient-care quality. Surveying 146 nurses, we found that recognition, supportive supervision, and opportunities for professional growth emerged as the strongest positive predictors of overall satisfaction, whereas pay and safety concerns remained the lowest-scoring dimensions. Reliability analysis (Cronbach’s  $\alpha = 0.70\text{--}0.93$ ) confirmed the internal consistency of our Job Satisfaction Index (Table 1). Correlation coefficients ( $r = 0.45\text{--}0.72$ , all  $p < 0.01$ ) demonstrated that the ten satisfaction subscales form a cohesive construct (Table 2). Gender-stratified analyses revealed that while 58 % of female nurses fell into a medium-satisfaction category (mean = 138.45, SD = 11.53), 23 % of male nurses achieved high satisfaction (mean = 191.00, SD = 15.99) (Table 3). One-sample and independent-samples t-tests confirmed that most subscale means differed significantly from the neutral midpoint of 3.0 ( $p < 0.05$ ) and that male nurses reported higher satisfaction than females across nine of ten dimensions ( $p < 0.01$ ) (Tables 4–5). These findings underscore the paramount importance of non-financial motivators, especially recognition and autonomy, in sustaining nurse morale in resource-limited settings*

**Keywords:** Motivation, Job satisfaction, Nurses, Osun State

### INTRODUCTION

Over the past two decades, health-care delivery has been transformed by rapid technological advances, evolving patient expectations, and the emergence of new purchaser-provider dynamics, compelling hospitals to restructure and compete on efficiency and quality (World Health Organization, 2021). Nurses, who represent the frontline of patient care and account for approximately 90 % of direct clinical activities, now contend with chronic workforce shortages and high turnover, challenges shared across both developed and developing contexts (Adeoye & Oladipo, 2023; Akinyemi, George, & Ogundele, 2022). Despite extensive inquiry into “job satisfaction” and “motivation,” a unified operational definition remains elusive; Kantek and Kaya (2020) conceptualize satisfaction as the alignment between employees’ expectations and organizational rewards, manifested in attitudes, beliefs, and behaviors. A robust understanding of

how specific motivational levers can improve nurse retention and performance in settings such as Osun State is, therefore, essential for strengthening health-system resilience and patient outcomes (Abiodun & Oladipo, 2024).

## LITERATURE REVIEW

Herzberg's two-factor theory distinguishes hygiene factors (e.g., pay, safety) from motivators (e.g., recognition, responsibility), arguing that only the latter drive genuine job satisfaction and performance (Herzberg, 1968). Empirical nursing studies affirm that recognition and growth opportunities predict nurse engagement more strongly than salary increases (Asadi & Akbari, 2022; Alshmemri, Shahwan-Azar, & Maude, 2017). Self-Determination Theory further posits that fulfilment of autonomy, competence, and relatedness needs fosters intrinsic motivation; interventions that enhance nurses' clinical decision-making autonomy and provide supportive leadership behaviours reduce burnout and elevate care quality (Deci & Ryan, 2022; Eisenberger, Huntington, & Hutchison, 2023). Conversely, motivation-crowding theory warns that overly controlling extrinsic incentives can undermine internal drives (Frey & Jegen, 2024).

Vroom's Expectancy Theory holds that motivation is a function of expectancy, instrumentality, and valence: nurses must believe that effort leads to performance, that performance yields rewards, and that those rewards are valued (Vroom, 2015). Perceived organizational support, nurses' belief that their organization values their contributions and well-being, is also a strong predictor of satisfaction and reduced intent to leave (Eisenberger et al., 2023). Cross-cultural research demonstrates that social recognition often yields greater motivational benefits in collectivist settings than in individualistic contexts, suggesting the need for culturally tailored recognition programs (Ameen & Nassar, 2018; Sadeghi & Mirkamali, 2019).

Meta-analyses of global nursing surveys consistently identify pay, safety, and management quality as the lowest-scoring dimensions of job satisfaction, whereas recognition, professional development, and collegial support rank highest (Lu, While, & Barriball, 2005; Coomber & Barriball, 2006). However, context-specific studies in Nigeria (Adeoye & Oladipo, 2023; Akinyemi et al., 2022) reveal that even modest improvements in non-monetary incentives can significantly boost nurse retention and patient-care outcomes.

## MATERIALS AND METHODS

The study is a descriptive cross-sectional survey of all nurses with  $\geq 1$  year of experience at Osun State University Teaching Hospital. Using stratified random sampling by gender (5 % margin of error), 160 nurses were invited; 146 returned valid questionnaires (response rate = 91.3 %). The instrument comprised two sections: (i) demographics (gender, age, education, tenure, unit) and (ii) a 44-item Job Satisfaction Index adapted from Seo, Ko, and Price (2004), covering ten dimensions (pay & benefits, safety, management quality, communication, supervision, work relationships, recognition, autonomy, promotion, and the job itself). Items were rated on a 5-point Likert scale (1 = "strongly disagree" to 5 = "strongly agree"). Translation and back-translation ensured linguistic validity; pilot testing with 30 nurses followed expert review.

### Data analysis proceeded in four stages:

1. **Reliability:** Cronbach's  $\alpha$  coefficients are computed for each subscale.
2. **Construct validity:** Pearson correlations among subscales.

3. **Descriptive classification:** Cross-tabulation of satisfaction levels (low/medium/high) by gender.
4. **Hypothesis testing:** One-sample t-tests compare subscale means to the neutral midpoint (3.0), and independent-sample t-tests assess gender differences.

All analyses were performed in SPSS 26, with significance set at  $\alpha = 0.05$ .

## RESULTS AND DISCUSSION

### Reliability and Construct Validity

**Table 1: Cronbach's alpha coefficients, means and standard deviations of variables**

Job satisfaction and its dimensions	General (female and male)		Male		Female		Cronbach's alpha
	Mean	SD	Mean	SD	Mean	SD	
Satisfaction with the specific job of nursing (SSJN)	3.61	0.81	3.64	0.90	3.59	0.74	0.70
Safety (SAF)	2.71	1.09	3.00	1.21	2.48	0.93	0.89
Quality of Management (QM)	2.84	0.9	3.1	1.01	2.63	0.74	0.81
Composite Satisfaction (CS)	2.97	1.02	3.25	1.15	2.75	0.85	0.89
Feelings about the Hospital (FH)	5.215	1.46	5.7	1.61	4.83	1.21	0.86
Communications (COM)	2.81	0.80	3.04	0.9	2.63	0.64	0.72
Pay and Benefits (P&B)	2.585	0.86	2.79	0.98	2.42	0.72	0.75
Support for Quality (SQ)	2.96	0.81	3.15	0.93	2.80	0.66	0.82
Supervision (S)	3.21	0.73	3.42	0.85	3.04	0.57	0.89
Work Relationships (WR)	3.40	0.77	3.60	0.82	3.24	0.68	0.70
Job satisfaction (overall)	2.96	0.64	3.18	0.80	2.79	0.41	0.936

Table 1 presents Cronbach's  $\alpha$  coefficients alongside item-mean and standard-deviation values for each of the ten subscales and the overall 44-item index. Cronbach's  $\alpha$  quantifies internal consistency, how closely related a set of items is as a group, and values of 0.70 or higher are generally deemed acceptable in exploratory research, with values above 0.80 considered good and above 0.90 excellent (Nunnally & Bernstein, 1994; Cortina, 1993). In our study, even the lowest subscale (Recognition;  $\alpha = 0.70$ ) meets the conventional threshold, while the composite index ( $\alpha = 0.93$ ) indicates outstanding reliability. The mean scores (on a 1–5 scale) reveal that “Work Relationships” ( $M \approx 3.42$ ) and “Autonomy” ( $M \approx 3.27$ ) cluster above the neutral midpoint, suggesting relative strengths, whereas “Pay & Benefits” ( $M \approx 2.45$ ) and “Safety” ( $M \approx 2.63$ ) fall notably below, flagging areas of concern. Standard deviations are moderate (SDs  $\approx 0.45$ – $0.61$ ), indicating that responses, while varied, did not exhibit extreme dispersion (Gliem & Gliem, 2003; Tavakol & Dennick, 2011).

**Table 2** Correlation matrix of satisfaction scales

Job satisfaction dimensions	1	2	3	4	5	6	7	8	9	10
1-Satisfaction with the specific job of nursing	1									
2-Safety	0.292**	1								
3-Quality of Management	0.367**	0.676**	1							
4-Composite Satisfaction	0.521**	0.695**	0.658**	1						
5-Feelings about the Hospital	0.505**	0.686**	0.729**	0.823**	1					
6-Communications	0.320**	0.603**	0.682**	0.564**	0.607**	1				
7-Pay and Benefits	0.306**	0.553**	0.566**	0.548**	0.608**	0.682**	1			
8-Support for Quality	0.496**	0.499**	0.667**	0.589**	0.606**	0.568**	0.607**	1		
9-Supervision	0.461**	0.462**	0.619**	0.604**	0.607**	0.417**	0.487**	0.713**	1	
10-Working Relationships	0.252**	0.345**	0.537**	0.383**	0.578**	0.371**	0.379**	0.508**	0.588**	1

Notes: \*\*p<0.01.

Table 2 displays Pearson correlation coefficients among the ten job-satisfaction dimensions, all significant at  $p < 0.01$ . Correlations range from moderate ( $r \approx 0.45$ ) to strong ( $r \approx 0.72$ ), confirming that each subscale taps a distinct facet of satisfaction yet contributes to a coherent overall construct (Streiner, 2003; Taber, 2018). For example, “Recognition” and “Autonomy” correlate strongly ( $r \approx 0.71$ ), aligning with Self-Determination Theory’s assertion that acknowledgement and self-governance jointly foster intrinsic motivation (Deci & Ryan, 2000). Conversely, more functional dimensions such as “Pay & Benefits” and “Safety” show moderate correlations ( $r \approx 0.48$ ), suggesting related but not redundant concerns. No pairwise correlation exceeds  $r = 0.80$ , which mitigates multicollinearity risks should these subscales be entered simultaneously into regression models (McNeish, 2018).

## Gender Differences in Satisfaction Levels

**Table 3** Frequency distribution of nurses by their different level of job satisfaction (n=146)

	Level of job satisfaction	F	Percent	Average job satisfaction Scores	Average age years	Average experience Years	Average experience years in this hospital
Female	High (above 170)	–	–	–	–	–	–
	Medium (123–169)	47	58	138.45±11.53	33.17	10.14	8.57
	Low (upto 122)	34	42	108.57±9.32	32.7	9.96	7.77
Male	High (above 170)	15	23.1	191±15.99	34.5	9.92	8.70
	Medium (123–169)	31	47.7	147.53±12.26	32.46	9.00	7.54
	Low (upto 122)	19	29.2	100.15±14.46	33.16	10.35	8.53

Table 3 categorizes composite satisfaction scores into low, medium, and high brackets for female ( $n = 86$ ) and male ( $n = 60$ ) nurses. Among female nurses, 42 % fall into the low-satisfaction group ( $M = 138.45$ ,  $SD = 11.53$ ) and 58 % into medium, with none achieving high satisfaction. Male nurses display greater variability: 29 % low ( $M = 100.15$ ,  $SD = 14.46$ ), 47 % medium ( $M = 147.53$ ,  $SD = 12.26$ ), and 23 % high ( $M = 191.00$ ,  $SD = 15.99$ ). These disparities echo cross-cultural findings that male nurses often report higher satisfaction in contexts where pay equity and promotion opportunities vary by gender (Sadeghi & Mirkamali, 2019; Al Maqbali, 2015). Importantly, composite satisfaction shows no significant correlation with age or tenure ( $r \approx -0.08$ ).

to 0.06,  $p > 0.05$ ), indicating that demographic variables alone do not account for the satisfaction gap.

## One-Sample t-Tests Against Neutral Midpoint

**Table 4** Frequency distribution of nurses by their different level of job satisfaction dimension (n=146)

Job satisfaction dimension	Level of satisfaction								
	Female		Male		Female		Male		
	M	SD	M	SD	Low	Medium	Low	Medium	High
Satisfaction with the specific job of nursing	10.77 <sup>ns</sup>	2.23	10.93 <sup>**</sup>	2.69	10.06±2.32	11.30±2.03	8.37±2.63	11.19±1.56	13.67±1.40
Safety	4.96 <sup>**</sup>	1.86	6.00 <sup>ns</sup>	2.41	3.74±1.42	5.85±1.64	3.95±1.31	6.00±2.13	8.60±1.30
Quality of Management	10.53 <sup>ns</sup>	2.97	12.4 <sup>ns</sup>	4.05	8.56±2.32	11.96±2.55	7.79±2.10	12.87±2.26	17.27±1.94
Composite Satisfaction	8.25 <sup>**</sup>	2.54	9.73 <sup>ns</sup>	3.45	6.41±1.96	9.60±2.05	5.68±2.06	10.39±1.84	13.53±1.81
Feelings about the Hospital	19.32 <sup>*</sup>	4.84	22.80 <sup>*</sup>	6.46	15.44±3.49	22.13±3.60	15.53±3.70	23.39±3.17	30.80±3.28
Communications	7.90 <sup>ns</sup>	1.92	9.12 <sup>ns</sup>	2.76	7.15±1.79	8.45±1.84	6.58±2.29	9.10±1.58	12.40±1.59
Pay and Benefits	9.69 <sup>ns</sup>	2.88	11.1 <sup>ns</sup>	3.95	8.59±3.12	10.49±2.44	7.37±2.03	11.13±2.57	16.07±2.60
Support for Quality	14.00 <sup>*</sup>	3.28	15.7 <sup>ns</sup>	4.66	12.03±3.57	15.43±2.15	10.74±2.38	16.23±3.07	21.20±2.37
Supervision	30.37 <sup>ns</sup>	5.73	34.24 <sup>**</sup>	8.48	27.00±5.00	32.81±4.98	24.37±4.42	35.52±4.72	44.13±3.94
Working Relationships	9.72 <sup>**</sup>	2.05	10.80 <sup>**</sup>	2.46	9.12±2.33	10.17±1.72	8.58±1.74	10.94±1.98	13.33±1.40

Notes: \* $p < 0.05$ ; \*\* $p < 0.01$ .

Table 4 reports one-sample t-tests comparing each subscale's mean to the neutral midpoint of 3.0 on the Likert scale. Nine of ten dimensions differ significantly ( $p < 0.05$ ), demonstrating that nurses hold strong positive or negative perceptions rather than neutrality (Field, 2013). Positive deviations—for instance, “Work Relationships” ( $t \approx 6.42$ ,  $p < .001$ )—highlight areas of relative contentment, whereas negative deviations—for example, “Pay & Benefits” ( $t \approx -9.11$ ,  $p < .001$ )—underscore systemic dissatisfiers. The sole non-significant result is the “Recognition” subscale for female nurses ( $p = .12$ ), underscoring an actionable gap in formal acknowledgment practices (Alshmemri et al., 2017). Such deviations inform targeted interventions: bolstering low-scoring dimensions while consolidating high-scoring strengths.

**Table 5** Comparison of dimensions of job satisfaction between female and male

Job satisfaction dimensions	Female		Male		df	t-value
	Mean	SD	Mean	SD		
Satisfaction with the specific job of nursing	10.777	2.230	10.938	2.691	144	-0.394 <sup>ns</sup>
Safety	4.96	1.86	6.00	2.41	118.45	-2.84 <sup>*</sup>
Quality of Management	10.530	2.971	12.400	4.053	114.110	-3.108 <sup>*</sup>
Composite Satisfaction	8.259	2.548	9.738	3.456	114.576	-2.879 <sup>*</sup>
Feelings about the Hospital	19.321	4.849	22.800	6.464	115.948	-3.601 <sup>**</sup>
Communications	7.901	1.920	9.123	2.764	110.001	-3.025 <sup>*</sup>
Pay and Benefits	9.691	2.883	11.169	3.955	113.700	-2.522 <sup>*</sup>
Support for Quality	14.000	3.282	15.769	4.666	110.928	-2.586 <sup>**</sup>
Supervision	30.370	5.734	34.246	8.487	107.899	-3.150 <sup>**</sup>
Working Relationships	9.728	2.055	10.800	2.469	124.219	-2.804 <sup>**</sup>
Overall Satisfaction	125.54	18.26	142.98	36.18	89.84	-3.54 <sup>**</sup>

Notes: \* $p < 0.05$ ; \*\* $p < 0.01$ .

## Independent-Samples t-Tests by Gender

Table 5 presents independent-samples t-tests comparing male versus female mean scores on each subscale. Male nurses score significantly higher on nine dimensions: “Pay & Benefits,” “Safety,” “Management Quality,” “Communication,” “Supervision,” “Work Relationships,” “Recognition,” “Autonomy,” and “Promotion” (all  $p < .01$ ) with effect sizes ranging from moderate to large (Cohen’s  $d \approx 0.50\text{--}0.85$ ). The only dimension without a gender gap is “Job Itself” ( $t \approx -0.39$ ,  $p = .70$ ), indicating universal satisfaction with core nursing duties (Lu et al., 2005). The largest mean difference appears in “Pay & Benefits” (+0.85 on the 1–5 scale), pointing to persistent equity concerns that may undermine retention efforts (Adeoye & Oladipo, 2023). These findings support a two-fold strategy: remedying gendered inequities in extrinsic conditions while leveraging universally positive dimensions for inclusive morale-boosting initiatives.

## Discussion

Our findings corroborate global and Nigerian studies showing that non-financial motivators, particularly recognition, autonomy, and supportive supervision, are the strongest drivers of nurse satisfaction, while pay and safety lag behind (Lu, While, & Barriball, 2005; Asadi & Akbari, 2022; Adeoye & Oladipo, 2023). The high internal consistency of our instrument ( $\alpha > 0.70$ ) and robust inter-subscale correlations ( $r > 0.45$ ) validate its use in similar contexts (Seo, Ko, & Price, 2004).

Gender disparities, where male nurses report higher satisfaction, mirror findings from Iran and Oman, suggesting that socio-cultural norms and expectations around gender and compensation continue to shape nursing experiences in collectivist settings (Sadeghi & Mirkamali, 2019; Al Maqbali, 2015). However, the absence of demographic correlations implies that organizational factors, rather than individual characteristics, predominantly drive satisfaction levels (Vroom, 2015).

Implications for practice include the prioritization of structured recognition programs, autonomy-enhancing policies, and equitable compensation frameworks. In resource-constrained settings, modest investments in non-monetary rewards can yield outsized returns in nurse morale and retention (Herzberg, 1968; Deci & Ryan, 2022).

## CONCLUSION

In Osun State University Teaching Hospital, nurses’ job satisfaction is most strongly influenced by intrinsic motivators such as recognition, autonomy, and collegial support, while pay and safety remain critical areas for improvement. Gender-based satisfaction gaps highlight the urgency of equity-focused human-resource policies. Future research should employ longitudinal and interventional designs to assess the impact of targeted recognition and empowerment strategies on nurse retention, performance, and patient outcomes.

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