The Effect of Work Motivation and Work Engagement on Intention to Stay Among Jordanian Nurses

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Abstract

Aim

This study explores the relationship between Jordanian nurses' work motivation, engagement, and intention to stay among Jordanian nurses.

Methods

Descriptive cross-sectional correlational design was performed. Data were collected from nurses by convenience sampling from three major public hospitals in Jordan. The data were collected using the Motivation at Work Scale Utrecht, Work Engagement Scale, and McCain Behavioral Commitment Scale.

Results

A total of 195 nurses completed the survey. Half of the participants were female, 50.3%, with 40% aged between (22–29) years. The level of nurses' motivation, work engagement, and intention to stay at work was high, 26 (SD = 1.04), 4.80 (SD = 1.06), and 3.81 (SD = 1.19), respectively. The results showed a strong positive correlation between nurses' intention to stay with work motivation (r = 0.665, P < 0.000) and work engagement (r = 0.653, P < 0.000). Moreover, multiple hierarchical regression revealed that gender, total years of experience, work motivation, and work engagement were predictors of intention to stay.

Conclusion

Jordanian nurses' intention to stay associated with work motivation and engagement has a high general perception level of professional self-concept and moderate problem-solving ability. However, based on the nurses' responses, there are opportunities to improve nurses' work motivation and participation in Jordanian governmental hospitals to enhance their intent to remain in their current workplace.

Introduction

Nurses are the frontline health workers and the backbone of effective healthcare systems. Nurses provide their patients comprehensive care that addresses their spiritual, cultural, psychological, and developmental needs (1). As a major healthcare profession, nursing faces numerous challenges in today's complex work environment. For instance, working in high-demand environments, performing multifaceted and complex tasks, meeting the needs of patients and their families, and working long hours with a persistent shortage of nursing staff (2). These and other factors draw nursing administrates' attention to several vital issues; nursing intentions to stay is one of them. Intention to stay refers to the desire and willingness of nurses to remain in the organization (3). Although a large number of studies
have studied the influencing factors of intention to stay, there are two related concerns: work motivation and work engagement (2, 4).

Nurses tend to leave their current jobs because they are dissatisfied, lack motivation, and want to work in a more motivating environment (3). Work motivation as a part of the work environment positively correlates with nurses' intent to stay (4). Motivation directs, energizes, and sustains people's behavior. It can be internally represented in a person's characteristics, such as values, goals, and result orientation, which leads to diversity in work motivation levels from employee to employee (2). Also could be external, like work engagement, salary pay, vacation days, benefits, organizational environment, teamwork, assignments, policies, supervision method, and promotion (2). Nurses' work motivation significantly affects their performance and their high quality of practice which in sequence affects patients' quality of care (1). Furthermore, intrinsic and extrinsic motivations are positively associated with the intent to stay (2, 5).

One important way organizations can improve service delivery is to engage their employees more effectively. Work engagement is another important factor in retaining employees and increasing their intent to stay. It improves nurses' well-being, patient satisfaction, quality of care, and financial profit of organizations and decreases mortality rates (6, 7). Furthermore, engaged employees are proactive in seeking and accepting responsibilities in their profession, valuing and organizing their work to receive positive feedback (8). As a result, nurses must invest in their work roles and commit to keeping the healthcare system functioning (9). Nurses' engagement includes their dedication to their organization and commitment to the nursing profession; additionally, it directly contributes to patients' safety, outcome, and quality of care (8).

Nurses' work engagement is challenging, and work environments must be fostered to improve nurses' abilities to provide high-quality care. This necessitates healthcare institutions to create an environment in which nurses have autonomy, good relationships with other healthcare workers, and control over their working environment (9). Nurses' work engagement is related to social support, work environment, family issues, and personal resources such as self-efficacy and optimism (10). Furthermore, transformational leadership and a proper relationship between people and their jobs can significantly improve work engagement among nurses (11). Contreras, Espinosa (8) found that a lower levels of work engagement is associated with many negative consequences, such as burnout. Work engagement positively affects organizational performance and employees' well-being while burnout negatively affects organizational performance and employees' well-being (8). Nurses have reported a low level of work engagement compared with other healthcare workers (12, 13). Those disengaged nurses are less obligated and less enthusiastic about their work which in turn poses a threat to their organization by leaving nurses to their current work (14).

Previous studies concluded that work motivation and engagement have a positive impact on nurses' intent to stay in their current organization (2, 4) and affect the delivery of high-quality care to patients and their families (10). Also, Al-Hamdan, Muhsen (15) reported that nurses' intention to stay had been
associated with many factors such as working hours length, demographic variables, gender, job satisfaction levels, workload, work environment, staff empowerment, work engagement, nurse-physician relationship, age, nurses' participation in hospitals activities.

Nurse turnover and shortages result in poor patient care and high morbidity and mortality (10). According to previous research, nurses are less likely to stay at their current jobs. Work retention and intention to stay among nurses are globally important concepts for leaders and administrators to consider when improving patients' quality of care and care efficiency (16). Nurse retention and the presence of experienced professional nurses with many years of clinical practice are critical for healthcare managers and administrators, as both experience and clinical practice determine the level of care and the quality of services provided (17, 18). In Canada, 17.5% of newly hired registered nurses leave their first job within the first year, and between 33 and 62% change positions or leave their occupation within five years of employment. (19). This could be due to various individual and organizational factors, but nurses' motivation and engagement are critical factors in their decision not to leave their current position (20–22).

Jordan is one of the countries facing nursing shortages due to nurses leaving the country or transferring to other organizations within Jordan in search of better working conditions and work environments (4). Hayajneh, AbuAlRub (23) reported that Jordan's nurse turnover rate is as high as 36.6 percent, with an expected increase. According to Jordanian Ministry of Health (MOH) statistics, there is a 61% shortage of nurses in Jordan's healthcare system, with approximately 81,976 nurses to meet the needs of Jordan's population of over 10 million people (24).

There is limited published research in Jordan regarding work motivation, work engagement, and their relationship to intention to stay among Jordanian nurses, and there are no clear statistics available that show the level of work motivation and engagement among Jordanian nurses. Furthermore, most work engagement studies are reported in western economics. In contrast, the Arabic cultural aspects of Jordan are unique and may influence nurses' perceptions of work engagement, given the current Jordanian nurse shortage. As a result, determining current nurses' work engagement levels within the Jordanian organization is challenging. Nurses' intent to stay has been associated with their engagement in hospital activities, leadership style, and demographic factors (15).

The study's findings will be provided information to Ministry of Health officials, policymakers, and healthcare providers, with the recommendation that they are taken into account in strategic planning and the development of policies and guidelines that can create an appealing work environment as well as promising programs and strategies. This increases motivation to work and improves nurses' participation, increasing their intention to stay in their current job. In addition, nurse managers can use the study's findings to increase nurses' work engagement and educate nurses about self-motivation, empathy, and work commitment. For nursing practice, the findings of this study will support healthcare organization management's direct different strategies based on both motivations to work and work participation to increase employee motivation and work participation, thereby positively influencing
nurses’ intention to stay in their current work. In addition, the findings of this study will help nurse managers improve nurses’ work engagement and educate nurses about self-motivation, empathy, and work commitment. The current study aims to examine the level of nurses’ work motivation, engagement, and intention to stay; and to explore the relationship between Jordanian nurses’ work motivation, engagement, and intention to stay among Jordanian nurses.

Methodology

Design, setting, and sampling

A cross-sectional, descriptive correlational design was used to recruit study participants from three major public hospitals in Jordan, which are affiliated with the Jordanian MOH and are located in Jordan's northern and middle regions. Data were collected using a convenience sampling approach from participants who met the following inclusion criteria: registered nurses with at least a bachelor’s degree in nursing can read English, has two years of experience in the current hospital, and works full-time. In addition, nurses in management positions were excluded from the study. The sample size was calculated using the software G*Power 3.0. Using a conventional power estimate of 0.80, alpha set at 0.05, and mean effect size, it was estimated that 136 nurses should be approached for a smaller regression test. However, to allow for an 85% response rate, 225 nurses were contacted to complete the study questionnaire. As a result, 195 nurses completed the survey.

Ethical Considerations

Ethical approval was sought from the university and targeted hospitals' ethical review boards (19/2021). The study was carried out in accordance with the 1964 Helsinki Declaration. The cover letter at the beginning of the survey explained the purpose of the study, the benefits and risks, the researcher's contacts, the fact that their participation is considered a consent form, and their approval to participate in the study. Participants were not asked for their names or contact information to protect the information's confidentiality. Participation was voluntary, and participants could withdraw from the study anytime. Participants’ demographic, personal, and response data were kept confidential and saved electronically in a password-protected document. Only the researcher examined the response data.

Data collection process

The data was collected online after obtaining permission to conduct the study from Zarqa University's Institutional Review Board (IRB) and permission from the Ministry of Health. First, the researcher contacted unit managers of each targeted hospital and explained the purpose of the study and the data collection procedure. Next, the researcher distributed an online link to the Google form survey to each hospital's nurse managers via social media groups, and the nurse managers then distributed the survey online to their nurses via WhatsApp groups. The form begins with a cover letter explaining the study's purpose, risks, benefits, assurance that their information will be kept confidential, electronic consent to participate in the study, and the researcher's contact information. Eligible nurses' responses were
immediately recorded on a designated electronic excel form, and data were saved in a password-protected document. The data collection process took two months.

**Instruments**

**Motivation at Work Scale (MAWS).** This instrument was developed by Gagné, Forest (25), and it is used to understand nurses’ feelings and why they performed their job. It consists of 12 items with a response on a seven-point scale ranging from 1 (not at all) to 7 (very strongly). It has four subscales including intrinsic, identified, introjected, and extrinsic subscales (25). Intrinsic motivation is a motivation that people experience because they enjoy the task at hand. Identified regulation is extrinsic motivation in which people are motivated to complete a task because they have internalized certain values or identities that require it. Introjected regulation is another extrinsic motivation in which people internalize outside influences and feel pressured to complete tasks. External regulation is the final type of extrinsic motivation, in which motivation is derived entirely from external forces such as rewards or punishments. The total score for the MAWS can be obtained by averaging all 12 items and can range from 12 to 84, with higher scores indicating more nurses’ motivation. This tool has been used in different studies, and the total scale coefficient reliability ranged from 0.81-0.89 (25, 26). Also, coefficient reliability for subscales ranged from 0.69-0.89 (25). For the current study, internal consistency for the total scale was 0.95, and subscales ranged from 0.92-0.95.

**Utrecht Work Engagement Scale (UWES).** This tool was used to measure work engagement developed by Schaufeli, Salanova (27). It’s a 7-point Likert scale ranging from 0 (Never) to 6 (always) used to measure nurses’ perception regarding work engagement. It comprises 17 items, including three defined subscales; Vigor (six items) represents energy levels at the time of working, sustained effort at work, and persistence. Dedication (five items) shows the relevance of work to a worker’s life and pride, inspiration, and enthusiasm toward what nurses do. Finally, absorption (six items) focuses on performed activities, work satisfaction, and responsibility compliance. The total score range from 0 to 102, and the higher the score, the more nurses engage in their work (27). According to the reliability, Cronbach’s alpha for the total score was 0.84 and for subscales ranged from 0.76-0.89 (28). However, internal consistency in the current study for the total scale was 0.98, and subscales ranged from 0.79-0.93.

**The McCain Behavioral Commitment Scale.** It measures nurses’ intent to stay at their current job. It’s a five-item measure with a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agreed). The 5 item scales have a possible score range of 5 to 25. A higher score indicates a higher intent to stay at their current job. The interval of the mean score divides the score for intent to stay at their current job into three categories: low level (5 - 11.65), moderate level (11.66 - 18.30), and high level (18.31 - 25.00). It has very good reported validity, and its reliability is reported with a Cronbach alpha of 0.86 (29, 30). This scale has been used and tested in Jordan, and Cronbach alpha ranged from 0.87-0.93 (15, 31, 32). The internal consistency in the current study for the total scale was 0.98.

**Data analysis plan**
The statistical package for social science (SPSS) version (23) was used for statistical analysis with a significance level of 0.05. Descriptive statistics (mean, standard deviation, and frequencies) describe the sample and study variables. At the same time, the inferential statistics include One-Way ANOVA analysis to test the mean difference in nurses’ motivation, engagement, and intention to stay in their workplace. In addition, Pearson's correlation was used to examine the relationships between study variables. Moreover, hierarchical multiple regression analysis was used to explore the predictors of nurses’ intention to stay.

Results

Demographic Characteristics of the Participants

A total of 195 nurses completed the survey. As shown in Table 1, over a third of the participants were young (40%, n = 78) with ages between (22–29), and 50.3% of the participants were female (n = 98). In addition, most participants were married (46.2%, n = 90), and 55.4% held a baccalaureate degree (n = 108). In terms of years of experience, more than a quarter of respondents have less than 5 years of experience (27.7%, n = 54). Regarding the workplace, the highest response rate was 30.8% of the participants working in the operating room.

Discussion

The results of the current study showed that general nurses’ motivation level is 5.26; also, extrinsic and intrinsic types of motivation ranged from 4.85 to 5.8. The results indicate a high level of motivation and subscales among nurses compared with other studies conducted in Finland that used the Motivation at Work Scale (MAWS) to measure motivation (33). Previous studies on nurses’ motivation levels indicate that nurses are generally motivated to work. This is congruent with previous studies that used the nurses' work motivation scale, which revealed that nurses working at a private hospital in Turkey have a high work motivation (1). In addition, another study conducted in Saudi Arabia revealed a moderate level of motivation among nurses (5).

On the contrary, Ayalew, Kibwana (34) examined job satisfaction, motivation, and associated factors among nurses working in public health facilities; work motivation was low compared with our study. These contradictory findings could be attributed to differences in motivational factors and sources in the nursing profession and individual characteristics, which will cause these factors and sources to change (2). Nurses can be motivated in hospitals with good remuneration, supportive working conditions, and supportive leadership, despite significant shortages in equipment, tools, and supplies (35). Van Bogaert, Peremans (10) conducted a mixed-method study to explore predictors of burnout, work engagement, and nurse-reported job outcomes and quality of care; found that nurses stated that their motivation to join the noble profession was based on their reasons for wanting to be a part of it. Also, nurse managers were acutely aware of the importance of assisting staff nurses in their daily activities to motivate them. Furthermore, variable operationalization has been done differently, so the studies are not structurally homogeneous enough to draw a coherent conclusion.
The engagement has emerged as an important organizational behavior variable that contributes significantly to employee productivity and, thus, client satisfaction and organizational performance. When nurses are engaged at work, they have a lot of energy and are completely focused. Furthermore, they are proud of their work, believe it has meaning, and are invested in their position (7). In the present study, nurses’ work engagement was high, and dedication received the highest mean score among the three subscales. This means that nurses have a high commitment to the job, accompanied by a sense of meaning, enthusiasm, inspiration, pride, and challenge. The results of this study are consistent with those reported in the scientific literature around the world. Contreras, Espinosa (8) reported a similar result, the mean scores of total engagement and dedication were the highest mean score among 219 Colombian nursing personnel. In the same vein, a study on 194 nurses from 22 inpatient wards at two hospitals in southern Italy concluded the average work engagement score was similar to our study (9). In the Arab region, the results of the current study are consistent with a study conducted in Egypt; Abou Hashish, Abdel All (36) reported a similar level of work engagement.

Conversely, studies conducted in Egypt (12) and Jordan (13) obtained a lower level of work engagement. Also, a study conducted among Saudi Arabian nurses showed a higher level of work engagement (37). Moreover, the average score in work engagement was higher than the scores observed in other studies conducted worldwide with nursing samples from different countries and workplaces such as; Japan (38), China (35, 39), Spain (40, 41), USA (7), and France (42).

The reason that could help to understand this discrepancy with previous studies could be related to working conditions such as stability, 72.2% of nurses have more than 5 years of experience in this hospital, and personal resources (8). Despite 72.2% of nurses having 5 years of experience and above in the same institution, also, about 28% of them have work experience of fewer than 5 years, which nurses are in their early stages of career development; they are passionate about their work and are highly engaged in it (35). Also, a disagreement is possibly due to staffing resources and workload in different countries and hospitals. The current study showed that 69.2% of nurses work in operation, critical care, and emergency departments, which to some extent, is nurse-to-patient acceptable. Also, nurses have various education levels, work experience, and professional titles. Wang, Chen (35) reported that staffing resources and workload affect engagement. Staffing includes the number of nurses and skill mix because nurses work as a team. The nursing skill mix refers to the proportions of different levels of nurses, including qualifications, expertise and experience, and education, who are available for patient care during shifts (35). Moreover, Van Bogaert, Peremans (10) have demonstrated a negative relationship between work engagement and workload, measured by work hours per day or some dimension of work characteristics. According to personal resources, self-efficacy, self-esteem, and optimism are important for nurses to experience work engagement (10).

Another expected explanation is that nurses would be more motivated to engage in their work if they had less problematic interactions with physicians, supervisors, peers, and patients; adequate workload and preparation; greater certainty about treatment; greater autonomy; support; feedback; and a greater variety and significance of tasks (11). Furthermore, nursing staff in the stressful work area, such to current
studies, 69.2% of nurses working in operation, critical care, and emergency departments; perform their jobs in highly demanding, complex, and stressful environments due to long working hours, strive to conserve, protect and gain more resources than they already have to meet the demands of the work environment, which is highly stressful in the context of health. Based on the Conservation of Resources (COR) theory, the perception of stress represents a potential loss of resources, or at least the threat of such loss, which generates favorable stress toward protection. This can explain the high levels of work engagement observed in these nurses, which could affect personal resources and burnout, which is surprising given the working conditions and demands of nursing practice (8). Also, according to Clark, Crawford (7), emergency nurses are resilient and respond to stressful situations and nursing workplace complexities in a way that restores their strength. As a result, they are more involved in their work and more engaged in their workplaces after being restored.

Concerning the intention to stay, most previous studies are focused on turnover intention and not on the intention to stay. Therefore, the term "intention to leave and turnover intention" has often been used to describe the same idea as the "intention to stay" from the opposite direction. The present study revealed that the overall mean intention to stay at work of nurses in public hospitals was at a high level. Similar findings were reported by AbuAlRub, El-Jardali (3); the mean intention to stay was high among Jordanian registered nurses and midwives who worked in public hospitals and comprehensive healthcare centers. Also, Al-Hamdan, Manojlovich (4) and Atiyeh and AbuAlRub (43) results from Jordanian nurses in public hospitals reported the highest intent to stay scores. However, previous studies conducted among Jordanian nurses and midwives in different healthcare sectors found the levels of intention to stay were on the borderline (15, 16, 32). Our results are in line with other international studies in Taiwan (44), the Philippines (45), the USA (46), and China (18). While in some studies conducted in various settings and sectors found that nurses have moderate to low levels of intention to stay at work (17, 47).

A possible explanation for these diverse results is that nurses and midwives are working in different settings and contexts. Also, this could be referred to as job security; in Jordan, nurses in the public sector have permanent job contracts compared to those working in other sectors under yearly contracts. In addition, nurses working in public hospitals cannot be fired unless the decision is approved by a long chain of formal and hierarchical positions in the ministry of health, and then by Jordan's prime minister. Furthermore, nurses working in public hospitals may have better fringe benefits than those working in other hospitals, such as health insurance that covers all types of healthcare services, as well as free meals, transportation, and dormitory housing for those living outside the governorate borders (4, 32, 43). Another probable explanation could be the difference in nurse-related characteristics between studies. Also, these contradictory results might be to leadership styles in the clinical environment which impact a nurse's intent to stay (16, 18). These were many favorable reasons for nurses’ intent to stay in public hospitals.

Results revealed that nurses with a high level of work motivation and engagement have a high intention to stay in their work which is congruent with national and international studies (2, 4, 5, 9, 12, 37, 39, 48). On the other side, Göktepe, Yalçın (1) revealed that the intention to stay at work had no relationship with
work motivation among nurses at a private hospital in Turkey. In addition, a qualitative descriptive phenomenological study conducted in Croatia found that work motivation does not directly influence the nurses’ intention to leave their job (20). Nurses who work in a healthy working environment, motivating context, and with supportive managers will feel compelled to stay with their current organization. Nurses translated adequate job resources (e.g., salary, promotion, work engagement, financial benefits, and supervision) into high work engagement, which led to positive job outcomes in both personal and organizational performance (intention to stay). Even with insufficient job resources, workers may not have high turnover intentions due to the mediating effect of work engagement (2). Moreover, job security is positively related to work engagement, which leads to staying with their current hospital (36).

In the present study, factors predicting nurses’ intention to stay in their work were gender and total years of experience. Gender and years of experience were also found in the literature as factors affecting nurses’ intention to stay. For instance, an integrative review reported that nurses’ characteristics (gender and years of experience) are connected with why nurses in China, Japan, and Korea stay in their current workplace. This is in association with study results conducted by Al-Hamdan, Muhsen (15) that gender has been associated with nurses' intention to stay. In addition, a cross-sectional survey was conducted among registered nurses from two Jordanian public referral hospitals. Female nurses with more than 15 years of work experience were less likely to leave their current position (21). Mirzaei, Rezakhani Moghaddam (49) identified the predictors of turnover intention; gender was a predictor of turnover intention. A possible explanation for these findings is the cultural context in Jordan, as it is more difficult for Jordanian women to live and work as singles outside of Jordan. As a result, males are more likely than females to consider leaving and moving abroad. Another explanation is that family factors such as being a wife and mother, the husband's place of work, parental pressure and health of family members, and children's schooling influence the intention to stay at work.

The nurses were more likely to intend to stay in their work if they had more years of experience. This is consistent with previous studies; a descriptive correlational study among nurses in Jordan demonstrated a positive association between years of experience and nurses’ intent to stay (43). Also, a cross-sectional study in the Ethiopian public sector examined factors associated with nurses’ intention to leave their jobs and confirmed that nurses’ turnover intentions were associated with years of service (34). This could be explained by the fact that the more experienced nurses had invested more of themselves in the organization, making leaving impractical. An alternative explanation is that nurses with little experience intend to leave their nursing profession sooner to pursue careers in other fields if they think nursing is not for them.

Furthermore, nurses with fewer years of experience were more likely to express a desire to leave their jobs. This may reflect a common tendency for newer employees to begin reevaluating their lives in terms of future career paths after a certain period in the nursing profession (21). Another possible explanation is that novice nurses might be experiencing high levels of work-related stress that likely to seek alternative jobs. In addition, novice nurses experience self-doubt and stress due to their perceived underestimation by experienced coworkers and lack of nursing experience (2).
In the current study, work motivation and engagement are predictors of more nurses' intention to stay. These results are congruent with an integrative review (2). Regarding work motivation, previous studies found that the work engagement factor is associated with nurses' intent to stay in their current work (5, 22). Other studies revealed that nurses' work engagement with hospitals' activities is associated positively with nurses' intention to stay in their current work (4, 9, 12, 15, 37, 39, 50). Nurses who are higher motivated and engaged in their work invest a lot of energy and enthusiasm into their work, and their sense of self-worth increases their desire to stay. Based on the motivational-driven process proposed by the job demands-resources model (JD-R model), nurses who perceive high job resources as motivational work features, specifically task variety, task skill variety, and task significance, may view their work as personally significant and worthwhile. As a result, nurses will feel more vigorous, dedicated, and absorbed in their work. This will increase their desire to stay at their current job (51). These emphasize the importance of creating positive workplaces to attract and retain qualified nurses.

Limitations

This is one of the few studies examining work motivation, engagement, and intent to stay among Jordanian nurses. However, the current study has limitations, including that the study design is cross-sectional and conducted at hospitals related to MOH only, which has limited generalizability because the study was conducted in governmental hospitals only. None of the other organizations were included in the study in addition to the risk of subjectivity and bias due to data collection using questionnaires Electronic self-report.

Conclusions

Based on the variables of the current study, we can conclude that there is a significant relationship between work motivation, work engagement, and nurses' intention to stay. Furthermore, there is a significant influence of work engagement, workplace, gender, and years of experience on nurses' intention to stay. However, based on the nurses' responses, there are opportunities to improve nurses' work motivation and participation in Jordanian governmental hospitals to enhance their intent to remain in their current workplace. The results of this study indicate how important it is to work on hospital policies and strategies to support work motivation and work participation among nurses. Nurse leaders and policymakers in Jordan should encourage actions to improve the working conditions of health care institutions, including motivation at work and support for working nurses like recognition programs linked to work performance and to improve the work environment to enhance work engagement. Moreover, the results of the current study enable the nurse administrator to become more aware of how to motivate nurses and enhance their participation in the work.

Declarations

Ethics approval and consent to participate
This study was approved by the Institutional Review Board (IRB) of Zarqa University (ref.nr:19/2021). The study was carried out in accordance with the 1964 Helsinki Declaration. Informed consent was obtained from all participants.

**Consent for publication**

Not applicable.

**Availability of data and materials**

The authors confirm that the data supporting the findings of this study are available within the article.

**Competing interests**

The authors have no conflicts of interest to declare that they are relevant to the content of this article.

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None.

**Authors’ contributions**

Study conception and design: E.A. and H.K.

Data collection: E.A. and H.K.

Data analysis and interpretation: E.A. and H.K.

Provide critical feedback: H.K. AJN and A.K.

Drafting of the article: H.K. and A.K.

Review the result and prepared tables: H.K. A.K., and E.A.

Critical revision of the article: H.K. AJN, and A.K.

All authors discussed the results and contributed to the final manuscript.

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**Tables**

**Table 1.** Demographics and work-related characteristics
<table>
<thead>
<tr>
<th>Variables</th>
<th>Freq (%)</th>
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<tbody>
<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>97 (49.7)</td>
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<tr>
<td>Female</td>
<td>98 (50.3)</td>
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<tr>
<td>Age</td>
<td></td>
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<tr>
<td>22 – 29</td>
<td>78 (40.0)</td>
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<tr>
<td>30 – 39</td>
<td>63 (32.3)</td>
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<td>40 – 49</td>
<td>37 (19.0)</td>
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<td>&gt;50</td>
<td>17 (8.7)</td>
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<tr>
<td>Baccalaureate</td>
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<td>Master</td>
<td>82 (42.1)</td>
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<td>PhD</td>
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<tr>
<td>Married</td>
<td>90 (46.2)</td>
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<td>Widow</td>
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<tr>
<td>Years of Experience</td>
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<tr>
<td>less than 5</td>
<td>54 (27.7)</td>
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<tr>
<td>5-10</td>
<td>31 (15.9)</td>
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<tr>
<td>&gt;10-15</td>
<td>42 (21.5)</td>
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<tr>
<td>&gt;15-20</td>
<td>33 (16.9)</td>
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<tr>
<td>&gt; 20</td>
<td>35 (17.9)</td>
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<td>Workplace</td>
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<tr>
<td>COVID-19 Isolation</td>
<td>4 (2.1)</td>
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<td>Critical Care Area</td>
<td>40 (20.5)</td>
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<tr>
<td>ER</td>
<td>35 (17.9)</td>
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<tr>
<td>Ob-gyn</td>
<td>20 (10.3)</td>
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</tbody>
</table>
Medical surgical 35 (17.9)
Operation room 60 (30.8)

**Note.** Freq: frequency, %: percentage

**Table 2.** Levels of work motivation, work engagement, and intention to stay

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation at work</td>
<td>5.26 (1.04)</td>
</tr>
<tr>
<td>Intrinsic motivation</td>
<td>4.85 (1.39)</td>
</tr>
<tr>
<td>Identified regulation</td>
<td>5.06 (1.32)</td>
</tr>
<tr>
<td>Interjected regulation</td>
<td>5.80 (1.12)</td>
</tr>
<tr>
<td>External regulation</td>
<td>5.31 (.90)</td>
</tr>
<tr>
<td><strong>Work engagement</strong></td>
<td>4.80 (1.06)</td>
</tr>
<tr>
<td>Vigor Domain</td>
<td>4.69 (1.14)</td>
</tr>
<tr>
<td>Dedication Domain</td>
<td>4.95 (1.12)</td>
</tr>
<tr>
<td>Absorption Domain</td>
<td>4.76 (1.01)</td>
</tr>
<tr>
<td><strong>Intent to stay</strong></td>
<td>3.81 (1.19)</td>
</tr>
</tbody>
</table>

**Note.** SD: standard deviation

**Table 3.** Risk factors of intention to stay at work

<table>
<thead>
<tr>
<th>Factors</th>
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<th>Pearson's correlation (r)</th>
<th>p value</th>
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<tbody>
<tr>
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<td>.000</td>
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**Note.** ***P<0.001

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