

INVESTIGATING THE FINANCIAL AND NON-FINANCIAL MOTIVATING FACTORS TO ENHANCE THE QUALITY PRACTICES AMONG HEALTHCARE LEADERS AND STAFF IN RIYADH SAUDI ARABIA.

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EXECUTIVE SUMMARY

The human-created organizations are considered to be the going concerns, therefore they are required to be viable and stable for a considerable duration of time. Modern organizations are complex and complicated in terms of the use of new technology and rapid advancement in the concepts, theories, principles, and practices of management. Most recently, they have been transformed to learning and digital organizations, while more focusing on the democratic and participative to benevolent and supportive organizations with regard to their relations with employees.

Employees are the core of any organization. For an organization like healthcare to function in proper order without any disruption, the management must seek employees' cooperation which could not be substituted by anything else. It is highly needed that there should be a good relationship between the management and employees of the organization.

Besides perception, personality, attitude, and learning, motivation is one of the most significant parts of understanding human behavior. Psychologists define motivation as "a process that starts with a physiological deficiency or need that activates a behavior or drive that is aimed at a goal incentive". It has been believed by the management researchers that; organizational objectives could not be materialized without the persistent commitment of the employees of the organization.

Researchers contend that motivation is to give your staff the right mixture of guidance, direction, resources, and rewards to keep them inspired and energetic by continuously taking interest in their work through the physical and mental investment of their potentials and skills. In the cutthroat competition era, healthcare organizations nowadays are more emphasizing the management of their people-ware.

The Healthcare sector in Saudi Arabia is facing several challenges including the distance between employees and management. While on other had need of the hour is to provide quality of care to the patients. Motivating the employees to excel their best is the key responsibility of the organizational authorities that could promote adoption of the best practices regarding quality implementation in healthcare to materialize the goals.

This study was intended is to find the relationship between financial, non-financial factors and motivation. For this

purpose, a survey approach was used. 300 sample size was used in the analysis. Correlation, regression tests, and ANOVA were used for analysis. It is found that all the variables financial, non-financial factors, and motivation are positively related to each other, moreover, financial and non-financial factors have an impact on motivation.

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1. BACKGROUND OF THE STUDY

1.1 Introduction

Motivation is the process to influence an employee to put his efforts and use his all-out energies for the organizational good either through rewards or otherwise sanctions. Since motivation plays an instrumental role in achieving the desired level of employees satisfaction as dissatisfaction leads to job burnout, turnover, intention to leave, lack of interest, inefficiency, and waste of time, energy, and resources of the organization. Therefore, leadership in all organizations including healthcare have to devise ways and means to effectively keep on motivating their employees to get their cooperation and willingness to work by offering them a congenial, and friendly work environment [1].

Today's organizations are more complex and challenging than the organizations a decade ago because of the rapid technological changes that transformed the organization from classical organizations to technology-driven knowledge organizations. The complexity becomes more significant in terms of knowledge and skills, practices, and involvement of multiple stakeholders besides changes in the legal

infrastructure and humanization concepts of management. There is a significant shift from the theory x to theory y. Therefore, the conventional methods to deal with employees are no longer effective to get work done with people and through people [2].

Researchers believe that participation and involvement, a democratic approach is the only way forward to effective utilization of the manpower of the organizations. Thus, the successful administrator needs a lot more as compared to delivering services to the patients in the healthcare system. They are required to be good motivators to encourage and inspire employees to materialize the vision and goals of the organizations. Therefore, they must have to understand the perspective on motivation and its theories [3].

The Saudi government is investing huge funds to deliver quality services to the patient by improving the quality of care and patient safety. The medical errors reported in healthcare are still sizable and cannot be ignored. CEBHI is working under the ministry of health to ensure the implementation of quality and patient safety standards in Saudi hospitals. Since patient satisfaction is directly related to the quality of care they attain, this is why there is a dire need to train, engage, and develop hospitals leaders and staff to promote quality culture and ensure quality practices in the process of care.

1.2 Problem Statement

The research problem of this study will be how to enhance the Motivation of Quality Practices among Healthcare Staff and Leaders in Saudi Arabia and to achieve the goals of vision 2030 and Saudi healthcare national transformation plan 2020.

1.3 Objectives of Study

- To identify the relationship between financial and non-financial factors and motivation.
- To investigate the effect of financial factors on motivation.
- To determine the difference in the mean score of demographic variables and research variables.
- To fulfill the requirements for obtaining a master's degree in health services management.

1.4 Hypotheses of Study

H₁: There is a positive significant relationship between financial and non-financial factors and motivation.

H₂: There is a positive direct effect of financial factors on motivation.

H₃: There is a significant effect of non-financial incentives on Motivation

H₄: There is a difference in the mean score of demographic variables and research variables.

1.5 Research Questions

1. Is there any relationship between financial and non-financial factors upon motivation?
2. What is the impact of financial and non-financial factors upon motivation?
3. Is there any difference in scores of demographic variables and research variables?

1.6 Significance of Study

This study has significantly contributed and extended to the body of knowledge. By extending understanding of financial and non-financial factors upon motivation. Also, this study is

beneficial for the students and academicians for further study in-depth about these factors how to enhance motivation by using non-financial factors. Also, this study is helpful for health practitioners to consider non-financial factors for their career development, growth. The Ministry of Health in Saudi Arabia can get benefits from the findings of this study.

1.7 Limitations and Barriers of Study

1. Since the student researchers were conducting independent research for the first time, therefore, they faces a lot of hurdles because writing the thesis in English that is not the mother tongue of the researchers, so they had no option but to take help from the English language expert.
2. Likewise, due to limited and short time, it was not possible to contact each and every participant therefore, convenient sampling was the only choice.
3. The response rate of returning properly filled questionnaires was not up to the mark, thus, researchers visit the prospected respondents time and again.
4. Application of statistical tests, data analysis in SPSS was hard for researchers as we have no background and expertise in statistical data analysis, so we hired the services of a data analyst.

REVIEW OF LITERATURE

Hertzberg's Two-Factor Theory considers two factors i.e., motivation and hygiene, according to him the motivation factors are more significant than hygiene factors as their good efforts are recognized since they are enjoying work as they the career path, whereas hygiene factors are the salary, benefits, and relationships with co-workers and managers [4]. Likewise, Maslow's Hierarchy of Needs emphasizes meeting the basic needs of employees i.e., psychological wellbeing, safety, belonging, and esteem. Leadership can execute diversity training and programs. Though in most organizations safety issues are governed by law, however, if managers make extra efforts to look at things for example desk ergonomics, this could boost employee morale [5].

Furthermore, according to this theory, managers should limit the use of authoritarian methods which could raise fear in employees as they need to be respected by superiors and colleagues during routine duties. Maslow further suggests that employees should be able to develop an action plan for personal success too [13].

Another study conducted by Roethlisberger at whitehead is known as the Hawthorne Effect, which is actually a productivity theory that studies the physical conditions of the workplace, which includes lighting, shift hours, and breaks. This study found that people were more productive based on the idea of being observed rather than changes in their physical working conditions. Thus, the manager can observe employees either physically or through consistent reporting. If people know someone is watching, whether constantly or randomly, they increase productivity [6].

Victor Room presented Expectancy Theory, which states that people will perform based on what they expect the result will be. The three elements are expectancy, instrumentality, and valence. According to this approach, the employee will work toward a believed achievement if that achievement earns a reward, and the reward is valued.

Similarly, Alderfer's Attribution Theory refers to how people respond to success or failure. By looking at the reasons for

the end result, employees are able to identify why something succeeded or failed. This is implemented through employee reviews that cover various metrics and identify root causes. The success and failure are attributed to the outbound calls and can be adjusted for the second employee. Help employees to be intentional in daily activities for success [7]. Judge and Klinger [8] stated three motivation factors. These factors are classified as situational factors this factor motivation is rooted in the nature of the job and work environment while the second theory stated that motivation is the result of the phonological makeover of an individual and the third factor is the interactive factor stated that motivation is results of two factors i.e., situational and dispositional. Further Judge and Klinger [8] suggested that in order to improve motivation several other factors can play important roles these factors are emotions, moods, cognition, affect, and the role of goals in enhancing motivation is very important. The leader must align the intrinsic goals of individuals and organizations. It is natural and permanent while extrinsic goals do not enhance motivation. Further, they stated that stability and change can also bring motivation.

There are other factors that are held responsible to enhance the motivation level of health staff and health care professionals these factors are financial and non-financial factors. Incentives are important to retain, attract and hire skilled and motivated staff. Health care organizations need a desirable plan for incentives to attract health care professionals from different parts of the world in order to fulfill the demands of Saudi health care organizations. The performance of senior medical professionals, as well as newly appointed health professionals, can be enhanced through motivation and offering them an attractive incentive plan.

As discussed above financial and non-financial incentives and benefits plans can motivate and retain professionals. Some researchers think that financial plans are enough to motivate, attract and retain employees but non-financial plans also play a very important role in attracting employees.[9].

According to World Health Organization, 2011 performance of health professionals can be increased if their level of motivation is enhanced. Once the employees are motivated it increases their production level as compared to non-motivated employees. The motivation level of employees can be influenced by incentive plans it is clear from the research that motivation can be enhanced by using financial and non-financial incentive plans. There is another study in which a new method for increasing the motivation level of healthcare professionals was introduced. In order to get patients satisfied, reduce absenteeism of professionals and performance of employees "shift reward" system as introduced. In this system rewards of professionals are counted in terms of points. Under this system pay for performance i.e., P4P was introduced and linked with financial incentive and quality standards [10].

Another study reported that low level of satisfaction and low level of motivation influence the performance of health professionals in Saudi Arabia and it push professionals to migrate to other countries in this regard non-financial incentives to play a very important role side by side with financial incentives, no financial incentive plans include

providing training to employees, leave for study, motivating employees for working in a team, support and feedback from seniors i.e. supervisors, the ratio of professionals and patients, recognition, acknowledgment, career development, etc.

2.1 Financial and Non-Financial Motivation Factors

Herzberg two factor theory for motivation and satisfaction was based on hygiene factors and motivation factors, hygiene factors are those factors that can reduce the level of dissatisfaction among health care employees or professionals, these are an increase in salary, relationship with supervisor, colleagues, work environment, workload, job security, flexible promotion policies, rewards, fringe benefits, pensions plans, etc. while non-financial factors which are held responsible for an increase in motivation of employees these are recognition, responsibilities, acknowledgment, autonomy in work, flexible working hours, chances for career development, study leave, training and education programs, workshops, skill development, by providing these financial and non-financial factors it can increase motivation and reduce dissatisfaction in health care employees.

Some researchers have stated that involving employees in the decision-making of an organization's matters also increases the level of motivation because involving them in decision-making makes a sense in employees that they are a valuable source for organization and in turn, it increases their satisfaction and motivation.[11].

2.2 Financial Factors

Financial factors to motivate employees or reduce dissatisfaction level are salary, wage, fringe benefits, pension, commission, shares, time rate pay, insurance, seniority pay, promotion chances, supervisor, colleagues, work environment, and work itself. The first factor is a salary factor which is paid to employees at regular intervals of a time period most commonly at end of the month for providing services to organizations.

Salary is one of the most dominant predictors of motivation. It is held responsible for increasing the motivation, performance, and commitment level of employees and reducing turnover intention of healthcare professionals [12]. A second most important factor is promotion. If there are no flexible promotion policies available it would result in frustration of employees and turnover intention which will result in less and delay in timing for providing treatment to patients and it will reduce the level of patient satisfaction level in return. Definition of promotion is stated in simple words that increase in the position of a professional in management hierarchy with an increase in salary, benefits, and responsibilities are called promotion.

Further relationship with colleagues i.e., co-workers and supervisors is also a very important factor in affecting the motivation level. It is also reported that feedback and support from supervisors and co-workers are also responsible for affecting the quality of health services so supervisors must provide support to professionals in order to increase the level of motivation and it will increase the level of patient satisfaction. The last two factors i.e., work and work environment also play a crucial role in increasing the motivation workload is very important because every employee has their workload if more workload is given to professionals then it will result in burnout and emotional

exhaustion, depersonalization. So, less workload must be given, and interesting and challenging tasks can engage employees in organizational matters along with better work environment mean better physical environment[4].

2.3 Non-Financial Factors

In this World nowadays every employee and organization drive for both financial and non-financial factors. In the past financial factors were considered more important in enhancing the motivation level of health care professionals in Saudi Healthcare organization but the ministry of health due to a lot of financial pressure sometimes unable to meet the financial requirements of the employees all over Saudi Arabia so non-financial factors are also considered very important factors which can enhance the motivation level of employees and if employees are motivated and retained they will achieve the objectives of organizations in form of patient satisfaction etc. so it is very important to provide non-financial factors like the autonomy of work, recognition, flexible working hours, responsibilities decision making.

Providing non-financial benefits to health care professionals also satisfy their psychological needs as mentioned by Maslow's [13] theory of motivation and also increases productivity and enhance the quality of services provided [14]. It will increase enthusiasm, willingness to work and positive attitude, and emotional state of individual towards his or her job. During hiring, processability can be judged and enhanced by training and development but ability and opportunities do not work without willingness. So, there are studies conducted that believe that non-financial or non-monetary benefits can increase the level of motivation.

Previous studies have used financial benefits for increasing motivation, but this study has used both factors in health care organizations in Saudi Arabia because according to the Ministry of Health (2016), there are 170,000 health care

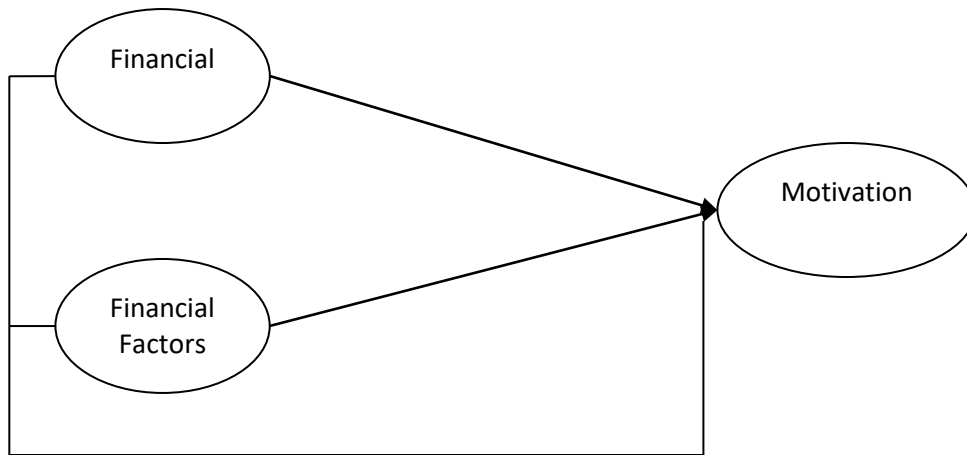
professionals are needed every year for health care centers and it is very difficult to attract retain and train those employees.

Safety and security of health, wealth, and honor are very important for the progress of society, and it is only possible when doctors, nurses, paramedical staff, clinicians, physicians are motivated and retained by providing benefits either financial or not financial.

2.4 Improvement in Quality of HealthCare Organizations

All humans must be aware of a few areas related to health i.e. safety, security, effectiveness, efficiency, and those organizations which are providing health services to people must maintain a high standard of quality for services. These services must be enhancing the efficiency and effectiveness of quality standards set by the ministry of Health. These quality standards can be achieved by a number of methods mentioned like quantitative and qualitative. The need for an increase in quality of health is crucial because new technology is introduced and if the doctors are stuck with old methods it will not generate new and reliable results. So, organizations must streamline their quality standards with new technology. Old and traditional methods of treatment must be replaced with new technology that can enhance performance, quality of services, and better results.

The main aim of the healthcare quality and its improvement is to reduce the time of lingering which is sometimes harmful also provide safety to patients during treatment. It provides effective and efficient tools for the treatment of patients and patients from all characteristics races, ethnicity, color, gets treatment without any discrimination. Also benefits taken from new technology improvise the patient's health with electronic health records, patients can have EHR with all information having all information of the history of patients and beneficial for doctors as well as patients.[15]



Source: Conceptual Framework

RESEARCH METHODS

3.1 Introduction

The previous chapter was about the literature review taken from past studies. This chapter is about methods, design, population, sampling techniques, data collection instruments, methods of data collection, and research ethics.

3.2 Research Design

A survey approach was used in this study as this is the most common way of collecting data from the big population in very little time and cost. A five-point Likert scale was used in this study ranging from strongly agree to strongly disagree. All the organizations were contacted before data collection for permission and the purpose of the research was explained to the employees.

3.3 Population

The population of this study comprised of all the health care professionals in the Riyadh region Kingdom of Saudi Arabia

i.e., 124 managers and 23246 staff members, thus N of the study was 23370. As the population is so big it is not possible to collect the data from all professionals so in this case sampling is essential. There are different techniques of sampling these are discussed in the next section.

3.4 Sampling Techniques

Probability and non-probability sampling techniques are given by researchers in health care. In probability sampling researcher must have information of all the population and the researcher can use simple random sampling or stratified sampling but in non-probability sampling, it is not essential to have a list of all populations so the researcher can use convenience sampling. In this study, researcher has used simple random stratified sampling, where and convenience sampling technique was applied to collect responses from the respondents. For calculating the sampling there are different criteria given, one is Krejcie and Morgan [16].

Table 3.1
Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Also, the Yamane [17] formula can be used to calculate the sample size.

$$S = N / (1 + N(e)^2)$$

So, a researcher can use either table or formula for calculating the sampling size. Babbie [18] also gave one criterion to calculate the sample size i.e. for every 1000 population researchers can take 10% of the total population as sample size.

Likewise, Weiers (1984:126)[19] developed a formula $[\frac{\sigma^2}{(E^2/Z^2) + (\sigma^2/N)}]$ to determine sample size for finite population statically. Since this is more accurate in overcoming the bias, therefore, the researcher has used the Weiers formula to determine the sample size of the study. Social scientists suggest the use of a 95% confidence level to determine the sample size for a finite population, which is equal to 1.96 z-value. The below table illustrates the procedure to determine the sample size of the study in hand

	SD	SE	N	Sampling Procedure	n
Managers	0.45	0.08	124	$[\frac{\sigma^2}{(E^2/Z^2) + (\sigma^2/N)}]$ $[0.45 / ((0.08/1.96)^2 + 0.45/124)]$ $[0.62 / ((0.09/1.96)^2 + 0.62/23246)]$	121.552258
Staff	0.62	0.09	23246		182.310022
Total (N) =			23370	Total (n) =	303.86228

3.5 Data Collection Instrument

There are different ways to use the instrument. One is to adopt the scale from previous studies other is to adapt the scale i.e., modify previous scales for study. The third is to develop a new questionnaire. In this study, the researcher has modified and used the already tested instruments from previous studies in light of the results of the pilot study, where two items were deleted since they fall below the threshold value of factor loading.

The advantage of adopted questionnaires is that their reliabilities and validities are already established in a particular context so there is no need to go for establishing reliabilities and validities for scales but for the purpose of this study reliabilities and validities of instruments were tested and established since Saudi healthcare organizations contextual factors are unique and different from that of the western context by conducting a pilot study.

3.5.1 Pilot Study

As a pilot study, 30 questionnaires were administered by the researcher and used 27 of them a properly filled questionnaire for the analysis of the pilot study was used in order to check the reliability, consistency of the scale along with its validity.

3.5.2 Reliability Analysis Based on a pilot study

Variable Name	Items	Alpha
Financial Incentives	16	0.637
Nonfinancial incentives	17	0.801
Motivation	12	0.742

To check the reliability and internal consistency of the instrument used in this research, the reliability analyses of the instrument were done using Cronbach alpha in SPSS 21. Nunally [20] recommended the minimum acceptance value as 0.7, which is generally acceptable in social sciences.

The goal behind calculating Cronbach’s alpha is generalizability and acceptability. The Cronbach’s alpha gives a lower-bound for the reliability of the scale [21]

The results in the above table show the overall alpha score for financial incentives as .637 that falls below the required alpha value i.e., 0.7, non-financial incentives with .801 and motivation .742, which are above the minimum threshold value of .6 hence, these results suggest running exploratory factors analysis in order to know the loading of the factors.

3.6 Data Collection Methods

Permission, as taken first from the organizations and the aim of the study, was explained to all the officials in the organizations. After that questionnaires were distributed among all employees. The questionnaire was comprised of separate sections i.e., demographic variables like gender, age, education, department, sector, etc., and items regarding financial factors, non-financial factors, and motivation.

3.7 Research Ethics

Confidentiality of data was assured to all respondents. Because it is necessary to keep all data confidential so that reputation of the organization and individual must not be harmed. The researcher gave three to four days to each participant for reading and filling questionnaire

ANALYSIS OF RESULTS & MAJOR FINDINGS

4.1 Introduction

The majority of researchers have used surveys for data collection, so it is the most reliable, less expensive, and time-saving way of data collection [28]. Data were cross-sectional in nature and the total population of this study was 23370 employees (124 managers, 23246 staff members) from health care organizations in Saudi Arabia (this data was obtained from the directorate of health Riyadh region, 2019).

.An instrument for financial and non-financial factors, motivation factors, and patient surveys was adapted from [14]. Initially, 300 questionnaires were distributed among the employees, and a total of 274 completed questionnaires was collected back yielding a 91.3% response rate but in order to get an exact number of the sample size which is representative of the population, the researcher has distributed again 30 questionnaires and 26 completed questionnaires were returned and used in the analysis. SPSS 21 was used for data entry and analysis.

Descriptive statistics and inferential statistics were used for testing the hypothesis. The reliability of scales was checked

through Cronbach alpha. All the scales were measured on a 5-point Likert scale ranging from 1 strongly disagree to 5 strongly agree.

From table 1, below, analysis of results revealed that there are 210 (70%) male respondents participated in this study and 90 (30%) female respondents have taken part in this study. Further analysis of results revealed that there are 99 graduates it is 33% of the sample size while 112 respondents are holding master's degrees it is 37.3% of the sample size and only 89 respondents are having a doctoral degree it is 29.7%.

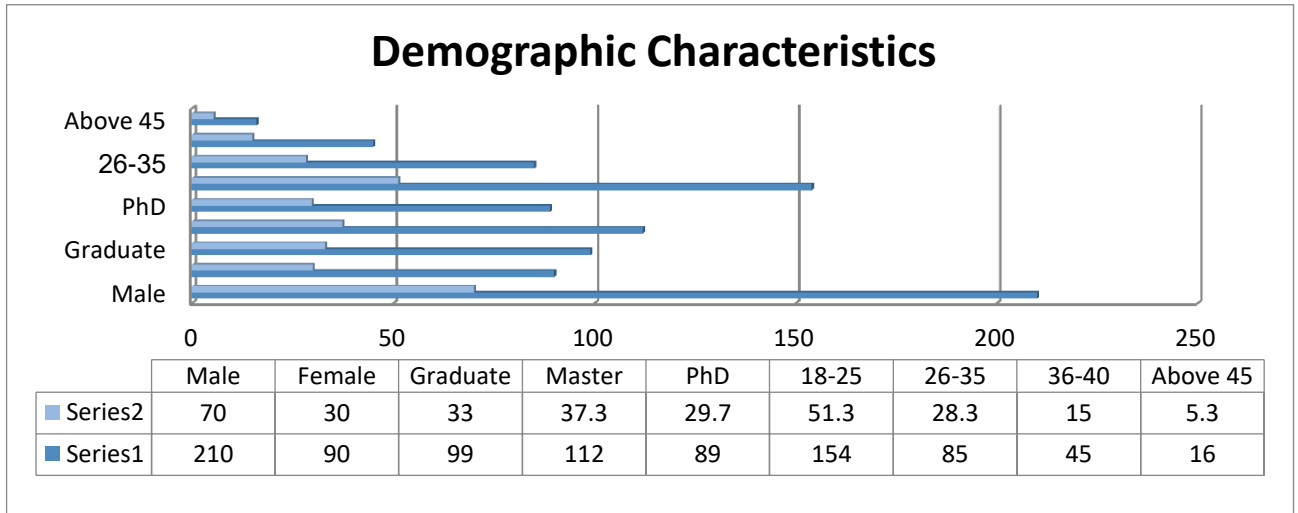
Table 1: Demographic Characteristics of Respondents

Variable	Characteristics	N	%age
Gender	Male	210	70
	Female	90	30
Education	Graduate	99	33
	Master	112	37.3
	PhD	89	29.7
Age	18-25	154	51.3
	26-35	85	28.3
	36-40	45	15
	Above 45	16	5.3

4.2 Reliability and Validity Analyses

In order to check the reliability and internal consistency of items, Cronbach alpha was checked. Cronbach alpha value ranges between 0-1, according to Tabachnik and Fidell [22]

stated that value of alpha 0.5 is poor while Field [24] and Nunally [20] stated that value of alpha 0.6 is questionable, 0.7 is acceptable and 0.8 is very good while 0.9 and above is excellent.



value of Cronbach alpha equal to 0.4 is not acceptable [23]

Table 2: Reliability Analysis

Variables Name	Items	Alpha	CR	AVE
Financial Incentives	13	0.937	0.949	0.650
Non-Financial Incentives	17	0.801	0.894	0.516
Motivation	12	0.847	0.828	0.552

The above table 2 illustrates the value of alpha for financial incentives is 0.937, for non-financial incentives is 0.801 and motivation is 0.847 all values are above cut off level, so the scale used for financial and non-financial incentives to measure motivation is reliable.

Likewise, to assess the validity, the researcher has checked both composite reliability and average variance extracted as suggested by Afthanorhan *et al.*[25], according to him, the average variance extracted must meet the minimum criteria of 0.5.

In this study AVE value for financial, non-financial incentives and motivation are above 0.5. It is hereby concluded from the above results that the reliability and validity of the instruments are hereby established.

4.3 Exploratory Factors Analysis

In the First run of exploratory factor analysis, there are a few rules of thumb that need to be fulfilled by data. The first rule of thumb is to check sampling adequacy, it can be checked by KMO and BTS values. The range of KMO is between 0-1 and a value of 0.5 and high is acceptable [26].

In this study, $KMO = 0.886$ is higher than 0.5, which means that our sample size is adequate [24]. The second rule of thumb states that BTS value should range from 0 to infinity, since the value of BTS or $Chi-Square = 10619.317$ with $p < 0.01$ is found significant, it means that data for this study is adequate and reliable for exploratory factor analysis.

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.			.886
Bartlett's Test of Sphericity	Approx. Chi-Square		10619.317
	df		990
	Sig.		.000

The second decision to be made by the researcher is to retain the factors. There is Kaiser Criterion to retain the factors. Factors having Eigenvalues greater than 1 to be retained [22]. In this study, the researcher has used three factors i.e.,

financial, non-financial, and motivation, based on results we have retained all the three factors. The F1 has value of 15.747, F2 = 2.726 and F3 is 2.370 that accounts for 48.474 % variance.

4.3.1 Extraction Method: Principal Component Analysis.

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total Eigen Values	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	15.747	36.622	36.622	15.747	36.622	36.622
2	2.726	6.340	42.962	2.726	6.340	42.962
3	2.370	5.512	48.474	2.370	5.512	48.474

a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

The third rule of thumb is to use the rotation method, orthogonal method or oblique rotation. The orthogonal method is used when there is no correlation among items, while oblique rotation is used when researchers allowed all items to be correlated [24, 26].

In this study, oblique rotation was used for rotation, and the cut-off level for factor loadings was set at 0.4 levels. Two items were deleted as they were cross-loaded on other constructs. Two items related to the motivation factor i.e., 30

and 37 were deleted from the final questionnaire based on the results of the pilot study since their loading was .322 and .270 respectively which is less than the 0.4

H₁: There is a positive significant relationship among Financial and non-financial factors and motivation.

.Pattern Matrix

	Component		
	1	2	3
FI15	.883		
FI1	.878		
MOT3	.832		
FI4	.808		
FI14	.795		
NFI14	.783		
MOT8	.779		
FI2	.768		
NFI13	.765		
FI16	.757		
NFI16	.738		
FI13	.736		
FI8	.717		
FI3	.702		
FI12	.676		
MOT5	.638		
MOT12	.632		
MOT4	.632		
NFI12	.625		
FI10	.593		
FI11	.579		
NFI9	.572		
FI9	.561		
FI5	.470		
MOT1		.714	
NFI4		.677	
MOT7		.666	
MOT2		.618	
MOT11		.617	
MOT6		.322	
NFI3		.530	
NFI15		.442	
NFI6			.456
NFI2			.721
FI6			.867
FI7			.835
MOT9			.270
MOT10			.604
NFI8		.599	
NFI5		.601	

Extraction Method: Principal Component Analysis.
 Rotation Method: Promax with Kaiser Normalization.

a. Rotation converged in 7 iterations.

.Table 3 Correlation Matrix

	Financial incentives	Non-financial	Motivation
Financial Incentives	Pearson Correlation	1	
Non-financial	Pearson Correlation	.789**	1
Motivation	Pearson Correlation	.851**	.822**
			1

** . Correlation is significant at the 0.01 level (2-tailed).

Bivariate correlation was used for testing the hypotheses, it is shown that the relationship between financial incentives and non-financial incentives is positive significant $r = 0.789, p < 0.05$, further analysis of results revealed that relationship between financial incentives and motivation is $r = 0.851, p < 0.05$, while the relationship between non-financial incentives and motivation is $0.822, p < 0.05$, it means that when financial incentives plan given to healthcare professionals it increases motivation level of employees, in

same way non-financial incentives also play an important role and help in increasing the motivation level of employees. So, these results are consistent with previous results of Alam *et al.*, [14] found a significant and positive relationship between financial and non-financial incentive plans to enhance the motivation level of employees. Also, these results are in line with previous studies of Alamri and Zuraikat [9].

H₂: There is a significant effect of Financial Incentives on Motivation .

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.851 ^a	.724	.723	.52993

a. Predictors: (Constant), financial incentives

Simple linear regression was used to test the second hypothesis. In this hypothesis, financial incentives were independent variables and motivation was a dependent variable in the regression equation. It gives us the Table summary first value i.e., $R = 0.851$ it is a correlation between financial incentives and motivation as discussed above. The second value is $R^2 = 0.724$ shows variance by financial incentives upon motivation. It means 72.4% variance is shown by financial incentives in enhancing or increasing the motivation level of employees in Saudi Health organizations.

ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	219.408	1	219.408	781.309	.000
	Residual	83.685	298	.281		
	Total	303.093	299			

a. Dependent Variable: motivation

b. Predictors: (Constant), Financial incentives

The second Table given is ANOVA Table in this Table researcher is interested in the goodness of fit index. The goodness of fit index is checked by the F value, the range of

F must be between 0 to infinity. In the above Table, it is $F = 781.309, p < 0.05$, which means that the model developed in the regression equation was found fit and significant

Coefficients

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	.402	.148		2.720	.007
	Financial incentives	.816	.029	.851	27.952	.000

a. Dependent Variable: motivation

The third Table given was the coefficients Table. It has Unstandardized and standardized regression coefficients. We are interested in standardized regression coefficients. The purpose of the regression coefficient is to explain the unit change. In the above Table beta value i.e., $\beta = 0.851, p < 0.05$ it

means that one percent change in financial incentives will increase 85.1% motivation among healthcare employees in Saudi Arabia.

H₃: There is a significant effect of non-financial incentives on Motivation

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.822a	.676	.675	.57392

a. Predictors: (Constant), Non-financial

From the above Table above first value is $r = 0.822$ it is a correlation between non-financial incentives and motivation. The second value is $R^2 = 0.676$, which means 67.6% variance upon motivation is explained by non-financial incentives.

ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	204.938	1	204.938	622.191	.000b
	Residual	98.156	298	.329		
	Total	303.093	299			

a. Dependent Variable: motivation

b. Predictors: (Constant), Non-financial

The second Table gives us the goodness of fit index it means that $F = 622.191$, $p < 0.05$ it means that model is found fit and significant

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.950	.144		6.593	.000
	Non-financial	.922	.037	.822	24.944	.000

a. Dependent Variable: motivation

The last Table gives us the regression coefficient we use standardized regression coefficient, i.e., $Beta = 0.822$, $p < 0.05$ it means one percent change in non-financial incentives would bring 82% change in motivation level so hypothesis three is also accepted.

H₄: There is a significant mean difference in the opinion of the respondents regarding age to research variables.

Analysis of variance between age groups and financial, non-financial incentives and motivation was run and found that age is a significant factor of predicting motivation on basis of financial and non-financial incentives because with increase in age more experience and more skills got by professionals so more benefits are required by more expert professionals.

For financial incentives $F = 2.89$, $p < 0.05$ further analysis of results revealed that for non-financial incentives $F = 3.291$, $p < 0.01$, and for motivation $F = 2.540$, $p < 0.05$. Thus, the fourth hypothesis of the study is substantiated and accepted. It means that with an increase in age more experience is earned by professionals and more skills are acquired by doctors so more benefits must be given to health care professionals.

5. DISCUSSION, CONCLUSION, AND FUTURE DIRECTIONS

5.1 Introduction

In this chapter, results are aligned with previous studies in order to justify the results of this study. Discussion of hypotheses and conclusions from results are discussed. At end of this chapter future directions are also given.

5.2 DISCUSSION AND CONCLUSIONS

Quality and its continuous improvement are very essential for bringing patient satisfaction. This can be done only if the nurses, doctors, professionals working in Saudi Health organizations are motivated and satisfied. If they are not motivated then implementation of quality programs is useless. For this purpose, these are two factors that can be used to enhance motivation. The organization used those resources to attract, retain and hire high-performance professionals. But unfortunately, due to financial constraints, it is very difficult to attract professionals from different parts of the world.

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Financial incentives	Between Groups	8.559	3	1.186	2.89	0.002
	Within Groups	115.011	116	.991		
	Total	118.570	119			
Non-financial motivation	Between Groups	9.874	3	.291	3.291	0.000
	Within Groups	83.919	116	.723		
	Total	84.793	119			
motivation	Between Groups	7.622	3	.541	2.540	.003
	Within Groups	109.715	116	.946		
	Total	111.338	119			

Therefore, now researchers are of the view that non-financial incentives plans are also important to bring motivated employees to work. These are recognition, acknowledgment, flexible working hours, emotions, self-esteem, study leave, careers growth, etc. This study has used both financial and no financial incentive plans to increase the motivation level of employees. For this purpose, three hypotheses were developed.

The first hypotheses were to check the relationship between variables. It is found that the relationship between financial, non-financial and motivation is very strong high, and positive. It means that when financial and no financial facilities will be given to employees it will increase the motivation of professionals working in health in Saudi Arabia.

These results got support from the previous studies. Alam et al. [14] conducted a study on nonfinancial incentives and motivation of employees and found a positive relationship between these variables also this study got support from Almutairi and Moussa [27] found the positive relationship between financial and non-financial incentives.

It means that when organizations provide these benefits to employees then employees will be motivated and they, in turn, will provide better care to patients, patients will be able to get recovery on time and it would help them to discharge with electronic health reports which would be beneficial for doctors and patients. Also, it would enhance the capacity of doctors to provide effective and efficient services to patients in less time and cost. So, these improvements can be made if motivated employees are hired trained, and retained for working in health organizations.

The second and third hypotheses were to check the impact of these incentive plans on the motivation of employees it is found that these incentive plans have an impact on motivation. And these plans can bring change in motivation.

5.3 Future Directions and Recommendations

In light of the above discussion and conclusion and on the basis of results in chapter four researcher is able to provide future research directions and recommendations for health care organizations.

- Motivation is a very important factor because motivated employees can achieve the objectives of organizations, so health care organizations formulate those policies which help in increasing the motivation level of employees.
- As all over the world financial factors are very important to enhance the motivation of professionals but the importance of non-financial factors may not be ignored. The financial factors are not the only factors that enhance the motivation, but non-financial factors play a greater and significant role in the context of Saudi healthcare organizations, thus leadership must focus on career development, study leave, and such kind of incentives must be provided to employees that will boost their level of motivation.
- Future research can use longitudinal data for analysis. Mix methods research e.g., qualitative, and quantitative data can be used by future researchers. In order to understand more complex situations in Saudi Health organizations mediators and moderators can be used in the model.

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Annexure-1 Questionnaire

Investigating the Factors to enhance the Motivation of Quality Practices among Healthcare Professionals in Saudi Arabia.

Dear Participant

You have been selected to be a participant in this study. This questionnaire is designed to describe your Motivation Level as you perceive it. Impact of financial and non-financial incentives has not been widely searched. Please answer all items on this booklet. It is important to fill in the gaps that exist in particular in the KSA Health context. The findings of this research will be useful for Ministry of Health to contribute for policy development regarding Health Professionals.

Regards

<p>HOW TO FILL IN THE QUESTIONNAIRE</p> <ol style="list-style-type: none"> This questionnaire is divided into four (4) sections. You are required to fill in all the sections. It will take approximately 20-30 minutes to complete. Most of the questions require you to circle [O] or tick [√] the best option that represents your view. There are no right or wrong answers. Thus, your frank and complete response is very much appreciated. In some of the questions, you may find it difficult to decide a response. If this happens, choose an option that suits you best. Please return the completed questionnaire in the envelope provided. If you need any assistance on how to fill in the questionnaire or interested for the final results of this study, please contact me via the above address. 	<p>ASSURANCE OF CONFIDENTIALITY</p> <ol style="list-style-type: none"> Your responses to every part in this questionnaire are strictly confidential. The returned questionnaires will be treated with the utmost confidence and no identities will be included within the final report. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Code: _____</p> <p>[The purpose of this code are:</p> <ul style="list-style-type: none"> <input type="radio"/> to avoid sending another set of questionnaire to the same person <input type="radio"/> to match between leaders and followers] </div>
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Thank you very much indeed for your precious time and co-operation.

SECTION-A: DEMOGRAPHIC CHARACTERISTICS

Please mark a tick in the appropriate box

1.Designation:	Manager	Assistant Manager			
2.Qualification:	Graduate	Master	PhD		
3.Gender:	Male	Female			
4.Age:	21-30	31-40	41-50	51-60	Above 60

SECTION-B: FINANCIAL INCENTIVES & NON-FINANCIAL INCENTIVES

Instructions: Please answer honestly and CIRCLE [] the option that you feel best represents the person you are describing There are no right or wrong answers. Use the following rating scale

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

No	Statements	5	4	3	2	1
	Financial Incentives					
	Salary					
1	My pay is exactly what I deserve.					
2	I am satisfied with my current pay					
3	There is timely increase in my pay					
4	My current pay fulfils my requirements.					
5	I am satisfied with our current pay structure.					
	Promotion					
6	The promotion system in the healthcare sector is effective.					

7	There is no discrimination for promotion.					
8	Promotion is given according to the established merit.					
9	We are promoted as and when the promotion is due.					
10	There are no problems with the promotion of staff.					
	Job					
11	My job is according to my abilities and knowledge.					
12	My job meets my expectations.					
13	My job increases my expertise.					
14	I feel secure in my job.					
15	Administrative responsibilities do not disturb					
	Non-Financial Incentives					
	Time					
16	I am punctual about coming to work.					
17	I work hard to make sure that no patient has to wait a long time before being seen.					
18	I am not often absent from work					
19	It is not a problem if sometimes I come late to work					
	Training					
20	Training is required, to achieve higher quality					
21	More training is necessary to enhance patient service skills					
22	More management training is required					
23	Government investment in health professionals training programs is necessary and valuable					
24	Investment is needed for training for other specific programs					
	Education					
25	Lack of staff knowledge and education may hinder motivation					
26	Lack of in-service education might be a barrier					
27	We face difficulty in educating some patients in relation to quality improvement					
28	There is a lack of motivation from administration for better healthcare delivery and improving the quality of care					

SECTION-C: MOTIVATION FOR QUALITY PRACTICES

Instructions: How far do you Agree or Disagree with the following statements on 5-point scale:

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

No	Statements	5	4	3	2	1
29	Interest: Varied, stimulating and creative job objectives and work activities					
30	Ethics: Working in accordance with ethical standards and personal principles					
31	Growth: Opportunities to acquire new knowledge and skills, reach personal potential					
32	Flexibility: Accommodating bosses, hours and working conditions					
33	Independence: Freedom and discretion to decide how to carry out work					
34	Achievement: Testing job objectives, demanding responsibilities, new challenges					
35	Pressures: Handling competing priorities, facing tight deadlines, managing setbacks and stress					
36	Patients: Dealing directly with patients, handling problems and feedback	5	4	3	2	1
37	Activity: Having a lot to do, being on the go, staying busy all the time					
38	Management: Supervising other people's tasks, performance and personal development					
39	Team Work: Operating as part of a team rather than as an individual contributor					
40	Power: Being in charge, exercising control, having responsibility for people and resources					

Note: The two items on serial no. 30 and 37 were deleted since their loading fall below the standard value 0.4.