

Factors Influencing Nurse's Work Motivation at Salima District Hospital

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ABSTRACT

Background: Nurses are key in ensuring positive patient outcomes, nursing being a demanding profession, affects work motivation which influences performance and efficiency of healthcare services. Globally, intrinsic factors and extrinsic factors have been identified as key drivers of nurse motivation [1]. While existing studies in Malawi have focused on extrinsic motivation factors, little research has explored intrinsic motivation.

Aim: The study sought to explore personal motivations influencing nursing career choice, nurses' experience of reality shock during transition, perceived connection between motivation and care quality and perspectives on workplace factors affecting nurses' motivation.

Methods: The study took a qualitative approach, recruited 20 participants via purposive and simple random sampling using the drawing method. Semi-structured questionnaires were used in one-on-one interviews that were recorded and transcribed verbatim. Data saturation was reached by the 12th interview and data was analysed manually through thematic content analysis.

Results: Motivators for choosing nursing career were altruism and early positive experiences with nurses. Reality shock during transition from nursing school to practice was due to misalignment of expectations and gap between theory and practice. High motivation was linked to quality care and poor motivation to poor care and risk of errors. Workplace factors like democratic leadership, recognition and access to opportunities were main motivators while autocratic leadership, lack of adequate financial incentives, poor recognition and opportunity bias were demotivators. Evolving career aspirations beyond the bedside emerged as a key theme and was attributed to dissatisfaction and lack of growth opportunities at the bedside.

Conclusion: Altruism was a common driver for nurses but systemic challenges caused motivation to change negatively overtime. Efforts to enhance motivation and improve working conditions in resource-limited settings will improve patient outcomes.

Keywords: Nurse motivation, reality shock, beyond the bedside

prioritized, operationalized and acted out.

Introduction

Nurses are a cornerstone of healthcare systems worldwide, playing a critical role in delivering quality care and ensuring positive patient outcomes. Their commitment and work motivation significantly affect their performance and the overall efficiency of healthcare services. However, nursing is a demanding profession that often involves long working hours, high patient loads, and emotional strain, all of which can influence motivation.

Motivation can be defined as the dynamically changing cumulative arousal in a person that initiates, directs, coordinates, amplifies, terminates and evaluates the cognitive and motor processes whereby initial wishes and desires are selected,

Globally, intrinsic factors (such as job satisfaction and professional growth) and extrinsic factors (such as financial compensation, recognition, and work conditions) have been identified as key drivers of nurse motivation [1]. Studies show that motivated nurses are more likely to demonstrate empathy, attentiveness, and accuracy in patient care, whereas demotivation can lead to burnout, absenteeism, and substandard care.

Malawi has one of the worst human resources constrains in the sun Saharan region with 0.7 Nurses and Midwives per 1,000 populations in 2020(World Bank, 2020). NOMN membership survey in 2022 revealed that nurse shortage compounded by excessive workload is the principal constraint affecting morale and service delivery for patients. In Malawi, quality of nursing

care is mainly reported to be affected by shortage of nursing staff and lack of resources which leads to increase workload, burnout and constant improvisation (NOMN membership surgery, 2022).

The Ministry of Health estimates that the health workforce in Malawi needs to be scaled up to 460% by 2030 in order to meet the health service delivery expectation in the health benefits package (HSSP II, 2022).

In Malawi, the NOMN membership survey further revealed that lack of promotion, lack of nurse Senior Management representation at Ministry of Health and at District level, harassment & intimidation of nurses from the public as they work and lack of recognition are some of the challenges nurses faces in their work which in turn affects their motivation and delivery of quality care.

Most investigations conducted on Nurses Motivation in Malawi, focused on extrinsic factors such as staff shortages and workload which have been long term challenges facing this profession, but not much has been done to explore in depth, intrinsic factors like Nurse's motivation to join the profession and how it affects their attitude towards their work and patient care. This study will provide insights into the unique challenges and motivators within the local healthcare context and offer evidence-based recommendations to improve the work environment and patient care outcomes.

Methods

The study took a qualitative approach to capture in-depth data, for a comprehensive understanding of nurse motivation and its impact on care. The study took place at Salima district hospital one of the districts in Malawi located in the central region. The hospital being the study site ensured accessibility to participants without interrupting service delivery, ensuring efficient and feasible data collection process. The study recruited Senior Nursing and Midwifery Officers (SNMO), Nursing Officers (NO), Registered Nurses (RN) and Nurse Midwife Technicians (NMT) who have worked at the hospital consistently for at least 6 months.

A purposive and then simple random sampling technique was used to recruit study participants. By including at least one representative from each cadre in every department, a balanced dataset was achieved, allowing for a comprehensive analysis of perspectives across different roles in the hospital setting. The Study recruited a total of 20 Participants by employing a two-step sampling technique, the first stage of sampling involved purposeful sampling, deliberate selection of nurses from specific departments was done to ensure a broad representation of experiences. From Salima district hospital's nurse's list, nurse's names and cadres (SNMO, NO, RN, NMT) were written on small pieces of papers and placed in a container. A drawer was recruited to randomly draw paper pieces from the container after shaking per draw and the names drawn out, were vetted for eligibility with study's criteria, and drawn as participants and 2 participants were reserved as alternatives for every department. This process was repeated with all departments until 20 Nurses from each of the following hospital departments were chosen: Under-5 OPD-1, adult OPD-1, Family planning-2, NCD-1,

Administration-2, Pediatric ward-2, male ward-2, female ward-1, labor ward-2, postnatal-1, nursery-1, antenatal ward-1, Major theatre-1 and paying ward-1 to allow equal representation from each department and capture diverse perspectives.

Data was collected in May 2025, out of 20 participants recruited, 19 finished one on one interviews, but 1 participant left a few minutes into the interview and did not consent to be recorded or participate further. Of the 19 that consented and went through with the interviews, 16 gave permission to be recorded, the remaining 4 participated but refused to be recorded so interview notes were taken instead. 15 recordings were transcribed, 1 recording file had a technical fault and could not open so notes from the interview were used instead. Data was transcribed verbatim, for participants who preferred the local language Chichewa, their transcripts were translated to English. Analysis was done manually using thematic content analysis, key themes and patterns related to motivation and care quality were generated, and by the 12th interview, saturation point was reached, however the remaining recordings were still transcribed to validate emerging themes and ensure maximum variation.

Ethical approval was obtained first from Salima district hospital's health research coordinating committee Reference No. SA/DHO/RES/2025/07 as shown in Appendix C then the National committee of research in the social sciences and humanities Reference No. NCST/RTT/2/6 study protocol No. P.03/25/963 as shown in Appendix D.

Signed consent forms, questionnaires, checklist and interview notes were secured and accessible only to the principal investigator. Electronic data was stored on a password-protected gadget and audio recordings were transcribed, and the original recordings were deleted after transcription and verification.

Results

Demographic distribution

A total of 20 Nurses were purposively selected from Salima District Hospital, representing a diverse mix of ages, qualifications, work experience, and departmental affiliations. The demographic characteristics of the participants are summarized below.

Table 1: Demographic characteristics of participants

DEMOGRAPHIC	CATEGORY	NUMBER	PERCENTAGE (%)
AGE	18-23	0	0
	24-29	6	31
	30-35	5	26
	35+	7	37
GENDER	Male	3	15
	Female	17	85
WORK EXPERIENCE	1 year	0	0
	1-2 years	3	16
	3-4 years	3	16
	5-10 years	7	37
	10+	5	26

HIGHEST QUALIFICATION	Diploma	9	47
	Degree	8	42
	Master's degree	1	5

Age Distribution

Participants' ages ranged from 25 to 53 years. The majority were in the 28–35 years' age bracket, representing early and mid-career nurses. The remaining participants were aged between 40 and 53 years, reflecting more senior and experienced nurses. This age spread provided a balanced perspective between the nurses navigating early career transitions and older nurses with long-term service experience.

Educational Qualifications

The sample included a range of academic qualifications. Bachelor's degree holders, Master's degree holders, Nurse Midwife Technicians (diploma-level). This variation allowed exploration of how education level influenced nurses' motivations and professional experiences.

Years of Service in Nursing

Participants' professional nursing experience ranged from 1 to 28 years. 32% of participants had less than 5 years of experience (early-career nurses), 37% of the participants had between 5 and 10 years of experience, 26% of participants had over 10 years of nursing experience, with the most experienced participant reporting 28 years in service. This distribution captured both recent graduates and seasoned practitioners.

Years at Salima District Hospital

Regarding service length at Salima District Hospital, participants had worked between 12 months and more than 15 years at this facility. Some participants had spent most of their career at other health facilities before transferring to Salima District Hospital.

Departmental Placement

Participants were drawn from various clinical departments, providing diverse experiences of workplace dynamics and motivation factors. Labour ward 2 participants, Paediatric ward 2 participants, Operating Theatre 1 participant, Non-Communicable Diseases (NCD) clinic 1 participant, Male and Female Medical-Surgical Wards 3 participants, Outpatient Department (OPD) 1 participant, nursery 1 participant, paying ward 1 participant, family planning 2 participants, under-five 1 participant, postnatal ward 1 participant, antenatal ward 1 and administration 2 participants.

Socioeconomic Background

Self-reported socioeconomic status, all participants reported middle class.

Marital Status and Religion

Most participants were married, while the rest were single. Majority of participants identified as Christians except 1 who was Muslim, reflecting the dominant religion in the region.

Disability Status

No participants reported having a physical disability. One participant mentioned experiencing partial visual impairment (uses eye glasses) but did not classify it as a disability.

Personal Motivations Influencing Nursing Career Choice in Nurses

Participants' reasons for choosing nursing varied, with four main sub-themes emerging. Altruistic motivation and the desire to help others were common. Several participants described how personal or family illness experiences inspired their choice often citing childhood observations of nurses caring for sick family members. **Participant K01/002** recalls;

"What motivated me is that my brother's child was very sick and the nurses helped the child until it recovered"

"My father was sick and my mum was staying at home with us, during those 3 months my father was at the hospital, nurses cared for him until he recovered and he is well till today, so that made me want to help others and save their lives" **Participant K01/004**

Others choose nursing because of their genuine desire to help others which was also in alignment with their personal beliefs and values.

"Growing up I had a brother born before me who was epileptic, my mother would take me to the hospital with her as I was the youngest, and as I saw what happened in the hospital with my family I just wanted to help, I would see my brother take drugs daily and would even remind him, so from a very young age I saw the need to help people..... after my MSCE exams...nursing was my first choice, I am a caring person at heart and I believe all human beings deserve to receive best care." **Participant PO2/006**

"I thought I can work in the hospital and it will be good for me to help vulnerable people and as a Christian who believes in helping others, I think is the main reason why I do this, to help the underprivileged" **Participant K01/003**

"I made this choice by myself from the bottom of my heart; I wanted to become a nurse and wanted to help the sick" **Participant K01/001**

Role models also played an influential role, with some participants following in the footsteps of relatives in healthcare.

A few participants also cited job security, financial factors as motivating and some did not want to pursue nursing at all, **Participant K01/001** recalls;

"I really didn't have any experience that led me to pursue nursing, my parents sat me down and told me to pursue nursing as jobs are easy to find.... I only started liking nursing when I started but it was not something I thought about doing." **Participant K01/005.**

One participant mentioned personal decision as motivation to join nursing career (**participant C03/04**)

The decision to pursue nursing was shaped by both intrinsic factors such as altruism and passion for caring, as well as extrinsic factors like job security. This aligns with prior research conducted in sub-Saharan Africa, which identified similar themes in nursing career choice.

Experience of Reality Shock During Transition into Practice

Participants reported mixed experiences transitioning into practice. While some noted supportive colleagues (e.g., K05),

“My transition was very smooth.... we had very supportive lecturers ...I went to a department that I liked so I didn't have conflicts of working with a hospital or department that I don't like, and the team that I was working with was very supportive.”

Participant K01/005

Transitioning differed with work experience, those who had worked the longest (10 years plus) had an easy transition compared to the ones that started work recently (1-5 years).

“Back in the day transition process was easy, we would be employed by the government on upkeep and then be kept with free housing or a lodge would be rented for you with food under the hospital's bill, upkeep would be for 6 months and the money would come at once as arrears. But.....I feel like life has been hard for those just starting out... things are getting expensive but the pay is still the same...”

Many described resource shortages and high workloads making the transitioning process really hard as well as their expectations of the profession.

“When I started working night duties, unlike students where we would work in groups, being qualified you work alone, and the first night duties I would work through the duty and not rest, I was working at mission hospital where they would monitor you during night shift so I couldn't sleep, I would leave very tired”

Participant P02/004

“We were expecting that maybe we would see a few patients, ideally like maybe only 10 patients in a day but now eh you see like over 50 patients...when I first started, I was working at the under-five and there were so many clients to see, I would try to communicate that the job was too much but I would be called lazy” Participant P02/001

And a gap between expectations and reality

“When working, in school we would follow protocol when doing certain procedures, let's say the materials needed when inserting implants, but when you come on the ground it's not always the case, the materials are few the people are many”. Participant K01/004

“...When starting work there are challenges, like houses for rent are hard to find, the environment is unfamiliar. I did not know or anticipate this I thought we would find free government housing and that maybe we would have money as a starter pack for food”

Participant K01/001

Several participants noted a lack of proper orientation before assuming full responsibilities (e.g., K05, K04) and some felt unready to make independent decisions. Improvisation was commonly used to cope with shortages, as described by K01 who detailed using aprons as shoe covers. The mismatch between theoretical knowledge and actual practice on the ground was a

common theme across transcripts.

Academic qualification was a demotivating factor for those with diplomas as they felt inferior in relation to access to opportunities and participation in making contributions at the workplace compared to those with degrees (Participant C03/001).

Participants' experiences during transition from training to practice reveal significant reality shock, largely driven by resource shortages, inadequate staffing, and limited orientation programs. These findings support global literature emphasizing the need for structured transition programs. The frequent mismatch between theory and practice reported in this study is consistent with findings from similar low-resource settings. A systematic review and meta-analysis found that 30% of nurse's experience burnout due to emotional exhaustion and depersonalisation and was significantly associated with lower patient safety, medication errors and adverse events, burnout was highly reported in by Nurses compared to other health workers in sub-Saharan Africa. Most participants coped with their challenges by mere acceptance, adaptation to the system and improvisation.

Perceived Connection Between Motivation and Care Quality

Participants cited both intrinsic and extrinsic factors influencing their motivation. Inner drive and seeing positive patient outcomes were repeatedly mentioned. Most nurses were most motivated when they felt seen and contributed to good patient outcomes

“What motivates me more is when a child that was sick has recovered and returned home...so I feel that I have saved a life and it makes me happy” Participant C03/003

“The feeling that I have helped someone sick, when I help them and they get better, it motivates me to keep working” Participant K01/001

Recognition through awards and training opportunities served as external motivators for some

“My colleagues nominated me as the best nurse at ward level, so I was motivated that what I do matter, even though I lost at district level ...even though we didn't receive any gift, but colleagues just appreciating your efforts was very motivating for me”. Participant K01/00

“What motivated me the most is that...I did a diploma am a registered nurse but among all the degree holders in our department, my boss gave me nurse in-charge position in my labour ward for 2 years without changing, that motivated me a lot that a whole labour ward as busy as it I was trusted to manage it over degree holders” Participant K01/006

Conversely, financial incentives such as salary increases and promotions were seen as motivators but noted to be lacking. *“I can't motivate a personal to be a nurse it should be their personal choice, ...even the salary they receive I can't motivate someone, maybe if you are also doing business but just relying on salary as a nurse? a nurse is like a ridicule”* Participant K01/002

“...I would say promotions; people work 10 years on the same grade without promotion that demotivates them” **Participant K01/006**

Participants also described the demotivating effects of missing out on training due to bias and feeling unrecognized.

“The issue that bring us back is training, the ones that go are the same people, when there is no money, you are then sent to go. When selecting people to go for meeting they select people they know...that also demotivates us” **Participant C03/003**

Financial constraints arose as another demotivating factor for nurses as it posed personal challenges that made motivation at work hard. With long working hours’ participants pointed out that they don’t have time to do other thing like personal business ventures compared to other healthcare professionals like clinicians (**Participant K01/003**) for some nurses the financial challenges nurses face is one of the reasons they would not recommend nursing to another person (**Participant K01/002**). Better financial incentives like salary increments will go a long way in enhancing nurses’ motivation. Governing bodies for nursing should stand and negotiate better financial conditions for nurses and opportunities for financial empowerment.

Impact of Motivation on Quality of Care

The majority of participants believed that nurse’s motivation directly impacts patient care quality. Motivated nurses were perceived to provide more compassionate and attentive care (e.g., K01, K04, and K05)

“The people that go for trainings are highly motivated because every training that comes in, they are the first to go and they give quality care.... but on the other hand, you’ve worked for a year and haven’t gone for training...when trainings are coming in and you don’t see your name there, demotivation sets in and quality care on the child is low”. **Participant C03/006**

Demotivation was linked to reduced energy and, at times, risk of errors.

“It can affect clients if motivation is low, because when it’s low you are sad and you can give wrong medication, affecting how you treat patients” **Participant K01/006**

One participant reported feeling of indifference where they no longer care and just work for the sake of it (Participant C03/001).

Nonetheless, some participants emphasized professional duty and resilience, ensuring patients continued receiving care even during periods of low motivation. *“.... I don’t want my patients to know what is happening at the hospital I don’t want it to concern or affect them; we try so that it doesn’t happen”*

Motivational factors were both internal (e.g., patient outcomes, self-drive) and external (e.g., recognition, training opportunities). The absence of recognition systems and career progression pathways was identified as a demotivating factor, mirroring findings from studies on nurse retention in Malawi and neighbouring countries. Some participants were more motivated in departments of their choice rather than ones imposed on them.

Participant C03/001 preferred working in oncology over the labour ward while **Participant C03/004** preferred working in labour ward than any other department in the hospital.

Importantly, participants believed that nurse motivation directly affects patient care quality. Motivated nurses were described as more patient-centred, empathetic, and productive—consistent with Herzberg’s Two-Factor Motivation Theory, which has been widely applied in nursing motivation studies.

Perspectives On Workplace Factors Affecting Motivation

Workplace factors significantly influenced motivation. Participants reported that leadership style played a crucial role, with some describing authoritarian leadership as demotivating:

“...there is an autocratic style of leadership ...previously we could sit down and discuss and see the way forward but now ...One major person is making the decisions but they are not even available or hands-on, come whenever they want but when they come, they want us to follow the rules and follow what is said. You don’t agree but you have to keep taking their side and at certain times it’s not even the best decisions”. **Participant K01/005**

3 Participants also attributed to the hospital as being political obligating people to not speak up due to fear of negative consequences that can jeopardise their job.

While others highlighted the value of democratic leadership and team support. Teamwork was widely cited as a positive motivator.

” Teamwork in our department we have meetings time to time where we teach each other new things ...If we have a critical patient as a team, we manage that patient to get better till they go home that motivates me” **Participant C03/003**

Consistent across transcripts was the issue of resource shortages and poor staff welfare, which were described as major barriers to motivation.

“Resources also if not available things don’t work.... some services are not provided” **Participant K01/002**

“There should be enough resources to boost hope that patients will get better” **Participant K01/001**

“Presence of enough resources for work motivates me to work but if the resources are not available it’s demotivating” **Participant K01/004**

“Lack of resources mostly and inadequate staff, right now there is still shortage of staff it happens that the workload is a lot, and we work more and get tired” **Participant C03/006**

Recommendations to Improve Motivation

Participants offered several suggestions to improve motivation. These included increasing resource availability, hiring more nursing staff, implementing comprehensive orientation programs and ensuring fair access to training (e.g., K02).

Staff welfare improvements, such as better food provision and housing support, were also mentioned. Participants also recommended introducing recognition and appraisal systems to boost morale

“We should have activities that unify us maybe sports activities or disco ...there should be team bonding activities leaders from administration should have a day where they have team bonding with... a department” **Participant C03/003**

“I would suggest we do periodic performance appraisals ... comprehensive performance appraisal where at the beginning of the year you identify your objectives...every 3 months we give each other feedback.... number 2 rewarding good behaviour or good performance... Periodically choosing best performers and rewarding them, number 3 improving working conditions in departments” **Participant P02/006**

Work environment improvement was also brought forward like construction of new structures for example HDUs & gynaecology ward (**Participant C03/004**). Phasing out of NMT cadres to have RN and NO only instead.

Advice to New Nurses and Public Perceptions

When advising new nurses, participants emphasized the need to be prepared for real-world challenges and resource constraints. *“Nursing is a difficult job you see a lot of different patients, and sometimes. The patient might not be the difficult part; you see guardians with different expectations. You see colleagues facing their own challenges, some of the challenges you have to internally accept...separate personal matters from work matters and vow to provide the best service that you can”* **Participant K01/005.**

Teamwork, compassion, and resilience were highlighted as critical attributes for success (e.g., K03, K05). Participants also expressed concern over public perceptions of nurses, suggesting that public education programs should be implemented to improve the image of the profession (e.g., K04).

“Nursing is a good job but the issue is how people outside perceive us, the same people we help. Yes, some nurses may act differently but it is not all of us, so we get perceived as “witches” ...it’s really painful because you work with all of your heart and love but at the end of the day, we get defamed of who we are, so programs should be there to help change the image of nursing because it’s painful.” **Participant P02/005**

“I wouldn’t motivate anyone to become a nurse, with how the world is moving now we are a lot of people and rights have been increased mostly to clients than nurses. So even my child I tell her to never be a nurse because she will suffer because now if anything happens and you are taking to a patient, they can record you or take your picture where you were talking properly but everything changes, so now a nurse is at risk with coming in of technology” **Participant K01/002**

Workplace challenges such as leadership styles, team dynamics, and lack of staff welfare support emerged as critical influencers of motivation. The need for transformational leadership and

supportive work environments has been extensively documented as vital for improving nurse motivation. Participants’ recommendations, including staff welfare support, fair training access, performance appraisal, and public image campaigns, provide actionable insights for hospital management and policymakers. Advice to new nurses reflected the reality of nursing practice in low-resource settings: adaptability, resilience, teamwork, and intrinsic motivation are essential for professional survival and patient care Quality

Evolving Career Aspirations

Majority of participants initially chose nursing with a genuine desire to help others. This altruistic motivation was strong when they were just starting out. However, when asked where they see themselves in the next 10 years, a shift in career aspirations is evident. Most participants expressed a desire to move away from direct bedside care into non-clinical or advanced roles like management, education, research or public health.

“Since I was a kid, I wanted to do nursing, unfortunately when I got to the university I was redirected to ICT, I made it possible to redirect and go back to nursing, I was rejected but after crying I was considered, I really wanted nursing and help the sick. As a child I was asthmatic ...I frequently visited the hospital so many who took care me where nurses...I was motivated by nurses who took care of me then so I wanted to help the sick...no I no longer see myself working as a nurse in the next 10 years, nursing profession you work a lot, motivations are minimal. There is bias so it’s discouraging” **Participant C03/006**

“At first, I was motivated yes, but then after having career guidance. I changed, back then I thought nursing is only the bedside. I feel like I have worked enough as a nurse and now I would like to explore other specialties, ...I think it will be nursing but it will be incorporated just a little” **Participant C03/005**

“I am planning to still work as a nurse in future but maybe I may just change the environment maybe to go and teach at an institution or going somewhere else maybe abroad” **Participant K01/003**

The mismatch between initial expectations and lived experiences was also a contributing factor to this evolution, making participant also reluctant in recommending bedside nursing to others, although many still valued the broader nursing profession.

Discussion of Themes

Summary of themes

OBJECTIVE	MAIN THEME	SUB-THEME
Personal motivation influencing nursing career choice in nurses	Personal motivation	Altruism and personal experiences
Experience of reality shock during transition into nursing practice	Evolving career expectations	Impact of job dissatisfaction at the bedside

Perceived connection between motivation and care quality	Relationship between motivation and work	Recognition and motivation Daily work motivation
Perspectives on workplace factors affecting motivation	Workplace factors	Opportunity bias Leadership styles Promotion and career growth

A. Personal Motivation

Altruism and Personal Experiences

Participants' career motivations were largely shaped by intrinsic factors such as altruism and personal encounters with illness. Many nurses recounted childhood experiences of observing family members suffer from chronic or acute illnesses (e.g., epilepsy, asthma, maternal complications), which created a deep desire to help others. This is consistent with previous research indicating that altruism and caring values are central to nursing career choice, especially in low-income countries.

Additionally, some participants identified personal survival experiences as a catalyst for choosing nursing. A study on impact of intrinsic and extrinsic motivation on work engagement of nurses revealed that intrinsic work motivation and job satisfaction had a significant positive effect on work engagement while extrinsic work motivation had no significant effect. Others mentioned role models within the family or community. These findings reinforce the role of personal and family health experiences in shaping health career choices in resource-constrained settings [2-4].

B. Evolving career aspirations

The findings show that despite the fact that majority of participants entered nursing with altruistic intentions, their career trajectories are evolving as they encounter the realities of bedside care. This is mainly due to these two crucial issues:

Reality Shock: Mismatch between career guidance and real-world nursing

The transition from nursing education to professional practice was characterized by reality shock for most participants, especially younger and less experienced nurses. The most cited shock factors included: severe resource shortages, high patient volumes, lack of formal orientation programs and disparities between theory and practice. Many participants highlighted how the ideal practices taught in school were often not feasible on the ground. These findings align with the global literature on reality shock among new graduates, where transition is often accompanied by stress, frustration, and adaptation difficulties. Senior nurses reflected less on reality shock but acknowledged workload and orientation gaps for new nurses. This difference by experience level supports Duchscher's Transition Shock Model, where early-career nurses face multiple professional, emotional, and social adjustments.

Impact of job dissatisfaction at the bedside

Shift in career goals can be linked to burnout, poor working conditions and lack of professional growth opportunities in bedside roles. This aligns with existing literature on nurse turnover and career mobility.

Nursing encompasses a lot of specialties and not every nurse will be cut out for bedside care. Smith and Smallwood (2021) argued that recognising nursing as a diverse profession extending into policy, academia and leadership enhances job satisfaction and reduces burnout risk. It concluded that encouraging nurses to explore varied specialties can lead to more sustainable career trajectories. Career messaging and professional development programs should broaden, so that nurses can align their personal strengths and long-term aspirations with appropriate nursing pathways.

However, participants continue to commit to the nursing profession despite the desire to leave bedside nursing roles, suggestive that the issue is not in nursing itself but how nursing roles are communicated and structure at career entry stages.

C. Relationship between Motivation and Work Recognition and Motivation

Recognition emerged as a crucial factor influencing motivation and work performance. Nurses who had received awards, international training opportunities or had been selected for special roles (e.g., palliative care, research nurse) reported heightened motivation and increased dedication to patient care. The absence of recognition was frequently reported as demotivating. One participant expressed that when one is motivated even workload becomes bearable. According to Brun and Dugas (2008), recognition acts as a key psychological resource that strengthens employee resilience and commitment. Participants expressed frustration when not being selected for trainings or when their efforts went unacknowledged by management. This aligns with Herzberg's Two-Factor Theory, which identifies recognition as a key motivator influencing job satisfaction. In low resource setting like Malawi where heavy workloads and shortages are common, even small acts of recognition can help mitigate burn out and reinforce a sense of professional worth. Poor recognition systems in nursing lowers morale, lead to disengagement, absenteeism and higher turnover.

Daily Work Motivation

Daily motivation drivers varied across participants. Positive motivators included: witnessing patient recovery, working with cohesive teams and wearing the nursing uniform with pride. Conversely, de-motivators included: Resource shortages, exclusion from trainings, lack of appreciation from leadership and unfair workload distribution. Overtime these negative factors led some nurses to describe their current state as one where they just go to work and wait for payday. This overtime creates indifference, for people that had started out with altruistic intentions. Chronic low motivation in nursing leads to presenteeism where staff are physically present but psychologically disengaged. It leads to moral distress that is linked to low intention to stay. This tends to reduce their discretionary effort, doing only the bare minimum, directly impacting patient satisfaction, quality of care and patient safety outcomes. Despite these challenges, many participants expressed professional commitment and resilience, ensuring that patient care was not compromised even during periods of low motivation.

D. Workplace Factors Opportunity Bias

A recurring concern was perceived opportunity bias, especially regarding selection for training workshops. Participants reported

that the same individuals were repeatedly chosen for external trainings, leading to frustration and reduced morale. This aligns with prior research indicating that unequal access to professional development opportunities fuels workplace dissatisfaction and burnout among nurses. This also builds inner resentment between colleagues affecting teamwork and mutual respect. Those denied opportunities will do the bare minimum so that those that are being motivated by opportunities should be the ones doing most of the work.

Leadership Styles

Leadership styles were a significant theme. Nurses described varying experiences, from authoritarian and unsupportive leadership to democratic, team-based management. Those working under participatory leaders reported higher motivation, while those under autocratic supervision expressed feelings of disempowerment and frustration. These findings echo Galletta et al. (2011), who found that transformational leadership fosters motivation, engagement, and care quality among nurses.

Promotions and Career Growth

Many long-serving nurses voiced concerns over stagnant career progression, with some reporting over 10 years without promotion. Participants identified lack of promotion as a demotivating factor impacting retention and job satisfaction. This reflects challenges seen in other low-resource settings, where delayed promotions and unclear advancement pathways hinder workforce motivation. Lack of career advancement is a major driver of turnover intention among nurses, particularly when mixed with low recognition and poor leadership.

Limitations

The study was conducted at a single district hospital in Malawi with a purposively selected sample of 20 nurses, limiting the generalizability of findings to other settings. Data collection relied on self-reported experiences, which may be subject to recall bias or social desirability bias. The study focused primarily on nurses' perceptions and did not include perspectives from hospital management, patients, or other health professionals, which could have provided a more comprehensive understanding. As with most qualitative research, the findings represent contextual insights and should be interpreted as exploratory rather than definitive evidence. Future research may address these limitations by including larger samples, multiple health facilities, and perspectives from broader stakeholder groups [5-10].

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Recommendations

Policy Makers and the Ministry of Health to review and improve nurse recruitment, deployment, and promotion policies to reduce staffing gaps and reward long-serving nurses appropriately.

Individual Nurses must desire to grow professionally and should actively seek out opportunities in line with their discipline rather than wait for management to present it to them. Should

be intentional about their career goals and actively seek out exposure and mentorship from those already on that path.

Hospital Management should: Implement ongoing job induction exercises and transition support programs for new nurses to reduce reality shock and improve adaptation to professional roles. Improve resource availability by engaging government bodies, donors, and non-governmental organizations to address equipment and supply shortages. Foster democratic and participatory leadership styles that value staff input and promote open communication. Intentionally hold team building activities at least annually to boost morale and promote teamwork.

Nursing institutions and regulatory bodies should update curriculum and introduce non clinical nursing roles & programs to allow smooth transition of nurses beyond the bedside.

Non-Governmental Organisations to Fund programs that support nurses' professional growth like research training & incubation programs, mentorships sessions and career guidance.

Conclusion

Nurses' motivation is shaped by a combination of personal, organizational, and systemic factors. While intrinsic factors such as passion for patient care and personal values drive many nurses, external challenges including resource shortages, leadership styles, staffing levels, and lack of recognition significantly affect their motivation and ultimately the quality of care delivered. Participants described experiencing reality shock due to inadequate staffing, insufficient resources, and limited orientation and support during their transition period. Addressing these challenges requires deliberate strategies at both institutional and policy levels to enhance nurse motivation, strengthen transition support systems, and improve working conditions in resource-limited settings [11-13].

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Declaration of Competing Interests

The author declares that there are no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

Statement for Studies Involving Humans

Ethical Approval and Consent to Participate

This study involved human participants and was conducted in accordance with ethical standards. Ethical approval was obtained from the Salima District Hospital Health Research Coordinating Committee (Reference No. SA/DHO/RES/2025/07) and the National Committee of Research in the Social Sciences and

Humanities (Reference No. NCST/RTT/2/6, Protocol No. P.03/25/963).

Informed consent was obtained from all participants prior to data collection. Participation was voluntary, and confidentiality and anonymity were strictly maintained.

References

1. Kohnen D, De Witte H, Schaufeli WB, Sermeus W. What makes nurses flourish at work? How the perceived clinical work environment relates to nurse motivation and well-being: A cross-sectional study. *International Journal of Nursing Studies*. 2023. 148: 104567.
2. Zeng D, Takada N, Hara Y, Sugiyama S, Ito Y. Impact of intrinsic and extrinsic motivation on work engagement: A cross-sectional study of nurses working in long-term care facilities. *International Journal of Environmental Research and Public Health*. 2022. 19: 1284.
3. Baljoon RA, Banjar HE, Banakhar MA. Nurses' work motivation and the factors affecting it: A scoping review. *International journal of nursing & clinical practices*. 2018. 5.
4. Mooney M, Glacken M, O'brien F. Choosing nursing as a career: a qualitative study. *Nurse education today*. <https://scholar.Google.Com>
5. Price SL, McGillis Hall L, Angus JE, Peter E. Choosing nursing as a career: A narrative analysis of millennial nurses' career choice of virtue. *Nursing inquiry*. 2013. 20: 305-316.
6. Akada I, Ishii A, Yamaguchi A, Fukushige H, Mitani R. Discrepancy between the image held by nursing students of themselves as employed nurses during the pre-employment period and the post-employment reality faced by novice nurses. 2022. 14: 1244-126.
7. Macdiarmid R, Mcclunie-trust P, Shannon K, Winnington R, Donaldson AE. et al. What motivates people to start a graduate entry nursing programme: an interpretive multi-centred case study. 2021. 7: 23779608211011310.
8. Baljoon RA, Banjar HE, Banakhar MA. Nurses' work motivation and the factors affecting it: A scoping review. *International journal of nursing & clinical practices*. 2018. 5.
9. Grigulis AI, Prost A, Osrin D. The lives of Malawian nurses: the stories behind the statistics. *Biomed central*. 2009. 103: 1195-1196.
10. Zeng D, Takada N, Hara Y, Sugiyama S, Ito Y. et al. Impact of intrinsic and extrinsic motivation on work engagement: A cross-sectional study of nurses working in long-term care facilities. *International Journal of Environmental Research and Public Health*. 2022. 19: 1284.
11. Lee JY, Lee MH. Structural model of retention intention of nurses in small- and medium-sized hospitals: Based on Herzberg's motivation-hygiene theory. *Healthcare*. 2022. 10: 502.
12. Roziars RL, Kyriacos U, Ramugondo EL. Newly qualified South African nurses lived experience of the transition from student to community service nurse: A phenomenological study. *The Journal of Continuing Education in Nursing*. 2014. 45: 91-100.
13. Dill J, Erickson RJ, Diefendorff JM. Motivation in caring labor: Implications for the well-being and employment outcomes of nurses. *Social Science & Medicine*. 2016. 167: 99-106.