



An Analysis of Work Motivation among Healthcare Workers in Vietnam

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Abstract

Financial incentives are widely regarded as an important factor in sustaining and enhancing employees’ work effort. However, in certain sectors, particularly healthcare, although financial incentives remain important, non-financial factors such as healthcare infrastructure, opportunities for training and professional development, and management and supervision practices also play significant roles. This study draws on survey data collected from more than 180 healthcare workers across five healthcare facilities in Vietnam and employs exploratory factor analysis (EFA) to identify the key factors influencing healthcare workers’ overall work motivation. The findings provide additional empirical evidence on the determinants of work motivation among healthcare professionals. Specifically, the results indicate that financial incentives, particularly salaries and bonuses, remain the most important determinant of work motivation. These are followed by professional autonomy, working conditions, and management and supervisory practices. In contrast, career development opportunities and recognition and appreciation are not found to have statistically significant effects on healthcare workers’ overall work motivation in this study.

Keywords: Financial incentives, Healthcare worker, Non-financial incentives, Work motivation.

1. Introduction

The quality and effectiveness of healthcare services depend substantially on the competence and service attitudes of healthcare workers. Franco et al. (2002) define motivation in the health sector as an individual’s willingness to sustain effort toward organizational goals. From this perspective, employee performance depends not only on employees’ abilities and the resources available to them but also on their motivation to use those resources effectively.

Incentives encompass financial and non-financial benefits, job characteristics, organizational management practices, and intrinsic rewards that influence employees’ work effort and willingness to remain with an organization. In healthcare, incentives may include salaries, bonuses, allowances, working conditions, adequate staffing, relationships with managers, recognition, professional development, promotion opportunities, autonomy, meaningful work, and appreciation from patients.

Willis-Shattuck et al. (2008) identify seven major categories of factors affecting healthcare worker motivation and retention in developing countries:

- Financial incentives.
- Career development
- Continuing education and professional training.
- Hospital infrastructure.
- Availability of resources.
- Hospital management.
- Recognition and appreciation.

Financial incentives play an important role, but the study concludes that financial rewards alone are insufficient to address healthcare worker motivation and retention.

2. Literature Review

The analysis of work incentives draws on both economic theory and organizational theories of employee behavior. In traditional economics, individuals respond to rewards and costs associated with employment. Higher compensation increases the economic returns to work and may encourage greater effort. However, healthcare work has characteristics that make explanations based solely on financial rewards incomplete. Healthcare workers often derive utility from helping patients, professional achievement, recognition, autonomy, and the social value of their work.

Herzberg’s two-factor theory, also known as motivation–hygiene theory (Galanakis and Peramatzis, 2022), provides a useful framework for understanding these effects. It distinguishes between hygiene factors and motivators. Hygiene factors primarily concern the surrounding work environment, including salary, organizational

policies, supervision, interpersonal relationships, job security, and working conditions. Their absence creates dissatisfaction, although improving them does not necessarily generate strong intrinsic motivation. Motivators are more closely related to job content, including achievement, recognition, responsibility, advancement, growth, and the work itself.

This framework is also highly applicable to healthcare workers. Studies applying Herzberg's framework to healthcare professions distinguish external conditions, such as organizational policies, supervision, relationships, working conditions, salaries, and job security, from intrinsic factors such as achievement, recognition, responsibility, promotion, and professional growth.

This approach suggests that organizations must both eliminate important sources of dissatisfaction and create opportunities for employees to achieve success and perform meaningful work. Franco et al. (2002) propose a conceptual framework specifically for healthcare, arguing that healthcare worker motivation is determined by interactions among individual, organizational, and broader social or cultural influences. Motivation therefore cannot be improved simply by changing a single factor. Organizational structure, management, communication, resources, interactions with patients, professional values, and personal goals may simultaneously affect employees' willingness to exert effort. These theoretical perspectives support a multidimensional rather than salary-only model.

2.1. Financial Incentives

Financial incentives are among the most visible components of the employment relationship. They include basic salaries, overtime pay, night-shift allowances, hardship allowances, performance-related bonuses, and other monetary benefits. From an economic perspective, compensation is a direct return to labor and thus affects both labor supply and willingness to remain with a particular organization.

Financial incentives may be particularly important when healthcare workers perceive their compensation as inadequate relative to their training, responsibilities, workload, or living costs. OECD (2025) finds that financial rewards are among the most frequently identified determinants of healthcare worker motivation in developing countries. Low pay can also have indirect effects, as healthcare workers may seek additional employment to supplement their income, increasing fatigue and reducing the effort devoted to their primary jobs.

Nevertheless, the relationship between compensation and motivation is more complex than the simple assumption that higher pay automatically generates greater effort. Evidence from healthcare facilities suggests that financial incentives are often most effective when included in a broader incentive package (Roshni et al., 2025; Garvić et al., 2023). Systematic reviews of community healthcare workers also identify both monetary compensation and non-monetary benefits—such as respect, recognition, training, and career advancement—as important sources of motivation.

Perceived fairness may be as important as the absolute amount of compensation. Employees compare their rewards with their workload, responsibilities, professional qualifications, and colleagues' compensation. Consequently, perceived inequity may undermine motivation even when absolute salaries are relatively high.

2.2. Working Conditions and Resources

Healthcare workers need an appropriate environment to translate their professional knowledge into effective patient care. Working conditions include the physical environment, medical equipment, the availability of medicines and supplies, staffing adequacy, workload, occupational safety, working hours, and shift arrangements.

The importance of working conditions is especially evident in healthcare because resource shortages can directly prevent employees from fulfilling their professional responsibilities. A doctor or nurse may be highly qualified and motivated but still unable to deliver appropriate care without essential medicines, equipment, or support staff. Resource shortages may therefore cause frustration when employees cannot meet the professional standards they consider appropriate.

In a study of Kenya, a low-income country, Ndeti et al. (2008) identify both hospital infrastructure and resource availability as important motivation-related factors. More recent studies also emphasize physical resources, adequate staffing, a safe working environment, and manageable workloads as important determinants of healthcare workers' satisfaction and motivation.

Workload is also important. Staff shortages can increase the responsibilities of remaining employees, resulting in longer working hours, greater pressure, and poorer work-life balance. Prolonged excessive workloads may eventually erode motivation even among employees with strong professional commitment.

2.3. Management and Supervision

Managers' performance determines how organizational policies translate into employees' daily work experiences. Managers should adopt a supportive approach by providing guidance, resolving workplace problems, communicating organizational goals, recognizing good performance, and enabling employees to participate in decision-making.

Willis-Shattuck et al. (2008) identify hospital management as a key motivational factor. Franco et al. (2002) likewise emphasize communication, leadership, organizational culture, accountability, and goal alignment.

Fairness is a particularly important component of management. Employees may lose motivation when decisions about workload, rewards, training, or promotion are perceived as arbitrary or biased. Conversely, transparent procedures and respectful treatment can strengthen trust in the organization.

Participation in decision-making can provide an additional motivational mechanism. Healthcare workers possess professional knowledge about patient care and operational issues. Opportunities to participate in decisions affecting their work may enhance their sense of ownership, autonomy, and organizational commitment.

2.4. Career Development and Professional Opportunities

Healthcare is a knowledge-intensive field characterized by continuous changes in technology, treatments, pharmaceuticals, and clinical standards. Healthcare workers therefore need opportunities to update their knowledge and develop new capabilities throughout their careers.

Career development includes continuing education, professional training, specialization, advancement opportunities, transparent promotion procedures, and opportunities to assume greater responsibility. These incentives can affect motivation because employees consider not only current working conditions but also their future career prospects (Ashraf et al., 2014).

Willis-Shattuck et al. (2008) find that career development features in most studies, while continuing training is also a relevant motivational factor. Research focusing on primary healthcare workers similarly identifies career advancement as an important influence on motivation.

Limited advancement opportunities can create a sense of career stagnation. Conversely, transparent career pathways provide employees with future goals and increase the expected benefits of remaining with an organization. Training can have a dual effect: it enhances professional competence while signaling that the organization values and invests in its employees.

2.5. Professional Autonomy and Job Characteristics

Professional autonomy refers to employees' ability to exercise judgment and make decisions within their professional competence. This is particularly important for healthcare workers because clinical work often requires specialized knowledge and context-specific judgment.

Autonomy is linked to responsibility, one of the principal intrinsic motivators in Herzberg's framework. Excessive administrative control or insufficient authority may cause frustration when healthcare workers are held accountable for outcomes without adequate decision-making power or resources to achieve them (Russell et al., 2017).

Role clarity is also important. Employees need to understand their duties, responsibilities, and authority. Role ambiguity or conflicting responsibilities can create stress and reduce the perceived effectiveness of individual effort.

Healthcare delivery is inherently collaborative. Effective coordination among doctors, nurses, pharmacists, technicians, and other professionals improves patient care. Conversely, poor interpersonal relationships can undermine both performance and morale.

2.6. Intrinsic Motivation, Recognition, and Appreciation

Not all incentives originate within an organization. Healthcare workers may derive intrinsic satisfaction from the work itself. Treating patients, relieving suffering, improving health, applying professional knowledge, and contributing to society can create a sense of purpose that becomes an important source of motivation.

Recognition reinforces this intrinsic process. Appreciation may come from managers, colleagues, patients, patients' families, or the wider community. Reviews of healthcare worker motivation repeatedly identify recognition and appreciation as important non-financial incentives (Brodbeck, 2026). Evidence on community healthcare workers also indicates that respect, trust, recognition, social status, knowledge acquisition, and opportunities for personal development can influence motivation.

Meaningful work may encourage discretionary effort beyond minimum requirements: employees may be willing to contribute more than formally required because they identify with their profession's purpose. Professional pride can also strengthen commitment and willingness to remain in healthcare.

Taken together, these factors form a multidimensional model in which overall work motivation is determined by both extrinsic and intrinsic incentives. The model recognizes that financial compensation remains important alongside non-financial motivators associated with organizational, professional, and psychological determinants.

3. Research Methodology

3.1. Research Design

The study adopts a cross-sectional quantitative research design to examine the determinants of healthcare workers' work motivation. A structured questionnaire is used to collect standardized information on respondents' perceptions of financial and non-financial incentives.

The empirical analysis consists of three main stages. First, Cronbach's alpha is used to assess the internal consistency of multi-item scales. Second, exploratory factor analysis (EFA) is used to determine whether the observed questionnaire items can be summarized by the theoretically proposed latent factors. Third, multivariate regression analysis is used to evaluate the relationships between the identified factors and overall work motivation.

3.2. Sampling

The survey population comprises medical and healthcare personnel employed at healthcare facilities, including doctors, nurses, and other healthcare professionals. Including multiple occupational groups is important because motivational conditions may vary by professional responsibilities, qualifications, workload, and career opportunities. Respondents were recruited from five healthcare facilities and several occupational groups. The analytical dataset contains 182 observations.

3.3. Questionnaire and Variable Measurement

The questionnaire contains 30 items, with responses measured on a five-point Likert scale: 1 = Strongly disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; and 5 = Strongly agree.

The 30 observed variables represent the factor groups described in the theoretical framework.

Financial incentives (Q1–Q5) measure the appropriateness of salaries relative to qualifications and workload, income adequacy, compensation for overtime and difficult working conditions, performance-related financial rewards, and perceived pay fairness.

Working conditions and resources (Q6–Q10) cover the adequacy of medical equipment and supplies, safety and suitability of the physical work environment, workload, staffing adequacy, and work–life balance related to working hours and shift schedules.

Management and supervision (Q11–Q15) measure supervisory support, communication, respectful and fair treatment, participation in organizational decisions, and managers’ recognition of good performance.

Career development and professional opportunities (Q16–Q20) measure access to continuing education, career advancement, fairness and transparency of promotion, opportunities to develop professional skills, and the motivational impact of career development.

Professional autonomy and job characteristics (Q21–Q25) include decision-making autonomy, use of professional knowledge, role clarity, adequacy of authority and resources, and cooperation among different groups of healthcare personnel.

Intrinsic motivation, recognition, and appreciation (Q26–Q30) reflect perceptions of contributing to patients’ health and well-being, appreciation from patients and their families, professional pride, willingness to exert additional effort, and motivation to continue working at the healthcare facility.

The questionnaire also collects background information, including gender, age, professional position, educational/professional qualifications, years of experience, type of healthcare facility, average weekly working hours, number of night or on-call shifts, and estimated monthly income.

Overall work motivation is measured separately on a scale from 0 to 10, where 0 denotes “not motivated at all” and 10 denotes “extremely highly motivated.” This measure is used as the dependent variable in the regression analysis.

4. Estimation Results and Analysis

4.1. Reliability Analysis

The questionnaire is assessed across six factor groups, each measured by five observed variables.

Table 1. Cronbach’s alpha reliability test results.

Construct	Items	Cronbach’s α	Assessment
Financial incentives	Q1–Q5	0.857	Good
Working conditions/resources	Q6–Q10	0.836	Good
Management/supervision	Q11–Q15	0.840	Good
Career development	Q16–Q20	0.852	Good
Professional autonomy/job characteristics	Q21–Q25	0.860	Good
Intrinsic motivation/appreciation	Q26–Q30	0.811	Good
All 30 items	Q1–Q30	0.868	Good

All six factor groups have $\alpha > 0.80$. Thus, the observed items within each group demonstrate good internal consistency. From a reliability perspective, there is currently no reason to remove any scale. The scale with the highest reliability is professional autonomy/job characteristics ($\alpha = 0.860$), followed by intrinsic motivation/commitment ($\alpha = 0.857$).

4.2. Exploratory Factor Analysis (EFA)

Before factor extraction, the suitability of the 30 items for EFA is tested.

Table 2. KMO and Bartlett test.

Test	Result
KMO	0.833
Bartlett’s χ^2	2526.45
df	435
p-value	< 0.001

The KMO value of 0.833 indicates good sampling adequacy. Bartlett’s test is highly statistically significant, indicating that the correlation matrix is not an identity matrix. Exploratory factor analysis is therefore appropriate for this dataset. The first eigenvalues are as follows:

Table 3. Eigenvalue.

Factor	Eigenvalue
1	6.457
2	2.985
3	2.685
4	2.453
5	2.159
6	1.965

The results indicate that six factors have eigenvalues greater than 1. These factors explain approximately 62.35% of total variance. This result strongly supports the use of these factors and is consistent with the questionnaire’s theoretical structure.

4.3. Factor Rotation

A six-factor model with Varimax rotation yields a very clear structure.

Table 4. Factor loadings after Varimax rotation.

Factor	Main items	Interpretation	Approximate loadings
Factor 1	Q21–Q25	Professional autonomy/job characteristics	0.69–0.78
Factor 2	Q26–Q30	Intrinsic motivation/appreciation	0.63–0.82
Factor 3	Q1–Q5	Financial incentives	0.63–0.72
Factor 4	Q11–Q15	Management/supervision	0.66–0.78
Factor 5	Q6–Q10	Working conditions/resources	0.63–0.77
Factor 6	Q16–Q20	Career development	0.64–0.73

Each five-item group loads primarily on its expected factor. There is no serious cross-loading in this synthetic dataset.

Thus, EFA provides strong evidence supporting the questionnaire’s proposed six-dimensional structure.

4.4. Descriptive Statistics

The approximate mean scores of the constructs are as follows.

Table 5. Descriptive statistics.

Factors	Mean
Financial incentives	3.46
Working conditions/resources	2.90
Management/supervision	3.07
Career development	3.01
Professional autonomy/job characteristics	3.12
Intrinsic motivation/appreciation	2.81

On a scale from 1 to 5, financial incentives have the highest mean score, while intrinsic motivation has the lowest.

4.5. Regression Analysis

The following variables are used in the regression analysis.

Dependent variable: Overall motivation, measured from 0 to 10.

Independent variables: Mean scores of the six factor groups.

The estimated model takes the following general form:

Overall motivation = f (Financial incentives; Working conditions; Management; Career development; Autonomy; Intrinsic motivation).

Table 6. A summary of the overall model results.

Statistic	Result
N	182
R ²	0.590
Adjusted R ²	0.577
F	46.29
Model p-value	< 0.001

Together, the six factors explain approximately 59.0% of the variation in overall work motivation. This is a relatively high explanatory power for a behavioral survey model.

4.6. Estimation Results

Table 7. The estimation results.

Explanatory variable	β	Standardized β	p-value	Result
Financial incentives	0.421	0.393	<0.001	Statistically significant
Working conditions/resources	0.216	0.204	<0.001	Statistically significant
Management/supervision	0.219	0.203	<0.001	Statistically significant
Professional autonomy/job characteristics	0.220	0.216	<0.001	Statistically significant
Intrinsic motivation/appreciation	0.102	0.089	<0.061	Not significant at 5%
Career development	0.136	0.084	0.14	Not significant at 10%

The strongest determinant in this simulated dataset is financial incentives, with a standardized $\beta = 0.393$ and $p < 0.001$. Holding other variables constant, a one-point increase in this factor raises overall motivation by approximately 0.42 points on the 0–10 scale.

The second-strongest effect is associated with professional autonomy and job characteristics ($\beta = 0.216$), followed by working conditions/resources ($\beta = 0.204$) and management/supervision ($\beta = 0.203$).

Notably, after controlling for other motivational factors, intrinsic motivation/appreciation is not statistically significant at the conventional 5% level ($p = 0.061$). This does not mean intrinsic motivation is unimportant; rather, its independent effect does not reach the 5% significance threshold in this model. Similarly, career development is not statistically significant in this empirical model.

VIF values are very low, approximately 1.05–1.26. Therefore, there is no evidence of serious multicollinearity among the six explanatory factor groups.

5. Conclusion

The statistical analysis indicates that the questionnaire has a highly consistent structure. Cronbach's alpha shows good reliability across all six factor groups, while the KMO and Bartlett tests confirm the suitability of factor analysis. EFA identifies six factors closely corresponding to the questionnaire's six theoretical dimensions.

The regression results further indicate that overall work motivation can be explained by several dimensions. In the simulated dataset, their approximate relative importance is: Financial incentives → Professional autonomy → Working conditions → Management → Intrinsic motivation/appreciation → Career development.

Four factors have positive and statistically significant effects at the 5% level, whereas intrinsic motivation/appreciation and career development are not statistically significant at the 5% and 10% levels, respectively.

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