

RESEARCH ARTICLE

Work motivation among Malaysian occupational therapists

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Abstract:

Work motivation is an individual's willingness to exert effort towards achieving organizational goals while fulfilling personal needs. Acknowledging that low motivation among health professionals poses challenges to healthcare systems. This research aims to assess the level of work motivation among Malaysian occupational therapists, its types and their relationship with demographic variables. Employing a cross-sectional quantitative design, data were collected from 354 respondents through an online survey using the adapted Work Extrinsic and Intrinsic Motivation Scale (WEIMS). Descriptive and inferential analyses were conducted using Statistical Package for the Social Sciences Version 26 to evaluate the levels and types of work motivation and their association with demographic factors. The findings revealed that a substantial majority of respondents 77.4% exhibited a non-self-determined motivation profile, indicating reliance on external factors for motivation, while only 22.6% had self-determined motivation. The average work motivation score was low (1.23, SD=0.418). Significant differences in motivation were also found based on age, gender, and income. The study concluded that Malaysian occupational therapists have a low level of self-determined work motivation, indicating a preference for more controlled forms. This suggests that most occupational therapists are primarily motivated by external factors rather than intrinsic enjoyment or personal fulfillment in their work.

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1. INTRODUCTION

Work motivation is described as the willingness to pursue organizational goals while fulfilling personal needs (Ramlall, 2004). It is the result of the complex relationship between individuals, the work environment, and the culture of society. It is shaped by the alignment of personal and organizational goals, enabling individuals to perform the tasks effectively (Franco et al., 2002; Kjellström et al., 2017). Key factors influencing motivation include individual values, goals, self-concept, and cognitive expectations.

Research by to et al. (2021) highlights that motivation is linked to perceived equity within social exchanges. Employees are more engaged when the person feel a clear understanding of organizational realities, whereas perceived inequality can reduce involvement. Although progress has been made in understanding work motivation, particularly in healthcare, there are still gaps in knowledge, especially regarding occupational therapists (OTs), who focus on enhancing health and quality of life for people of all ages (Izzeddin Sarsak, 2019).

Work motivation among healthcare workers is influenced by individual, organizational, and cultural factors (Kjellström et al., 2017). R. Baljoon et al. (2018) highlighted that work motivation is crucial for healthcare workers' performance. Studies show that motivation impacts job performance, with both organizational and personal factors influencing nurses' motivation. Moreover, low motivation among health professionals is recognized as a major issue affecting healthcare systems (Karaferis et al., 2022). Despite extensive research on healthcare motivation, studies focusing on occupational therapy are limited (Chai et al., 2017), highlighting the need for further exploration in this area.

Occupational therapy involves helping clients with various needs, requiring dedicated staff to provide excellent care. Therapists work closely with clients facing physical and psychological challenges, often in demanding settings (Kim et al., 2020). This study aims to investigate the level of work motivation among Malaysian occupational therapists, examining its types of work motivation and relationships with demographic factors, highlighting its importance for management to boost productivity and organizational goals. Motivated therapists can enhance healthcare quality and increase recognition of the profession.

2. MATERIALS AND METHODS

This research utilized a cross-sectional study design with a purposive sampling method, as collecting data from all occupational therapists in Malaysia was impractical. The sample size was calculated using Raosoft's Sample Size Calculator.

Data were gathered through an online survey using the Work Extrinsic and Intrinsic Motivation Scale (WEIMS), developed by Tremblay et al. in 2009. This tool is to evaluate work motivation levels. The WEIMS includes 18 items that participants rate on a Likert scale from 1 (does not correspond) to 7 (correspond exactly), covering six types of motivation based on Self-Determination Theory.

The score can be calculated using the WEIMS by multiplying the mean of each subscale by values corresponding to the underlying level of self-determination. The W-SDI is calculated using the following:

$$W-SDI = (+3 \times IM) + (+ \times INTEG) + (+ \times IDEN) +(-1 \times INTRO) + (-2 \times EXT) +(-3 \times AMO)$$

The W-SDI has a possible score range of 36 for a 7-point Likert-type scale. This formula's overall score represents individuals' relative level of self-determination. A positive score represents a self-determined profile, whereas a negative score represents a non-self-determined profile.

The data collection procedure began with obtaining ethical approval from UiTM with reference number of the letter was 500-FSK (PT. 23/4) . Respondents were screened based on specific inclusion criteria including occupational therapists in Malaysia work in various clinical settings, either on a contract or permanent basis in both the public and private sectors. Also, of have more than one year of work experience and are able to read and understand English. and informed consent was obtained from those who qualified. The exclusion criteria include occupational therapy academicians or researchers, as well as undergraduate occupational therapy students. An online survey was distributed using Google Forms, divided into three sections: Section A for consent, Section B for socio-demographic data, and Section C for the tool of Work Extrinsic and Intrinsic Motivation Scale (WEIMS) English version. The survey was shared via platforms like WhatsApp, Facebook, and Telegram.

For data analysis, Statistical Package for the Social Sciences version 26 was utilized. Descriptive statistics were used to analyze the demographic characteristic, level and type of work motivation among Malaysian occupational therapists, presenting frequencies and percentages. For inferential analysis, the Chi-Square statistic test and Kruskal-Wallis test were used to assess the relationship between demographics

and work motivation due to the data not following a normal distribution.

3. RESULTS AND DISCUSSION

All of 354 respondents of Malaysian occupational therapists involved in this study.

Table 1. Demographic Characteristics of Respondents

Characteristics	N	Percentage (%)
Gender		
Female	188	53.1
Male	166	46.9
Age		
20-30	97	27.4
31-35	53	15.0
36-40	60	16.9
41-45	97	27.4
46-50	43	12.1
51-55	3	0.8
56-59	1	0.3
Working Sector		
Private	177	50.0
Public	177	50.0
Working Area		
Urban	240	67.8
Suburban	77	21.8
Rural	37	10.5
Work Status		
Permanent	311	87.9
Contract	43	12.1
Current Clinical Practice Area		
Orthopedics/Surgical	41	8.7
Neurology/Medical	51	10.8
Cardiac Rehabilitation	11	2.3
In Patients	41	8.7
General Outpatient	34	7.2
Pediatrics	63	13.3
Psychiatric	73	15.4
Geriatric	9	1.9
Palliative Care	70	14.8
Work Rehabilitation	35	7.4
Health Clinics/Community	33	7.0
Others	12	2.5
Education Level		
Diploma	145	41.0
Bachelor	199	56.2
Master	9	2.5
PhD	1	0.3
Working Experience		
1 years – 5 years	82	23.2
6 years – 10 years	67	18.9
11 years – 15 years	46	13.0
16 years – 20 years	75	21.2
21 years – 25 years	80	22.6
26 years – 30 years	4	1.2
Estimate Income Monthly (RM)		
<3000	79	22.3
3000 – 5000	199	56.2
>5000	76	21.5

Table 1 represents demographic data based on its frequency and percentage. Based on the result, most respondents are female (n=188,53.1%), age between 20 to 37 and 41 to 45 (n=97,27.4%) respectively. There is an equal split of respondents across the public (50%, n=177) and private sectors (50%, n=177). Most respondents (67.8%, n = 240) work in urban areas, with suburban areas (21.8%, n = 77) and rural areas (10.5%, n = 37) following. Of them, 87.9% (n=311) work permanently, while the remaining 12.1% (n=43) are employed under contract. Psychiatry makes up the majority of the respondents' fields of practice (15.4%, n = 73) and most of the respondents (56.2%, n = 199) had bachelor's degrees. In terms of experience, most of them have worked for 1 to 5 years (23.3%, n=82). The largest proportion of respondents, 56.2% (n=199), estimated their monthly income to be between RM3000 to RM5000.

Table 2. Descriptive Analysis for The Level of Work Motivation Among Malaysian Occupational Therapists

Total Score of Work Motivation

	Frequency(n)	Percent (%)	Mean (SD)
Non-Self Determined Profile	274	77.4	1.23 (0.418)
Self-Determined Profile	80	22.6	

Table 2 represents the level of work motivation based on its frequency, percentage, mean and standard deviation. Majority the respondents showed a non-self-determined profile of motivation with (n = 274, 77.4%) compared to self-determined profile of motivation, (n = 80, 22.6%). The mean work motivation score is 1.23 (SD=0.418).

Table 3. Descriptive Analysis for the Type of Work Motivation among Malaysian Occupational Therapists

Type of Motivation

	Level of Correspond	Frequency	Percent (%)	Mean (SD)
Intrinsic Motivation	Does Not Correspond	4	1.1	2.60 (0.51)
	Moderate Correspond	134	37.9	
	Correspond Exactly	216	61.0	
Integrated Regulation	Does Not Correspond	2	0.6	2.63 (0.49)
	Correspond Exactly			

Identified Regulation	Moderate Correspond	128	36.2	
	Correspond Exactly	224	63.3	
Introjected Regulation	Does Not Correspond	5	1.4	2.39 (0.51)
	Moderate Correspond	203	57.3	
External Regulation	Correspond Exactly	146	41.2	
	Does Not Correspond	5	1.4	2.56 (0.52)
Amotivation	Moderate Correspond	143	40.	
	Correspond Exactly	206	58.2	
Integrated Regulation	Does Not Correspond	3	0.8	2.64 (0.49)
	Moderate Correspond	123	34.7	
Intrinsic Motivation	Correspond Exactly	228	64.4	
	Does Not Correspond	23	6.5	2.32 (0.59)
Amotivation	Moderate Correspond	193	54.5	
	Correspond Exactly	138	39.0	

Table 3 tabulated type of work motivation represented by respondents. The most type of motivation that samples correspond exactly is external regulation with (n= 228, 64.4%) with M=2.64 (SD=0.49) followed by integrated regulation with (n=224, 63.3%), M=2.63(SD=0.49), then introjected regulation with (n=146,41.2%), M=2.56(SD=0.52) and intrinsic motivation (n=216,61.0%), M=2.60(SD=0.51). Identified regulation scored with (n=146,41.2%), M=2.39(SD=0.51). The least type of motivation that samples less correspond exactly is amotivation with (n=138, 39.0%), M=2.32(SD=0.59). These results indicate significant differences in the types of work motivation reported by respondents, with external regulation being the most prevalent and amotivation the least.

Table 4. Inferential Analysis using Chi-Square Test for the relationship between demographic characteristic with work motivation.

Variables	Work Motivation		χ^2	p-value
	Non-Determined Profile	Self-Determined Profile		
<i>N, (%)</i>				
Age				
20-30	66(68.0)	31(32.0)	14.66	0.023
31-35	44(83.0)	9(17.0)		
36-40	41(68.3)	19(31.7)		
41-45	83(85.6)	14(14.4)		
46-50	37(86.0)	6(14.0)		
51-55	2(66.7)	1(33.3)		
56-59	1(100.0)	0(0.0)		
Working Experience				
1 years-5years	57(20.8)	25(31.3)	27.87	0.00
6 years-10 years	55(20.1)	12(15.0)		
11 year-15 years	31(11.3)	15(18.8)		
16 years-20 years	51(18.6)	24(30.0)		
21 years-25 years	77(28.1)	3(3.8)		
26 years-30 years	3(1)	1(1.3)		
Estimate Income				
<3000	53(19.3)	26(32.5)	11.16	0.004
3000-5000	153(55.8)	46(57.5)		
>5000	68(24.8)	8(10.0)		

Gender				
Female	137(72.87)	51 (27.12)	4.701	0.03
Male	137(82.53)	29(17.46)		
Working Area				
Urban	203 (84.58)	37 (15.41)	21.98	0.00
Suburban	48 (62.33)	29 (37.66)		
Rural	23(62.16)	14(37.83)		
Work Sector				
Private	158 (89.3)	19 (10.7)	28.49	0.00
Public	116(65.5)	61(34.5)		
Working Status				
Permanent	243 (78.13)	68(21.86)	0.78	0.38
Contract	31(72.09)	12(27.91)		
Educational Level				
Diploma	94(64.83)	51(35.17)	22.35	0.00
Bachelor	171(85.93)	28(14.07)		
Master	8 (88.88)	1(11.11)		
Phd	1(100)	0(0.0)		

Table 4 tabulated the data of relationship of demographic variables in work motivation. Based on the result, there is significant difference between variables age, gender, working area, working sector, educational level working experience and estimated income in work motivation whereby p value <0.05. Females showed a high self-determined profile (n=51,27.12%) compared to males (n=29,17.46%). In terms of age, the highest group of age that has a high self-determined profile is at age 20-30 (n=31,38.8%). Then for working area, the highest self-determined profile motivation is from urban area and mostly from public sector with (n=61,34.5%) and from most of them are from diploma education level (51,35/17%) with income RM3000 to RM5000 (46,57.5%). However, the variable of working status shows a significant effect on work motivation, as its p-value is greater than 0.05, with the mean p-value for the permanent and contract working sectors being 0.38.

Table 5. The Kruskal-Wallis Test for The Relationship Between Type of Clinical Practice with Work Motivation

Type of Clinical Practice Area	Level of Motivation	n	Mean Rank	χ^2	p-value
Orthopedics /Surgical	Non-Self Determined Profile	274	173.15	7.13	.008
	Self Determined Profile	80	192.40		
	Total	354			
Neurology /Medical	Non-Self Determined Profile	274	169.44	20.32	.000
	Self Determined Profile	80	205.10		
	Total	354			
Cardiac Rehabilitation	Non-Self Determined Profile	274	177.81	126	.722
	Self Determined Profile	80	176.43		
	Total	354			
In Patients	Non-Self Determined Profile	274	173.15	7.13	.008
	Self Determined Profile	80	192.40		
	Total	354			
General Outpatient	Non-Self Determined Profile	274	172.77	9.93	.002
	Self Determined Profile	80	193.69		
	Total	354			
Pediatrics	Non-Self Determined Profile	274	172.49	6.66	.010
	Self Determined Profile	80	194.68		
	Total	354			
Psychiatric	Non-Self Determined Profile	274	180.41	1.99	0.158
	Self Determined Profile	80	167.55		
	Total	354			

Geriatric	Non-Self Determined Profile	274	176.88	0.61	0.43
	Self Determined Profile	80	179.64		
	Total	354			
Palliative Care	Non-Self Determined Profile	274	187.07	22.29	0.00
	Self Determined Profile	80	144.71		
	Total	354			
Work Rehabilitation	Non-Self Determined Profile	274	172.92	9.08	0.00
	Self Determined Profile	80	193.19		
	Total	354			
Health Clinics/ Community	Non-Self Determined Profile	274	173.27	8.15	0.00
	Self Determined Profile	80	191.98		
	Total	354			
Others:	Non-Self Determined Profile	274	177.96	0.24	0.62
	Self Determined Profile	80	175.93		
	Total	354			

Table 5 represent type of clinical practice area in work motivation using Kruskal-Wallis test. The findings revealed that the most self-determined profile was presented by neurology/medical practice area with mean rank 169.44 compare to others. While, the most non-self-determined motivation was presented by palliative care with mean rank 187.07. Then, there was no significant difference in work motivation across type of clinical practice area of cardiac rehabilitation ($\chi^2 = 126, p = 0.72$), psychiatric ($\chi^2 = 1.990, p = 0.158$), geriatric ($\chi^2 = 0.607, p = 0.436$), and others ($\chi^2 = 0.249, p=0.618$). as those average p-value larger than 0.05. However, compare to other type of clinical practice area including orthopedics/surgical ($\chi^2=7.132, p = 0.08$), neurology/medical ($\chi^2=20.323, p= 0.00$), in patients($\chi^2 = 7.132, p = 0.08$), general outpatient ($\chi^2 = 9.929, p = 0.002$), pediatric ($\chi^2 =6.663, p = 0.010$), palliative care ($\chi^2 = 22.29, p = 0.000$), and health clinics/community ($\chi^2 = 8.154, p = 0.004$), there were significant differences in work motivation whereby alpha less than 0.05.

3.1. Level Of Work Motivation Among Malaysian Occupational Therapy

The majority of respondents (n = 274, 77.4%) exhibited a non-self-determined motivation profile. This type of motivation is typically driven by external factors, such as rewards, pressure from others, or the avoidance of negative consequences. The prevalence of this motivation profile suggests that a large portion of Malaysian occupational therapists may be primarily motivated by external incentives rather than by intrinsic satisfaction or personal fulfillment in their work.

In contrast, only a small portion of respondents (n = 80, 22.6%) demonstrated a self-determined motivation profile. This profile reflects motivation that arises from internal factors, such as personal interest, enjoyment, and a sense of autonomy in one's work. The lower percentage of self-determined motivation indicates that relatively few therapists are driven by these internal factors, which are often associated with higher job satisfaction and sustained engagement.

The mean work motivation score across all respondents was 1.23, with a standard deviation of 0.418. This relatively low mean score indicates that, on average, the therapists' motivation is weak and largely tilted towards non-self-determined forms of motivation. The standard deviation indicates some variability in motivation levels among the respondents, though the overall trend points to a reliance on external motivators.

These results suggest that Malaysian occupational therapists generally have weak work motivation, supporting the null hypothesis of the study. This finding is surprising, especially when compared to the study by Chai et al. (2017), which found strong motivation among occupational therapy graduates. The weaker motivation observed in this study may be linked to Maslow's Hierarchy of Needs Theory, which predicates that individuals must first satisfy basic needs such as safety and health before they can be motivated by higher-level needs, like social connections and personal growth (Bawa, 2017). This may suggest that the occupational therapists in this study are struggling to meet these foundational needs, which could explain their lower levels of self-determined motivation.

The predominance of non-self-determined motivation among the respondents has important implications for both individual therapists and the broader healthcare environment. When motivation is largely driven by external factors, it can lead to less sustainable engagement, as external rewards may not consistently fulfill personal needs. This could also impact the quality of care provided by therapists, as they may be less personally invested in their work.

The findings suggest a need for strategies that can enhance

self-determined motivation among occupational therapists. This could include initiatives that promote professional autonomy, opportunities for personal growth, and the development of a work environment that supports intrinsic motivation. By fostering a more self-determined motivation profile, organizations may see improvements in job satisfaction, performance, and overall well-being among their staff.

3.2. Types Of Work Motivation Among Malaysian Occupational Therapists

The study revealed that external regulation was the dominant form of motivation among respondents, with 64.4% (n = 228) scoring a mean of 2.64 (SD = 0.49). This high level of extrinsic motivation indicates that Malaysian occupational therapists are primarily driven by external rewards such as salary and job security, rather than by intrinsic factors like personal satisfaction or passion for their work. This finding is consistent with Bawa's (2017) research, which suggests that when external factors are insufficient, it can lead to dissatisfaction and a lack of motivation among employees.

The study also found that the scores for intrinsic motivation, introjected regulation, and identified regulation were moderate, suggesting that these therapists experience a mix of internal and external pressures. While they may have some personal interest in their work, external factors still play a significant role in their motivation. On the other hand, the low score for amotivation indicates that only a small portion of respondents feel disengaged or lack motivation entirely.

These findings are in line with research by Van den Broeck et al. (2021), which highlighted that intrinsic motivation tends to have a stronger and more positive impact on outcomes compared to external regulation. While external motivations can lead to both positive and negative effects, relying too heavily on them might not sustain long-term job satisfaction or performance.

The significant differences across these types of motivation highlight the varying levels of engagement and motivation among Malaysian occupational therapists. The high levels of external regulation suggest that many therapists rely on external incentives, while the moderate levels of intrinsic and identified regulation indicate that internal motivations, though present, are less dominant. The relatively low levels of amotivation suggest that while some therapists may struggle with motivation, it is not a widespread issue. Overall, these findings underscore the diversity in motivational drivers within the profession.

3.3 Work Motivation Among Malaysian Occupational Therapists Related to Demographic Characteristics

The study identified significant differences in work

motivation based on demographic characteristics, revealing diverse motivational patterns among occupational therapists. Females exhibited higher self-determined motivation profiles compared to males, suggesting that women are more motivated by relationships and social connections. This finding aligns with the idea that strong work relationships can enhance motivation, as noted by Hitka et al. (2018). However, this contrasts with a study by Karaferis et al. (2022), where males scored higher in extrinsic motivation, driven by factors like responsibility and resource utilization. Men may be more motivated by external rewards and the opportunity to take initiative.

Therapists aged 20 to 30 showed higher levels of work motivation, likely due to intrinsic factors such as personal growth opportunities and the desire for professional development. Younger professionals may be more driven by internal aspirations and the potential for career advancement. Then, therapists in the private sector demonstrated higher self-determined motivation compared to those in the public sector. This may be attributed to differences in work conditions and benefits. According to Delfgaauw & Dur (2008, as cited in Zullo, 2020), poor benefits and lower job satisfaction in the public sector may contribute to lower motivation levels.

Occupational therapists working in urban areas exhibited the highest self-determined motivation compared to their suburban and rural counterparts. This suggests that urban work environments, despite possibly having higher external control or lower intrinsic motivation, might offer conditions that enhance productivity and self-motivation, as supported by Abdul Basit et al. (2018).

Contract workers showed higher work motivation than permanent employees, likely due to their need for job security and a desire to build a strong professional reputation. This finding is consistent with the study by Eko Yudiantmaja et al. (2017), which also found that contract employees tend to be more motivated than their permanent counterparts. In terms of clinical practice area, therapists working in neurology or medical fields exhibited the highest motivation levels. This aligns with Chiang et al. (2013), who found that physical dysfunction is a popular area of interest among occupational therapy students, likely due to the high demand and rewarding nature of these fields.

Occupational therapists with 1 to 5 years of experience had the highest self-determined motivation compared to more experienced colleagues. This may be because the early years in healthcare are often filled with enthusiasm and energy, but over time, the demanding nature of the job can lead to fatigue and reduced motivation.

Therapists with a diploma showed the highest self-determined motivation, supporting Muntazeri & Indrayanto's (2018) findings that education positively impacts job satisfaction. Higher education may provide individuals with a greater sense

of purpose and fulfillment in their roles. Lastly, those earning between RM3000 to RM5000 demonstrated strong self-determined motivation, likely driven by both intrinsic and extrinsic factors. This supports the research by Abu Hassan Asaari et al. (2019), which found that higher rewards are positively linked to increased employee motivation. The combination of sufficient financial compensation and personal satisfaction seems to enhance overall work motivation.

4. CONCLUSION

This study's findings indicated that the therapists' work motivation is minimally self-determined, with a tendency towards controlled motivation and potential for improvement in fostering autonomous motivation. Extrinsic regulation was the most common type of motivation. Significant differences in work motivation were linked to demographic characteristics. This study investigates the work motivation levels among Malaysian occupational therapists, emphasizing its significance in enhancing healthcare worker performance.

These results highlight the need for strategies to enhance intrinsic motivation among occupational therapists, fostering a more autonomous work environment. The study's implications extend to developing culturally appropriate motivational frameworks that can improve job satisfaction and reduce turnover rates in the healthcare sector. Overall, the findings underscore the importance of addressing motivational factors to optimize the performance and well-being of Malaysian occupational therapists.

The limitations of the study included small sample sizes that impacted data distribution, constraints in data quality and availability, and the virtual format of the study, which may have affected participants' understanding. The study has implications for understanding how motivation theories like Maslow's Hierarchy of Needs apply to Malaysian occupational therapists, helping to create culturally appropriate motivational frameworks, enhancing job satisfaction, and reducing turnover rates. Recommendations for future research include addressing gaps in understanding work motivation, investigating targeted therapies, ensuring balanced recruitment across subgroups, collaborating with healthcare facilities for data collection, and using reminder emails or calls to keep respondents engaged.

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