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# The Necessity and Rationale of Reforming Incentives in Nursing: A Mini Review

## Justificación para reformar el sistema de incentivos en enfermería: una breve revisión

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### Abstract

Managers and planners seek effective strategies to attract, hire, and motivate healthcare workers. One way to achieve these goals is by developing and implementing a robust incentive system. Non-monetary incentives are just as crucial as monetary ones. This mini review aims to evaluate existing nursing incentives by examining previous studies. A review of literature published between 2000 and 2021 was conducted, using the EBSCO and CINAHL databases to gather relevant data on nursing incentives. The search yielded a total of 100 studies. The researcher assessed these studies for potential inclusion using a clear set of inclusion and exclusion criteria, following a three-step selection process. Ten studies met the inclusion criteria and were analysed in the review. The keywords used were "Nursing incentives" and "nurse job performance." Nurses' incentives should be aligned with nurse job performance and tailored to their individual needs as healthcare providers. Additionally, various factors can influence the work environment for nurses. Both monetary and non-monetary incentives—such as recognition, appreciation, opportunities for professional advancement, study leave, training, supervisor support and feedback, work autonomy, and flexible working hours—are important elements that motivate staff. Future research is needed to evaluate nurses' satisfaction with incentive systems. This review found that effective incentive systems should include both monetary and non-monetary incentives.

**Keywords:** performance, nursing incentives, management, motivation, nurses

### Resumen

Las y los gerentes y planificadores buscan estrategias efectivas para atraer, contratar y motivar al personal de salud. Una forma de lograr estos objetivos es desarrollar e implementar un sistema de incentivos sólido. Para este fin, los incentivos no monetarios son tan cruciales como los monetarios. Esta mini revisión busca evaluar los incentivos de enfermería existentes mediante el análisis de estudios previos. Se realizó una revisión de la literatura publicada entre 2000 y 2021, utilizando las bases de datos EBSCO y CINAHL para recopilar datos relevantes sobre sistemas de incentivos en el ámbito de la enfermería. La búsqueda arrojó un total de 100 estudios, el equipo investigador los evaluó para su posible inclusión mediante un conjunto claro de criterios de inclusión y exclusión, siguiendo un proceso de selección de tres pasos. Diez estudios cumplieron los criterios de inclusión y fueron analizados. Las palabras clave utilizadas fueron "incentivos en enfermería" y "desempeño laboral de enfermeras". Los incentivos para las enfermeras deben estar sintonizados con su desempeño laboral y adaptarse a sus necesidades individuales como profesionales de la salud. Además, diversos factores confluyen sobre su entorno laboral. Los incentivos monetarios y no monetarios—como el reconocimiento, la apreciación, oportunidades de desarrollo profesional, licencias para estudio y formación, apoyo y retroalimentación por parte de los supervisores, autonomía laboral y flexibilidad horaria—son elementos importantes que motivan al personal. Se necesitan más investigaciones para evaluar la satisfacción del personal de enfermería con distintos sistemas de incentivos. Esta revisión concluyó que los sistemas de incentivos eficaces deben incluir incentivos monetarios y no monetarios.

**Palabras clave:** desempeño, incentivos para enfermeras, gestión, motivación, enfermeras



## Introduction

Nurses are the primary professional group in the frontline workforce of most healthcare systems. They make up the largest segment of healthcare workers and deliver 80% of direct patient care. Health plays a key role in SDG 3, which aims to "ensure healthy lives and promote well-being for all at all ages," supported by 13 targets that address a broad range of WHO's initiatives.<sup>1</sup> According to the WHO, health indicators, as well as mortality and morbidity trends, are closely connected to nursing practices.<sup>2</sup> Nurses and midwives account for more than half of the healthcare workforce. Research indicates that having an adequate number of well-trained nurses is crucial in addressing the increasing burden of both communicable and non-communicable diseases. They play a significant role in lowering morbidity and mortality rates and in reducing negative health outcomes.<sup>2</sup>

The widening gap between the supply of healthcare professionals and the demand for their services is recognized as a critical issue for health and development.<sup>3</sup> As a result, human resources within healthcare have become a top priority on the political agenda in many countries. Policymakers, managers, and planners are seeking effective strategies to attract, employ, and motivate healthcare workers, while also improving the quality of care. One approach to achieving these goals is the design and implementation of effective incentive systems.<sup>4</sup>

The WHO defines incentives as the rewards and penalties that providers experience as a result of the organizations they work for, the institutions they operate under, and the specific interventions they deliver. Certain conditions within the healthcare work environment help support healthcare workers in remaining in their roles.<sup>5</sup>

Incentives can be either motivating or discouraging, and can be categorized as monetary (such as salary, bonuses, and allowances) or non-monetary (including work autonomy, recognition, flexible hours, and support for professional growth).<sup>6</sup> Additionally, incentives can be implemented at

both the individual and organizational levels, and may vary depending on the type of employer.<sup>4</sup>

Several theories explain the motivation of healthcare workers in the workplace. According to Herzberg's two-factor theory, there are two categories of factors that influence a worker's motivation: hygiene factors, which are external to the work itself (such as salary, management, organizational policies, working conditions, and job safety), and motivators, which are intrinsic to the work (such as a sense of accomplishment, praise, recognition, and opportunities for development or promotion). Unsatisfactory hygiene factors lead to dissatisfaction.<sup>7</sup>

One example of a nursing incentive program is in Jordan, where the Ministry of Health (MOH) implemented a monetary incentive system to address the nursing shortage by attracting and retaining nursing staff. This system provides direct monetary bonuses based solely on a nurse's level of education and years of experience, without considering annual nurse job performance evaluations or the quality of nursing care provided. The non-monetary incentives in this system are limited. The incentive program for nurses was not integrated with other activities aimed at improving the quality of care. Additionally, the system overlooked the importance of non-monetary incentives, which play a role as significant as that of monetary incentives. This paper seeks to evaluate existing nursing incentive systems by reviewing past studies.

## Methods

*Design* (a mini literature review).

### *Data sources*

An electronic literature search was carried out using the EBSCO and CINAHL databases. The key search terms included "Nursing incentives," "Motivation," "Management," "Nurses," and "Performance." The studies included in the review met the following criteria: (a) published in English, (b) published between 2000 and 2021, and (c) focused on incentive systems within the healthcare sector. Studies that consisted of comments, editorials, or letters were excluded (Table 1, 2).

**Table 1. Eligibility Criterion**

Criterion	Eligibility	Search Keywords
Literature Type	Journal Articles, Reviews, Book Chapters, Books,	Nursing Incentives; Performance; Motivation; Management; Nurses.
Language	English	
Areas	Nursing Management, Nursing Leadership, Human Resource Management	
Timeline	2000-2021 [for overall study].	

Sources: authors

**Table 2. Inclusion and exclusion criteria for literature selection**

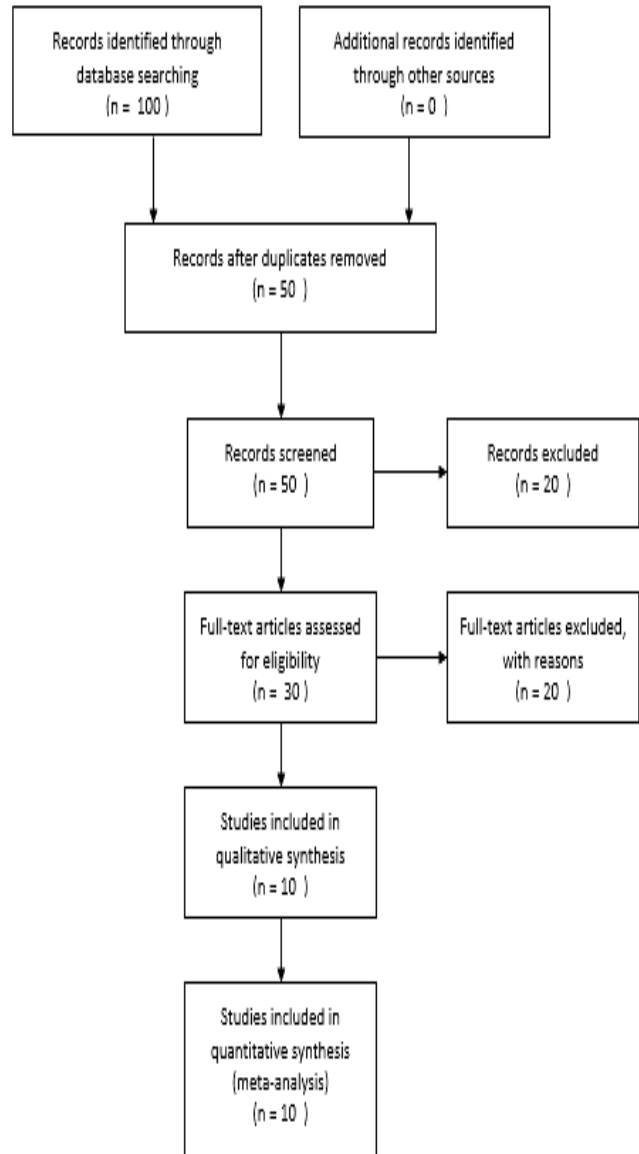
Inclusion Criterion	Exclusion Criterion
Text in English	Text in languages other than English
Publication type is article, review, book chapter, report, or conference paper	Publication type is other than article, review, book chapter, report, or conference paper (e.g., note, erratum, book review)

Sources: authors

**Analysis**

A total of 100 references were initially identified. After removing duplicates, 50 references remained. Of these, 20 studies were excluded because their abstracts indicated they did not meet the inclusion criteria. Another 20 studies were excluded because the full text was either unavailable or could not be translated into English. The remaining 10 full-text references were examined in greater detail. These studies met the inclusion criteria and were included in the current review. See flow diagram in Figure 1.

**Figure 1. Flow of data through the different stages of the review**



Sources: authors

**Findings**

**Non-monetary incentives**

The studies included in this review provided data from several countries on the motivation of healthcare workers.<sup>8,9</sup> Additionally, two of the studies, from Switzerland and the United States, focused on incentives relevant to nurses.<sup>4</sup>

### ***Factors that affect the nurses' work environment***

Some of the studies explored factors that could impact nurses' work environment, with data from Jordan included in the analysis.<sup>10,11,12,13,14</sup>

### ***Nurses' Work Satisfaction***

Three of the reviewed studies focused on the quality of work life and nurses' job satisfaction.<sup>15,16,17</sup>

### ***Interventions to Achieve Quality Objectives***

One study examined a strategy that provided workers with a monetary incentive to achieve assigned quality objectives, with data from the United States.<sup>18</sup>

### ***COVID-19 and the Levels of Anxiety and Stress Among Healthcare Providers and Nurses***

Five of the reviewed studies focused on the impact of COVID-19 on anxiety and stress levels among nurses and other healthcare providers. Data were available from Brazil,<sup>19</sup> the United States,<sup>20</sup> and Jordan.<sup>21,22,23</sup>

## **Discussion**

A motivated nursing workforce is crucial for a well-functioning healthcare system.<sup>2</sup> Evidence suggests that implementing a variety of incentives is important for influencing workers' motivation and behaviour.<sup>8</sup> Several studies have shown that while monetary incentives remain important, they are not the sole or primary motivator. Other significant factors that contribute to motivation include recognition, appreciation, and opportunities for professional advancement.<sup>8</sup> Another study explored the motivation of healthcare workers in four African countries and found that non-monetary incentives, such as study leave, training, and support and feedback from supervisors, are key factors that motivate staff to perform well and stay in the public health sector.<sup>9</sup> Similarly, a study in North Vietnam examined factors influencing the work motivation of rural health workers. The results indicated that although monetary incentives were important, they alone were not enough to improve staff performance. The study concluded

that staff motivation could be enhanced by implementing incentive strategies that promote appreciation and respect.<sup>8</sup>

### ***Incentives for Nurses***

A study examining incentives for nurses found that while monetary incentives, as a form of economic incentive, were mentioned most frequently, improvements in work conditions and rewards within the healthcare system were considered more meaningful for nurses.<sup>24</sup> Non-monetary incentives, such as providing work autonomy, flexible working hours, and recognition of work, are particularly important in countries and organizations where limited funding restricts their ability to offer direct monetary incentives.<sup>4</sup>

### ***Interventions toward attaining quality objectives***

Motivation is an important part of improving worker performance, considering the ample evidence that a motivated worker is more capable of being productive than a non-motivated worker.<sup>7</sup> Globally, there is increasing concern around the value of healthcare relative to the cost, mainly as a consequence of emergent research around the effectiveness and quality of health care, particularly regarding issues of safety.<sup>25,26</sup> For example, the American Institution of Medicine report shows that medical errors kill between 44,000 and 98,000 American every year.<sup>27</sup> Pay for performance (P4P) was present in several sectors. In the United State, P4P has appeared as a key policy for improving the quality of care. The basic objective of such a strategy is to offer workers a monetary incentive to attain assigned quality objectives, and it includes direct incentives for measured performance. However, nurses were not a focus of P4P, and there are scarce examples of payment incentives that reward nurses for higher productivity and quality or cost savings.<sup>18</sup>

In any policy related to nursing incentives, one of the key ethical considerations is ensuring that each nurse receives incentives based on their individual performance and specific needs as a healthcare provider. The perceived fairness of these rewards significantly impacts how employees view their

work and the organization, and it can affect the level of effort they put into fulfilling their responsibilities. Perceived unfairness can lead to poor performance and increased psychological stress, ultimately decreasing job satisfaction. However, simply distributing rewards fairly does not necessarily improve a low-motivation environment.<sup>7</sup> And if the incentives are unfair, they can demoralize healthcare workers, undermine their values, and place them in morally compromising situations that may threaten their personal and professional integrity.<sup>28</sup> Health policy makers must invest in implementation support, reform hospital incentive structures to promote teamwork, and involve nursing leaders in the development of future incentive policies.<sup>29</sup>

In Jordan, several factors impact the nursing work environment, including inadequate staffing and poor nurse distribution, lack of supervision, ineffective regulatory mechanisms, limited resources, absence of care standards, lack of procedural manuals, and the absence of a quality improvement procedure.<sup>10,11,12,13,14</sup> In terms of quality of work life and job satisfaction, studies have found that the work satisfaction of Jordanian nurses is borderline and requires urgent intervention. Additionally, patient satisfaction and the quality of nursing care need to be improved in order to reach a very satisfied level.<sup>15,16,17</sup>

### ***The COVID-19 and the level of anxiety and stress among health care providers' and nurses***

Data shows that over 1.6 million healthcare providers have been infected with COVID-19 in various countries, with nurses being the most affected group. Unfortunately, the number of deaths due to COVID-19 among nurses and other healthcare providers continues to rise.<sup>30</sup> In 2020, the International Council of Nurses (ICN) highlighted the growing risk of exhaustion, post-traumatic stress, and other stress-related conditions among nurses.<sup>30</sup> Several studies have indicated that the COVID-19 pandemic has exacerbated anxiety and stress levels among nurses and other healthcare providers.<sup>19,20,21,22,23</sup> Additionally, emerging data reveals a global phenomenon of widespread trauma

experienced by nurses during the COVID-19 response. This challenging phenomenon is intertwined with numerous issues, including overwhelming workloads, increased patient mortality, burnout, insufficient personal protective equipment, fears of virus transmission to families, rising discrimination and violence against nurses, COVID-19 denial, misinformation, and lack of support for social and mental health.<sup>30</sup> Achieving "Health for All" is not possible without a sufficient number of well-supported nurses in the workforce. Health policy makers must address the emerging negative impacts of the COVID-19 pandemic on healthcare worker retention and the potential long-term threat to global health.<sup>30</sup>

### **Conclusions**

A motivated nursing workforce is crucial for a well-functioning healthcare system. Incentives, both monetary and non-monetary, play a key role in motivating healthcare workers. These incentives should be tailored to individual job performance and the specific needs of nurses. Effective incentive systems should incorporate both types of rewards. Various factors influence the nursing work environment, and primary studies are essential to deepen our understanding of healthcare workers' motivation. Future research is needed to evaluate nurses' satisfaction with current incentive systems. This review enhances understanding of nursing incentives by analyzing both monetary and non-monetary factors affecting job satisfaction and healthcare quality. It highlights the importance of tailored incentive systems that match nurses' performance and individual needs. The findings show that a combination of recognition, career advancement, supervisor support, flexible work, and financial rewards boosts motivation and satisfaction. The review also calls for further research on the long-term effects of these incentives on nurse satisfaction and healthcare quality, offering guidance for improving workforce retention and performance.

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## References

1. World Health Organization. (2022). Sustainable Development Goals (SDGs). [https://www.who.int/health-topics/sustainable-development-goals#tab=tab\\_1](https://www.who.int/health-topics/sustainable-development-goals#tab=tab_1)
2. World Health Organization (2008). The World Health Report 2008: Primary Health Care - Now More Than Ever. World Health Organization.
3. Sinha KK, Kohnke EJ. Health care supply chain design: toward linking the development and delivery of care globally. *Decision Sciences*, 2009; 40(2), 197-212.
4. ICN (2008) Guidelines: incentives for health professionals.
5. WHO (2000) World health report 2000- health systems: improving performance.
6. Geneva: WHO P61. Available at [http://www.WHO.int/whr/2000/en/whr\\_00en.pdf](http://www.WHO.int/whr/2000/en/whr_00en.pdf).
7. Alamri M, Zuraikat N. Financial incentives system for nursing in the Kingdom of Saudi Arabia. *J Account Financ*. 2011;11(2):53-7.
8. Sullivan EJ, Decker PJ. *Effective leadership and management in nursing*. 6th ed. Upper Saddle River, NJ: Pearson; 2005.
9. Dieleman M, Harnmeijer JW. Improving health worker performance: in search of promising practices. Geneva: World Health Organization; 2006. Available from: <http://www.Kit.nl/net>.
10. Korte, Stiliwell B, Diallowk et al. Migration of health care workers from developing countries: strategic approaches to its management. *Bull World Health Organ*. 2004;82:595-600.
11. AlBashtawy M, Aljezawi M. Emergency nurses' perspective of workplace violence in Jordanian hospitals: A national survey. *IntEmergNurs*. 2016;24(1):61-5.
12. AlBashtawy M, Al-Azzam M, Rawashda A, et al. Workplace violence towards emergency department staff in Jordanian hospitals: A cross-sectional study. *J Nurs Res*. 2015;23(1):75-81.
13. AlBashtawy M. Workplace violence against nurses in the emergency department in Jordan. *IntNurs Rev*. 2013;60(4):550-5.
14. Hijazi S, Al-Ma'aitah R. Public service reform and their impact on health sector personnel in Jordan. [Internet]. 1999. Available from: [Source not provided in the original citation].
15. AlBashtawy M, Alshloul M, Alkhalwaldeh A, et al. Looking at school nurses' roles in tackling overweight and obesity. *Br J SchNurs*. 2014;9(8):17-9.
16. Al-Natour A, Alshareideh K, Obeisat S. Marital violence affecting female nurses and its physical and mental health consequences. *IntNurs Rev*. 2020;[No volume and issue numbers provided].
17. Magabla A, AlBashtawy M, Suliman M, et al. Conflict in nursing: A review paper. *EC Psychol Psychiatry*. 2020;9(9):1-3.
18. Marayyan MT. Jordanian job satisfaction, patient satisfaction, and quality of nursing care. *IntNurs Rev*. 2006;53(3):224-30.
19. Young G, Burgers JF, Bokhour B, et al. Emerging trends in quality purchasing through pay-for-performance in the hospital sector in the United States. IHEA 6th World Congress: Exploration in Health Economics paper. 2007.
20. Dal'Bosco EB, Floriano LSM, Skupien SV, et al. Mental health of nursing in coping with COVID-19 at a regional university hospital. *Rev Bras Enferm*. 2020;73: [No page numbers provided].
21. Lasater KB, Aiken LH, Sloane DM, et al. Chronic hospital nurse understaffing meets COVID-19: an observational study. *BMJ QualSaf*. 2020;[No volume, issue, or page numbers provided].
22. Howeri NM, AlBashtawy M. Workplace stress among nurses in intensive care units. *EC Psychol Psychiatry*. 2020;9(3):1-3.
23. Al-Rawashdeh N, Al Bashtawy M, Ozaybi N, et al. Nurses' roles in providing care for patients with COVID-19. *EC Emerg Med Crit Care*. 2020;5(1):[No page numbers provided].
24. Salame HF, Al Bashtawy M. Managing workplace stress among health care providers. *EC Psychol Psychiatry*. 2019;8(8):792-4.
25. Kingma M. Economic incentives in community nursing: attracting, rejection, or indifference? *Hum Resour Health*. 2003;1(2):[No page numbers provided].
26. Khraisat O, Al-awamreh K, AlBashtawy M, et al. Shared governance: A children's hospital journey to clinical nursing excellence. *J Res Nurs*. 2020;[No volume, issue, or page numbers provided].
27. Kruk ME, Gage AD, Arseneault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018;6(11):e1196-e1252.
28. Jarry J. Medical error is not the third leading cause of death. Office for Science and Society. Available from: <https://www.mcgill.ca/oss/article/health-sciences/medical-error-not-third-leading-cause-death>. Published December 27, 2021.
29. Silva MC. Financial compensation and ethical issues

- in health care. *Online J Issues Nurs.* 1998;3(1): [No page numbers provided].
30. Kurtzman ET, O'Leary D, Sheingold BH, et al. Performance-based payment incentives increase burden and blame for hospital nurses. *Health Aff (Millwood)*. 2011;30(2):211-8.
31. International Council of Nurses (ICN). International Council of Nurses COVID-19 update. Available from: <https://www.icn.ch/sites/default/files/inline>. Published 2021.



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