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What Drives Nurses' Work Motivation? Examining Clinical Competence, Perceived Organizational Support, and Job Autonomy

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ABSTRACT

Nurses' work motivation plays an important role in maintaining healthcare quality, yet the individual and organizational factors associated with motivation require further investigation. This study examined the relationships between clinical competence, perceived organizational support, job autonomy, and nurses' work motivation. A quantitative cross-sectional design was employed, involving 42 nurses at Drs. H. Abu Hanifah Regional General Hospital, Central Bangka Regency, Indonesia. Data were collected using a structured questionnaire through census sampling and analyzed using partial least squares structural equation modeling (PLS-SEM). The findings revealed significant positive relationships between clinical competence (p = 0.035), perceived organizational support (p = 0.037), job autonomy (p = 0.006), and nurses' work motivation. These findings underscore the importance of professional competence, supportive organizational practices, and workplace autonomy in understanding nurses' motivational experiences. Integrating these factors into nursing workforce management may help hospitals create conditions that encourage professional engagement and sustained motivation. The study contributes to the application of Self-Determination Theory by examining individual capabilities and workplace conditions within a unified motivational framework.

INTRODUCTION

Nurses constitute the largest professional group in the global healthcare workforce and play a critical role in maintaining patient safety, service quality, and continuity of care. Despite their importance, healthcare systems continue to face persistent challenges in workforce availability, distribution, and sustainability. According to the World Health Organization (WHO, 2025), the global nursing workforce reached approximately 29.8 million in 2023, yet an estimated shortage of 5.8 million nurses remained. This shortfall is projected to persist at 4.1 million by 2030, highlighting the continuing pressure on healthcare systems. Addressing these challenges requires more than increasing workforce numbers, it also demands strategies that strengthen nurses' professional capabilities, working conditions, and motivation.

Growing concerns about nurses' psychological well-being further emphasize the importance of work motivation in healthcare management. An umbrella review by Getie et al. (2025) reported that approximately 33.45% of nurses experienced emotional exhaustion, 25.0% experienced depersonalization, and 33.49% reported low personal accomplishment. These findings reflect substantial occupational challenges that may threaten workforce sustainability and healthcare quality. Work motivation is particularly relevant in this context because it shapes nurses' willingness

to engage in professional responsibilities, maintain performance, and respond to workplace demands (Kohnen et al., 2023).

Similar challenges are evident in Indonesia, where healthcare workforce development remains a major policy priority. WHO (2026) reported that Indonesia had approximately 20 nurses per 10,000 population, while continuing to experience challenges related to education quality, workforce distribution, employment pathways, and nursing leadership. Furthermore, a multicenter study involving 900 Indonesian nurses across 22 hospitals found that more than half experienced work-related stress, while motivation, professional competence, and organizational factors were associated with burnout outcomes (Juanamasta et al., 2024). These conditions highlight the importance of understanding factors associated with nurses' motivation, particularly in regional hospitals where clinical responsibilities must be managed alongside available institutional resources.

Nurses' work motivation represents the psychological processes underlying their willingness to initiate, direct, and sustain professional efforts. Self-Determination Theory distinguishes motivation according to the extent of personal autonomy, emphasizing that individuals may perform their responsibilities because of intrinsic interest, personal values, external rewards, or social expectations (Gagné & Deci, 2005). In nursing practice, these motivational differences are particularly important because professional responsibilities involve continuous clinical decisions, direct patient interactions, and accountability for care outcomes. Understanding work motivation therefore requires consideration of both individual capabilities and organizational conditions.

Clinical competence is an essential individual factor that may contribute to nurses' motivation. It encompasses the knowledge, practical skills, clinical judgment, and professional responsibilities required to provide safe and effective nursing care (Meretoja et al., 2004). Nurses with stronger perceived clinical capabilities may experience greater confidence in managing complex patient conditions and fulfilling professional expectations. Within Self-Determination Theory, experiences of effectiveness are associated with the psychological need for competence, which supports autonomous motivation (Deci et al., 2017). Although clinical competence and psychological competence satisfaction are distinct concepts, professional capability remains relevant to understanding motivational experiences in nursing.

Beyond individual capabilities, organizational conditions shape nurses' professional experiences. Perceived organizational support reflects employees' beliefs that their organization values their contributions and cares about their well-being (Eisenberger et al., 1986). Recognition, managerial assistance, and adequate clinical resources may encourage nurses to invest greater effort in their responsibilities. Job autonomy also represents an important workplace characteristic, providing discretion over task scheduling, professional decisions, and work methods (Morgeson & Humphrey, 2006). Such independence allows nurses to exercise clinical judgment while maintaining professional accountability. Organizational support and job autonomy represent workplace resources that may strengthen motivation by creating supportive conditions for professional practice.

Existing literature provides empirical evidence linking nursing work environments with motivational outcomes. Kohnen et al. (2023) found that job resources, including autonomy and opportunities for professional development, were positively associated with intrinsic motivation among 1,729 nurses. Similarly, Ahlstedt et al. (2024) identified associations between workplace social support and nurses' motivational experiences, while Ni et al. (2023) demonstrated the relevance of psychological need satisfaction in the relationship between organizational support and work engagement. Holtan et al. (2024) further highlighted motivational pathways connecting autonomy-supportive leadership, psychological needs, and nurses' work outcomes. These studies establish the importance of professional resources and supportive workplace conditions, although they examine different predictors, motivational mechanisms, and outcomes. Nevertheless, important gaps remain in understanding nurses' work motivation. Much of the existing evidence emphasizes workplace resources, leadership, burnout, or engagement, while the combined

relationships of clinical competence, perceived organizational support, and job autonomy with work motivation have received less integrated attention. Moreover, findings from international healthcare settings may not fully reflect the organizational characteristics of regional Indonesian hospitals. Addressing these gaps, the present study examines the associations between clinical competence, perceived organizational support, job autonomy, and nurses' work motivation among inpatient nurses in Indonesia. Grounded in Self-Determination Theory, the study integrates individual professional capability and organizational conditions within a single explanatory framework, providing context-specific evidence to inform nursing workforce management.

THEORETICAL FRAMEWORK

Self-Determination Theory

Self-Determination Theory (SDT), developed by Deci and Ryan, explains human motivation through the fulfillment of three fundamental psychological needs, including autonomy, competence, and relatedness. Autonomy reflects the ability to act with a sense of choice, competence refers to feeling capable of performing tasks effectively, and relatedness represents meaningful connections with others. Satisfying these needs supports autonomous motivation, psychological well-being, and effective work performance (Deci et al., 2017; Gagné & Deci, 2005).

SDT further distinguishes motivation according to the degree of self-determination. Autonomous motivation arises when individuals engage in activities because they find them meaningful or inherently satisfying, whereas controlled motivation is driven by external rewards, social expectations, or internal pressure. Amotivation reflects the absence of meaningful motivation to act. These distinctions emphasize that work motivation depends not only on the intensity of effort but also on the underlying reasons for performing professional responsibilities (Deci et al., 2017; Gagné & Deci, 2005)

In this study, SDT provides the theoretical foundation for examining the relationships between clinical competence, perceived organizational support, job autonomy, and nurses' work motivation. Clinical competence reflects nurses' professional capabilities, organizational support represents workplace conditions that may foster feelings of appreciation and belonging, while job autonomy enables independent judgment and discretion in clinical practice. These factors may support psychological need satisfaction and more autonomous forms of motivation. Accordingly, SDT offers an integrated perspective for understanding how individual capabilities and organizational conditions relate to nurses' work motivation (Deci et al., 2017).

Nurses' Work Motivation

Nurses' work motivation refers to the psychological processes that initiate, direct, and sustain nurses' efforts in fulfilling their professional responsibilities and delivering patient care. It reflects the underlying reasons nurses engage in clinical activities, maintain their commitment, and pursue professional goals. According to Gagné et al. (2015), work motivation is shaped by both internal interests and external influences, which differ in their degree of self-determination. In nursing practice, motivation is particularly relevant to professional engagement, work performance, and employee well-being (Kohnen et al., 2023).

Gagné et al. (2015) conceptualized work motivation through six dimensions within the Multidimensional Work Motivation Scale (MWMS): amotivation, external regulation–social, external regulation–material, introjected regulation, identified regulation, and intrinsic motivation. These dimensions distinguish the absence of motivation, motivation driven by external rewards or psychological pressure, and motivation arising from personal values or enjoyment of work. This multidimensional perspective provides the conceptual basis for examining nurses' work motivation in the present study, recognizing that nurses may perform their responsibilities for different motivational reasons influenced by individual capabilities and workplace conditions.

Clinical Competence, Perceived Organizational Support, and Job Autonomy

Clinical competence refers to nurses' ability to integrate professional knowledge, clinical skills, judgment, and ethical principles to provide safe and effective patient care. Meretoja et al. (2004) conceptualized nursing competence as a multidimensional capability involving patient assessment, therapeutic interventions, clinical decision-making, quality assurance, and professional responsibilities. It encompasses the capacity to recognize patient needs, respond to clinical changes, implement appropriate nursing interventions, and maintain professional standards. Clinical competence therefore reflects nurses' preparedness to perform their responsibilities effectively across different healthcare situations.

Perceived organizational support refers to employees' beliefs regarding the extent to which their organization values their contributions and cares about their well-being (Eisenberger et al., 1986). According to Rhoades and Eisenberger (2002), organizational support develops through favorable workplace experiences, including recognition, fair treatment, and supportive management practices. In nursing settings, this support extends to institutional appreciation, responsiveness to professional concerns, and the availability of resources necessary for patient care. Zheng et al. (2024) further emphasized emotional and practical support as important components of nurses' organizational experiences, highlighting the role of institutional care in shaping positive workplace perceptions.

Job autonomy is defined as the degree of freedom, independence, and discretion employees have in organizing and performing their work. Morgeson and Humphrey (2006) identified three dimensions of job autonomy: work scheduling autonomy, decision-making autonomy, and work methods autonomy. These dimensions reflect employees' opportunities to determine work priorities, make task-related decisions, and select appropriate approaches to completing responsibilities. In nursing practice, autonomy enables nurses to exercise professional judgment, organize clinical activities, and adapt care approaches to patient needs while remaining accountable to established clinical standards and professional regulations.

METHODS

Sample and Data Collection

This study adopted a quantitative, cross-sectional research design involving nurses working in the Flamboyan, Strawberry, and Anggrek inpatient wards at Drs. H. Abu Hanifah Regional General Hospital, Central Bangka Regency, Indonesia. The study used a census sampling approach to include all 42 nurses across the three wards. This approach was selected to ensure comprehensive representation of the nursing workforce within the designated units. Data were collected between September 20 and 30, 2026, using a structured questionnaire distributed online through Google Forms. The questionnaire assessed four key constructs, including clinical competence, perceived organizational support, job autonomy, and nurses' work motivation.

Variables Measurement

The study employed a structured questionnaire organized into five sections. The first section gathered respondents' characteristics, including work unit, educational level, and career level. The remaining four sections comprised 25 items assessing clinical competence (7 items), perceived organizational support (6 items), job autonomy (6 items), and nurses' work motivation (6 items). Table 1 presents an overview of the measurement instruments and their underlying dimensions.

Table 1. Indicators Measurement

Variables	Dimension	Item	Source
Clinical Competence (CC)	Clinical Assessment and Reasoning	CC.1	Meretoja et al. (2004)
	Nursing Care Planning and Implementation	CC.2	
	Patient Safety and Risk Prevention	CC.3	

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	Clinical and Emergency Management	CC.4	
	Nursing Communication and Education	CC.5	
	Clinical Documentation and Reporting	CC.6	
	Professionalism and Competence Development	CC.7	
Perceived Organizational Support (POS)	Affective Support	POS.1-POS.3	Zheng et al. (2024)
	Instrumental Support	POS.4-POS.6	
Job Autonomy (JA)	Work Scheduling Autonomy	JA.1-JA.2	Morgeson and Humphrey (2006)
	Decision-Making Autonomy	JA.3-JA.4	
	Work Methods Autonomy	JA.5-JA.6	
Nurses' Work Motivation (NWM)	Amotivation	NWM.1	Gagné et al. (2015)
	External Regulation–Social	NWM.2	
	External Regulation–Material	NWM.3	
	Introjected Regulation	NWM.4	
	Identified Regulation	NWM.5	
	Intrinsic Motivation	NWM.6	

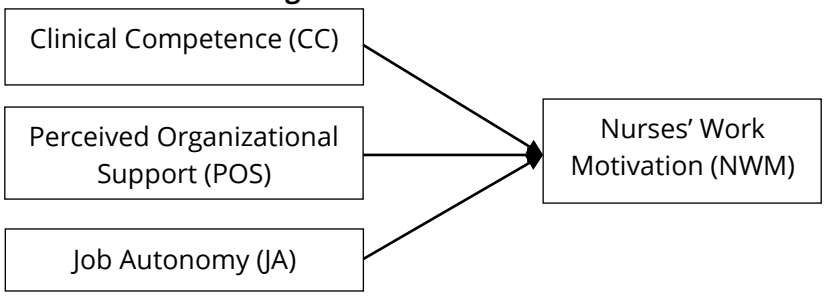
Source: Several Previous Studies, Processed by The Authors (2026)

Clinical competence was assessed through seven researcher-developed indicators covering clinical assessment and reasoning, nursing care delivery, patient safety, emergency response, communication and education, clinical documentation, and professional practice. These indicators were conceptually informed by Meretoja et al. (2004) nursing competence framework. Perceived organizational support was measured using two dimensions, affective support and instrumental support, with three items each, following the framework applied to nurses by Zheng et al. (2024). Job autonomy was operationalized through three dimensions derived from the Work Design Questionnaire developed by Morgeson and Humphrey (2006), including work scheduling autonomy, decision-making autonomy, and work methods autonomy, each represented by two items. Nurses' work motivation was assessed using six dimensions adapted conceptually from the Multidimensional Work Motivation Scale developed by Gagné et al. (2015), comprising amotivation, external regulation–social, external regulation–material, introjected regulation, identified regulation, and intrinsic motivation. We adapted all measurement items to the inpatient nursing context and assessed them using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

Data Analysis

Data analysis was conducted using partial least squares structural equation modeling (PLS-SEM), which was performed using SmartPLS. The analysis examined the measurement model and evaluated the structural relationships through path coefficients, explanatory power, and bootstrapping procedures. Figure 1 presents the proposed research framework.

Figure 1. Research Framework



Source: Processed by the authors (2026)

Drawing on the theory and previous research, this study proposes that clinical competence, perceived organizational support, and job autonomy positively affect nurses' work motivation. Clinical competence is expected to strengthen nurses' confidence in performing professional responsibilities, while organizational support may encourage motivation through recognition and workplace assistance. Similarly, greater job autonomy may enhance motivation by allowing nurses to exercise professional judgment and independence. Accordingly, the following hypotheses are proposed:

H1 : Clinical competence positively affects nurses' work motivation.
H2 : Perceived organizational support positively affects nurses' work motivation.
H3 : Job autonomy positively affects nurses' work motivation.

RESULTS AND DISCUSSIONS

Results

This study examined the relationships between clinical competence, perceived organizational support, job autonomy, and nurses' work motivation. This study included 42 nurses from three inpatient wards at Drs. H. Abu Hanifah Regional General Hospital. Table 2 summarizes the respondents' characteristics according to work unit, educational attainment, and clinical career level.

Table 2. Respondent's Characteristics (n=42)

Category	Characteristics	n	%
Work Unit	Flamboyan Ward	17	40.48
	Strawberry Ward	13	30.95
	Anggrek Ward	12	28.57
Educational Level	Diploma III in Nursing	32	76.19
	Professional Nursing Qualification (Ners)	10	23.81
Career Level	PK I	21	50.00
	PK II	13	30.95
	PK III	8	19.05

Source: Primary data processed by the authors

Based on Table 2, the largest proportion of respondents worked in the Flamboyan Ward (40.48%), followed by the Strawberry Ward (30.95%) and Anggrek Ward (28.57%). Regarding educational attainment, most respondents held a Diploma III in Nursing (76.19%), while 23.81% had completed a professional nursing qualification (Ners). In terms of clinical career level, half of the respondents were classified as PK I (50.00%), followed by PK II (30.95%) and PK III (19.05%). Overall, the sample was predominantly composed of diploma-qualified nurses at the PK I career level. Following this demographic overview, the descriptive statistics of clinical competence, perceived organizational support, job autonomy, and nurses' work motivation are presented in Table 3.

Table 3. Descriptive Statistics

Variables	Min	Max	Mean	Std. Dev
Clinical Competence	2.57	5.00	4.18	0.74
Perceived Organizational Support	2.67	5.00	4.17	0.71
Job Autonomy	2.50	5.00	4.00	0.65
Nurses' Work Motivation	2.83	5.00	4.43	0.61

Source: Primary data processed by the authors

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As shown in Table 3, nurses' work motivation recorded the highest mean score (M = 4.43, SD = 0.61), followed by clinical competence (M = 4.18, SD = 0.74) and perceived organizational support (M = 4.17, SD = 0.71). Job autonomy had the lowest mean (M = 4.00, SD = 0.65). All variables reached a maximum score of 5.00, while minimum scores ranged from 2.50 to 2.83. Clinical competence exhibited the greatest response variability, whereas nurses' work motivation showed the least dispersion. Overall, the findings indicate relatively high average scores across the four measured constructs. Following this descriptive analysis, the measurement model was evaluated to assess convergent validity and internal consistency reliability, as presented in Table 4.

Table 4. Convergent Validity and Reliability Test Results

Variables	Indicators	Outer Loadings	AVE	Cronbach's Alpha	Composite Reliability
Clinical Competence (CC)	CC.1	0.888	0.782	0.953	0.958
	CC.2	0.827			
	CC.3	0.891			
	CC.4	0.828			
	CC.5	0.937			
	CC.6	0.911			
	CC.7	0.902			
Perceived Organizational Support (POS)	POS.1	0.896	0.728	0.925	0.929
	POS.2	0.833			
	POS.3	0.880			
	POS.4	0.819			
	POS.5	0.849			
	POS.6	0.842			
Job Autonomy (JA)	JA.1	0.825	0.598	0.866	0.869
	JA.2	0.792			
	JA.3	0.763			
	JA.4	0.751			
	JA.5	0.763			
	JA.6	0.742			
Nurses' Work Motivation	NWM.1	0.915	0.812	0.954	0.957
	NWM.2	0.908			
	NWM.3	0.900			
	NWM.4	0.886			
	NWM.5	0.904			
	NWM.6	0.895			

Source: Primary data processed by the authors

The measurement model was assessed to establish convergent validity and internal consistency reliability across the four constructs: clinical competence, perceived organizational support, job autonomy, and nurses' work motivation. All 25 indicators satisfied the recommended outer-loading threshold of 0.70, allowing the complete set of measurement items to be retained without modification. As presented in Table 4, the average variance extracted (AVE) values exceeded 0.50, indicating adequate convergent validity. Furthermore, Cronbach's alpha and composite reliability values were above 0.70 for all constructs, demonstrating satisfactory internal consistency.

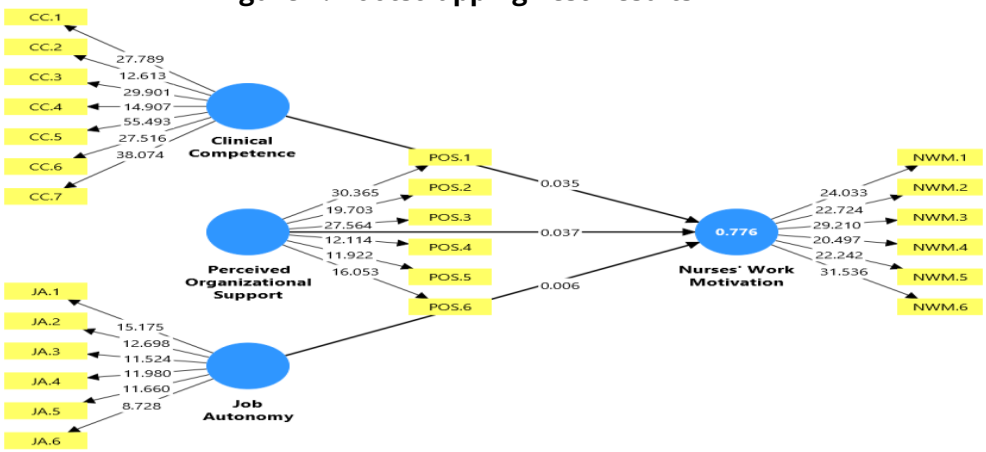
Table 5. Discriminant Validity – Fornell Larcker Criterion

	Clinical Competence	Job Autonomy	Nurses' Work Motivation	Perceived Organizational Support
Clinical Competence	0.884			
Job Autonomy	0.725	0.773		
Nurses' Work Motivation	0.812	0.779	0.901	
Perceived Organizational Support	0.746	0.688	0.792	0.853

Source: Primary data processed by the authors

Discriminant validity was examined using the Fornell–Larcker criterion . As presented in Table 5, the Fornell–Larcker results demonstrated that the square root of each construct's average variance extracted (AVE) exceeded its correlations with the other constructs, providing further evidence that clinical competence, perceived organizational support, job autonomy, and nurses' work motivation were empirically distinguishable. Following the measurement model assessment, bootstrapping was performed to evaluate the statistical significance of the three hypothesized direct relationships. Figure 2 illustrates the bootstrapping results, while Table 6 summarizes the path coefficients, t-statistics, and p-values associated with each hypothesis.

Figure 2. Bootstrapping Test Results



Source: Primary data processed by the authors

Table 6. Path Coefficient

Relationship	Original Sample (β)	Sample Mean	Standard Deviation	T-Statistics	P-Values
CC → NWM	0.354	0.369	0.168	2.110	0.035
POS → NWM	0.321	0.306	0.154	2.083	0.037
JA → NWM	0.302	0.301	0.109	2.765	0.006

Source: Primary data processed by the authors

As presented in Table 6, all three hypothesized relationships were positive and statistically significant. Clinical competence demonstrated the strongest association with nurses' work motivation (p = 0.035), supporting H1. Perceived organizational support also showed a significant positive relationship (p = 0.037), supporting H2. Similarly, job autonomy was positively associated with nurses' work motivation (p = 0.006), providing support for H3. Thus, all three hypotheses were supported at the 5% significance level.

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The structural model explained 77.6% of the variance in nurses' work motivation, demonstrating substantial explanatory power. The effect-size analysis indicated moderate contributions from clinical competence ($f^2 = 0.201$), perceived organizational support ($f^2 = 0.183$), and job autonomy ($f^2 = 0.173$). Although clinical competence exhibited the largest path coefficient and effect size, all three predictors made meaningful contributions to the model. Collectively, these findings demonstrate the relevance of individual competence, organizational support, and work autonomy in explaining variations in nurses' work motivation.

The Effect of Clinical Competence on Nurses' Work Motivation

Clinical competence demonstrated a positive and statistically significant relationship with nurses' work motivation ($p = 0.035$), supporting H1. This variable exhibited the largest path coefficient among the three predictors. Clinical competence encompasses essential nursing capabilities, including patient assessment, care delivery, patient safety, emergency management, communication, documentation, and professional practice (Meretoja et al., 2004). These capabilities support nurses in performing clinical responsibilities effectively and making informed professional decisions. Consistent with Self-Determination Theory, perceived competence is closely associated with motivation through the fulfillment of basic psychological needs (Deci et al., 2017). Nurses with stronger perceived clinical capabilities may therefore demonstrate greater motivation to fulfill their professional responsibilities and deliver quality patient care.

This finding is consistent with Agustina et al. (2026), who reported a positive relationship between professional competence and motivation among Indonesian nurses. Similarly, Blechman et al. (2024) identified an association between competence need satisfaction and self-determined work motivation. Although clinical competence differs conceptually from psychological competence satisfaction, these findings collectively emphasize the relevance of professional capability to workplace motivation. They also reinforce the theoretical perspective that competence-related experiences are associated with motivational processes (Deci et al., 2017).

Theoretically, this study extends the application of competence-based motivational perspectives by demonstrating a significant association between self-reported clinical competence and nurses' work motivation within a hospital setting. Practically, hospital administrators should integrate competency-based training, structured clinical supervision, professional mentoring, and continuous skill development into nursing workforce management. These initiatives may strengthen nurses' professional capabilities while creating conditions supportive of work motivation.

The Effect of Perceived Organizational Support on Nurses' Work Motivation

Perceived organizational support exhibited a positive and statistically significant relationship with nurses' work motivation ($p = 0.037$), supporting H2. This finding emphasizes the importance of nurses' perceptions of organizational appreciation, concern, and practical assistance in their professional motivation. Organizational support contributes to motivation by fostering a sense of appreciation, professional recognition, and confidence in the workplace. Nurses who perceive that their contributions are valued and their well-being is prioritized may develop stronger organizational attachment and greater willingness to invest effort in patient care. Adequate clinical resources, responsive management, and assistance with work-related challenges also facilitate effective task performance and reduce obstacles to fulfilling professional responsibilities. These processes align with Organizational Support Theory, which explains how perceived appreciation and organizational care encourage employees to reciprocate through positive work attitudes and (Rhoades & Eisenberger, 2002). Furthermore, supportive environments can facilitate the satisfaction of psychological needs associated with work motivation (Ni et al., 2023).

The finding is consistent with Ahlstedt et al. (2024), who reported positive associations between workplace social support and several motivational outcomes among Swedish nurses. Similarly, Ni et al. (2023) demonstrated that perceived organizational support was positively

associated with nurses' work engagement through the satisfaction of basic psychological needs. Zheng et al. (2024) also identified a positive relationship between organizational support and nurses' professional well-being, while Larsman et al. (2024) reported a longitudinal association between organizational support and job satisfaction. Although these studies examined different outcomes, they collectively emphasize the importance of organizational support for positive professional experiences in nursing.

These findings reinforce Organizational Support Theory by highlighting how organizational appreciation and assistance relate to nurses' work motivation. Recognizing professional contributions, addressing employee concerns, and providing adequate clinical resources may strengthen nurses' sense of value and commitment to their responsibilities. Hospital management should therefore prioritize employee recognition, effective communication, and responsive workplace support to foster a motivating environment.

The Effect of Job Autonomy on Nurses' Work Motivation

Job autonomy demonstrated a positive and statistically significant relationship with nurses' work motivation (p = 0.006), supporting H3. This finding highlights the importance of professional independence and discretion in supporting nurses' motivation to perform their responsibilities. Greater job autonomy allows nurses to exercise professional judgment, organize clinical responsibilities, and select appropriate care approaches within established standards (Morgeson & Humphrey, 2006). Such flexibility strengthens their sense of ownership and control over daily tasks, making professional responsibilities more personally meaningful rather than merely externally imposed. Self-Determination Theory explains that opportunities for choice and self-direction support the psychological need for autonomy, which is closely associated with autonomous motivation (Deci et al., 2017). Accordingly, nurses who experience greater discretion in their work may develop stronger internal motivation to perform clinical duties and contribute to patient care.

This finding aligns with Galletta et al. (2016), who demonstrated the mediating role of autonomous motivation in the relationship between job autonomy and work outcomes among Italian nurses. Similarly, Kohnen et al. (2023) reported that job resources, including autonomy, were positively associated with intrinsic motivation among 1,729 nurses. Holtan et al. (2024) further identified motivational pathways connecting autonomy-supportive leadership with psychological need satisfaction and autonomous motivation. Although these studies examined different aspects of autonomy, their findings consistently emphasize the importance of autonomy-related workplace experiences in nursing motivation.

These findings reinforce the relevance of Self-Determination Theory by highlighting job autonomy as an important workplace condition associated with nurses' motivation. Hospital management should encourage nurses' participation in clinical decision-making, provide flexibility in organizing responsibilities, and support independent professional judgment within established protocols. These practices may strengthen professional ownership and motivation without compromising patient safety. Nevertheless, the cross-sectional design limits causal interpretation, and further research is needed to examine how autonomy-related experiences shape different forms of work motivation.

CONCLUSION

Conclusion

This study concludes that clinical competence, perceived organizational support, and job autonomy are positively and significantly associated with nurses' work motivation, highlighting the combined importance of individual capabilities and supportive workplace conditions. Clinical competence emerged as the strongest predictor, underscoring the relevance of professional skills and confidence in fulfilling nursing responsibilities. Organizational support was also associated with motivation, emphasizing the value of recognition, institutional care, and adequate resources in fostering a supportive work environment. Meanwhile, job autonomy was positively related to motivation, reflecting the importance of professional discretion and independence in nursing

practice. Collectively, these findings suggest that strengthening nurses' motivation requires an integrated approach that combines continuous competency development, responsive organizational support, and greater professional autonomy within established clinical standards. The study contributes to understanding work motivation in nursing by bringing these three factors together within a single explanatory framework.

Recommendation

Based on the findings, hospital management should implement targeted strategies that integrate clinical competency development, organizational support, and professional autonomy to strengthen nurses' work motivation. Clinical competence can be enhanced through quarterly skills assessments, simulation-based training in emergency response and patient safety, and structured mentoring that pairs junior nurses with experienced clinical staff. To strengthen organizational support, hospital administrators should establish regular feedback sessions, recognize individual and team contributions through transparent performance appreciation programs, and ensure timely access to essential medical equipment and nursing resources. Greater job autonomy can be encouraged by involving nurses in care planning, allowing flexibility in prioritizing daily clinical tasks, and establishing nurse-led discussions to address operational challenges within established clinical protocols. These initiatives should be introduced progressively across inpatient wards and evaluated through periodic motivation surveys, competency assessments, and staff feedback to identify areas requiring improvement. Future research should involve larger, multicenter samples, validated measurement instruments, and longitudinal designs to examine whether improvements in clinical competence, organizational support, and job autonomy lead to sustained changes in nurses' work motivation.

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