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The Impact of Financial Rewards on the Productivity of Nurses in Maseru Urban

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A B S T R A C T

The productivity of healthcare professionals, especially nurses significantly influence the effectiveness of patient care and the overall efficiency of healthcare delivery. This study examined the impact of financial rewards on the productivity of nurses in Maseru Urban. Data was collected through self-administered questionnaires to 15 nurses in Maseru Urban. The findings of the study revealed that bonuses play a significant role in enhancing the productivity, motivation and service delivery of nurses in the health sector of Maseru Urban. The study also found that allowances and overtime pay are perceived as less influential in driving productivity compared to performance-related rewards. This study recommends that future studies should explore the impact of both financial and non-financial rewards on the productivity of nurses.

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INTRODUCTION

The effectiveness of patient care and the overall efficiency of healthcare delivery are significantly influenced by the productivity of healthcare professionals, especially nurses (Khomami and Rustomfram, 2019). Since nurses frequently provide direct patient care, factors such as financial incentives can have a direct impact on their motivation and productivity. According to Chi (2023), financial rewards, in the form of bonuses, salaries, and other monetary incentives have been recognized as one of the key motivators in many industries. Financially rewarded nurses are likely to be more engaged and motivated to do their work, leading to good service delivery and high productivity. According to Jackson (2022), hospitals and clinics cannot function properly without nurses, since they are at the forefront of healthcare service delivery. However, one of the challenges that often arise in the healthcare sector of Maseru Urban is maintaining productivity of nurses. According to Vahedi (2023), the productivity of nurses in the health sector is influenced by factors such as working conditions, availability of resources and the financial incentives offered to them. Understanding the impact of financial rewards is crucial as it can help policymakers and healthcare administrators to design better compensation systems aimed at improving the productivity of nurses and their service delivery (Mdhalose, 2023). Although the importance of financial rewards is acknowledged, there is limited information about how they specifically affect the productivity of nurses in the context of Maseru Urban in Lesotho.

Moreover, the health sector in Maseru Urban faces challenges in enhancing the productivity of nurses, which impacts the quality of patient care or service delivery. According to Shibly (2019), financial rewards such as competitive salaries, allowances, bonuses and performance based pay have been identified as crucial factors in improving the productivity of nurses in Pakistan. Research by Swami and Scott (2021), focused on the role of financial incentives in attracting and retaining midwives and nurses in Nigeria, but did not evaluate how these incentives have an impact on productivity. Radu (2023) focused on the importance of creating supportive work environments for healthcare professionals such as doctors, nurses and psychiatrists but offered limited insights into the direct impact of financial rewards on productivity. However, the impact of financial rewards in improving productivity remains understudied in the context of Maseru Urban in Lesotho. The gap in literature highlights the need to conduct a study, examining how different types of financial rewards such as salary increases, bonuses and performance based pay can impact the productivity of nurses in the health sector of Maseru Urban. Hence, the objective of this study is to assess the impact of financial rewards on the productivity of nurses in Maseru Urban.

LITERATURE REVIEW

Financial Rewards

Financial rewards refer to monetary compensations given to employees in return for their work, skills, and contributions to an organization. They play a crucial role in incentivizing productivity and loyalty across industries (Chilvers, 2022). Wages and salaries serve as the primary and most stable form of financial rewards, setting a foundation for financial security that encourages employees to commit to their jobs (Grund, 2024). Cainarca and Delfino (2019) indicated that financial rewards range from base salaries to more complex incentives like performance-based bonuses and profit-sharing plans. As noted by Grund (2024), wages and salaries serve as the primary and most stable form of financial rewards, setting a foundation for financial security that encourages employees to commit to their jobs. In the context of this study, financial rewards include bonuses, performance-based pay and salaries. Performance-based pay encourages employees to meet or exceed organizational goals, thereby aligning individual productivity with institutional success. Without competitive financial rewards, it is difficult for organizations to attract and retain skilled talent, which is particularly essential in high-stakes environments like healthcare.

Bonuses

Bonuses refer to additional financial compensation provided to employees beyond their regular salary or wages as a reward for exceptional performance, meeting specific organizational targets, or contributing to institutional success. Bonuses serve as a critical component of financial rewards in organizations, designed to incentivize employees to enhance their productivity, job engagement, and overall performance (Ramesh, 2022). Unlike base salaries, which are fixed and predictable, bonuses are often discretionary and dependent on performance outcomes, making them an essential motivational tool in the workplace (Scott, 2021). In the context of the healthcare sector, particularly among nurses, bonuses act as a direct form of financial appreciation for their contributions to patient care and service delivery. According to Rebeiro (2024), financial incentives such as bonuses can improve nurse engagement, reduce burnout, and increase retention rates, especially in demanding healthcare environments. Given the high-stress nature of the nursing job, bonuses provide tangible recognition for hard work, thereby improving job satisfaction and morale (Ekechi, 2021).

Performance based-pay

Performance-based pay refers to a financial compensation system in which employees receive additional earnings or incentives based on their performance, productivity, and achievement of specific goals. This type of remuneration is designed to align employee efforts with organizational objectives, ensuring that higher levels of efficiency and service quality are rewarded accordingly (Khan, 2024). Unlike traditional salary structures, which provide fixed compensation regardless of an employee’s contribution, performance-based pay directly ties financial rewards to individual or team outcomes, thereby acting as a motivational tool to enhance job engagement and overall performance (Tarigan, 2022). In the healthcare sector, particularly among nurses, performance-based pay plays a critical role in improving service delivery, reducing errors, and increasing overall job satisfaction. Nurses who receive financial incentives for meeting or exceeding performance targets are more likely to remain engaged, provide high-quality patient care, and contribute positively to hospital efficiency (Opoku, 2021).

Salaries

Salaries refer to a fixed and regular financial compensation that employees receive for their work, typically paid on a monthly or bi-weekly basis. Unlike wages, which are calculated based on hourly work, salaries provide employees with a predictable and stable income regardless of the number of hours worked (Claveria, 2024). Salaries are one of the most fundamental components of financial rewards in any organization and play a critical role in employee motivation, engagement, and retention (Baloch, 2021). In the healthcare sector, salaries form the primary financial compensation for nurses, influencing their job satisfaction, commitment, and overall performance. A well-structured salary system ensures that nurses are fairly compensated for their skills, experience, and responsibilities, thereby improving service delivery and patient care outcomes (Kasirye, 2018).

Productivity

Productivity in healthcare is essential to maintaining the quality and accessibility of patient care. According to Perry (2023), productivity involves the efficient utilization of resources, such as time, skills, and technology, to deliver services effectively. Singh and Solkhe (2022) further argue that individual productivity, especially in healthcare, is determined by the ability of employees to complete tasks within set timeframes while maintaining quality standards. Productivity is assessed through factors like patient care quality, response times, and ability to handle patient loads effectively (Triyani, 2023). In the context of this study, productivity refers to how efficient and effective nurses perform their duties through service delivery, employee engagement and patient satisfaction. It is influenced by factors such as work environment, availability of resources, training, and financial incentives. High productivity is often reflected in reduced patient wait times, increased patient satisfaction, and improved healthcare outcomes (Morgan, 2024).

Theoretical framework

Several theories and concepts have been put forth in understanding the impact of financial rewards on the productivity of nurses in Maseru Urban in Lesotho. Among them is the Herzberg's Two-Factor Theory that will be used as the background and basis for selecting the appropriate theoretical framework for this study.

Herzberg's Two-Factor Theory

Herzberg's Two-Factor Theory, proposed by Frederick Herzberg in 1959, categorizes workplace factors into hygiene factors and motivators. Hygiene factors, such as salaries, job security, and working conditions, are necessary to prevent dissatisfaction but do not necessarily enhance motivation. On the other hand, motivators, such as recognition, career growth, and professional development, contribute to long-term job satisfaction and productivity

(Herzberg, 1959). In the healthcare sector, financial rewards serve as hygiene factors that help prevent dissatisfaction among nurses. If nurses receive inadequate salaries, delayed payments, or lack essential benefits, they may feel undervalued, leading to decreased morale, job dissatisfaction, and low productivity.

However, Herzberg emphasizes that financial incentives alone do not sustain long-term motivation rather, intrinsic motivators such as opportunities for career advancement, skill development, and workplace recognition are necessary for sustained engagement. In the nursing profession, a balanced approach that combines financial rewards with non-monetary incentives is crucial for enhancing productivity and job satisfaction. Despite its relevance, Herzberg's theory also has limitations and loopholes. One key criticism is that it oversimplifies job satisfaction by strictly separating hygiene factors and motivators, whereas in reality, some factors can serve both roles. For instance, a salary increase linked to performance recognition can function as both a hygiene factor (preventing dissatisfaction) and a motivator (enhancing job satisfaction). Additionally, Herzberg's theory fails to account for individual differences, as some nurses may be highly motivated by financial rewards, while others may prioritize professional development and work-life balance (Cohen, 2020). Another limitation is that the theory is difficult to implement, particularly in healthcare institutions with budget constraints, where balancing financial incentives and career development programs can be challenging. Moreover, Herzberg's theory does not fully address external work environment factors, such as high patient loads, stress, and hospital policies, which significantly impact the motivation and productivity of nurses.

METHODOLOGY

This study used a quantitative research approach to explore the impact of financial rewards on the productivity of nurses in Maseru Urban district of Lesotho. This approach facilitated a collection of measureable numerical data related to the impact of financial rewards on the productivity of nurses. A sample of 15 nurses from local health facilities was selected for the study. A descriptive analysis approach was used to examine the quantitative data collected from the structured questionnaires. Descriptive analysis involved in categorizing and summarizing the data and purposive sampling was used as a sampling technique.

RESEARCH RESULT AND DISCUSSION

Table 1. Age

Age	Count	Percentage (%)
25-34	6	40
35-44	5	33
45-54	1	7
54+	3	20
Total	15	100

Table 1 presents the age of respondents. The data indicates that the 40% (n=6) of nurses fall within the 25-34 age category, followed by 33% (n=5) in the 35-44 age group. Furthermore, 20% (n=3) of the respondents were aged 55 years and above, while only 7% (n=1) were within the 45-54 age group. Younger nurses, particularly those aged 25–34 (40%), are likely to be at the early stages of their careers and may be highly motivated by financial incentives as they seek to establish financial stability and progress professionally. For this group, performance-based rewards, salary increments, or allowances may significantly boost morale and productivity. This aligns with the findings of Dube and Moleko (2021), who found a strong positive correlation between financial rewards and motivation among early-career nurses. The 35–44 age group (33%), typically involving mid-career professionals, may respond differently. While still motivated by financial benefits, this group may also value job security, career development opportunities, and long-term financial incentives such as pensions. Effective financial reward systems tailored to this age group could enhance productivity by addressing both immediate and future financial needs.

Nurses aged 55 and above (20%) may be approaching retirement and could be less influenced by short-term financial rewards, focusing more on pension benefits, retirement packages, and recognition of long service. Nonetheless, strategic financial incentives could still motivate this group to maintain high levels of performance and mentor younger staff, thereby sustaining overall productivity. The low representation of nurses in the 45–54 age group (7%) may suggest gaps in retention during this career stage. Addressing the financial needs of this group may be crucial in maintaining their engagement and productivity within the healthcare system. Overall, the age distribution highlights the need for age-responsive financial reward strategies to effectively enhance the productivity of nurses across different career stages, reinforcing the view that a one-size-fits-all approach to financial incentives may yield optimal outcomes

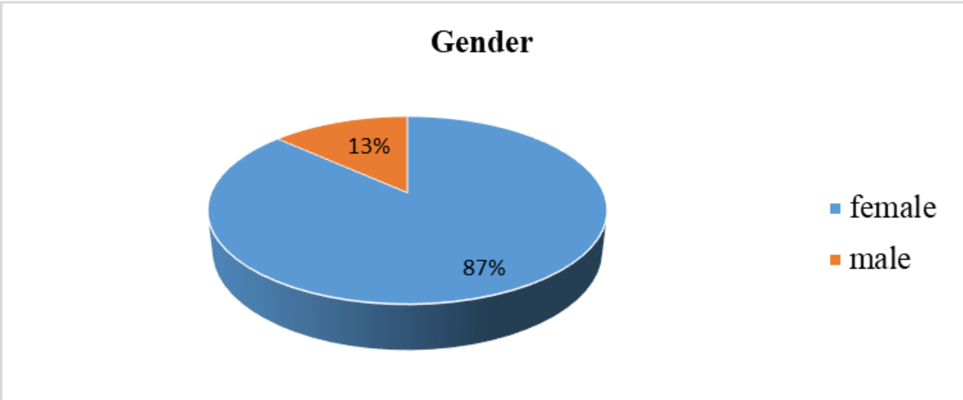

Figure 1. Gender

Figure 1 shows that the majority of respondents are female, which is 87% of the total sample, while male respondents are only 13% out of the 15 participants surveyed. The predominance of female nurses in this study is significant in the context of exploring the impact of financial rewards on productivity. Previous research indicates that gender may influence how financial rewards are perceived and how they affect productivity (Manzoor, 2019). For instance, female nurses may place higher value on non-financial benefits such as job security, flexibility, and recognition, which could interact with financial rewards in shaping productivity outcomes. Therefore, the gender composition of the sample suggests that the findings of this study will primarily reflect the experiences and perceptions of female nurses. While this may limit the generalizability to male nurses, it provides an accurate representation of the gender dynamics within the nursing workforce in Maseru Urban. Therefore, gender-specific strategies may need to be considered when designing and implementing financial reward systems to ensure they effectively enhance productivity across the board.

Table 2. Job title

Job Title	Count	Percentage (%)
Other	2	13
Senior nurse	6	40
Staff nurse	5	33
Supervisor	2	13
Total	15	100

Table 2 indicates that the 40% (n=6) is senior nurses and 33% (n=5) is staff nurses, followed by 13% (n=2) of supervisors and 13% (n=2) of those in other roles. This distribution is significant because it highlights that most feedback regarding financial rewards and productivity comes from nurses directly involved in patient care. These frontline roles are typically more sensitive to changes in compensation structures such as bonuses, overtime pay, and salary increments. According to Herzberg's Two-Factor Theory (1968), financial rewards act as hygiene factors that can prevent dissatisfaction if provided appropriately. The strong representation of staff and senior nurses allows for a robust assessment of how monetary incentives influence daily performance and morale among those delivering essential health services in Maseru Urban. In addition, the presence of supervisors, though smaller in number, contributes a valuable managerial viewpoint on the relationship between financial rewards and observed staff performance. Smith (2024) states that, supervisors are often responsible for monitoring productivity and thus can assess whether financial rewards result in tangible improvements in productivity. The inclusion of a diverse mix of job titles provides a whole understanding of how financial rewards impact productivity across various levels of the nursing hierarchy in the Maseru health sector.

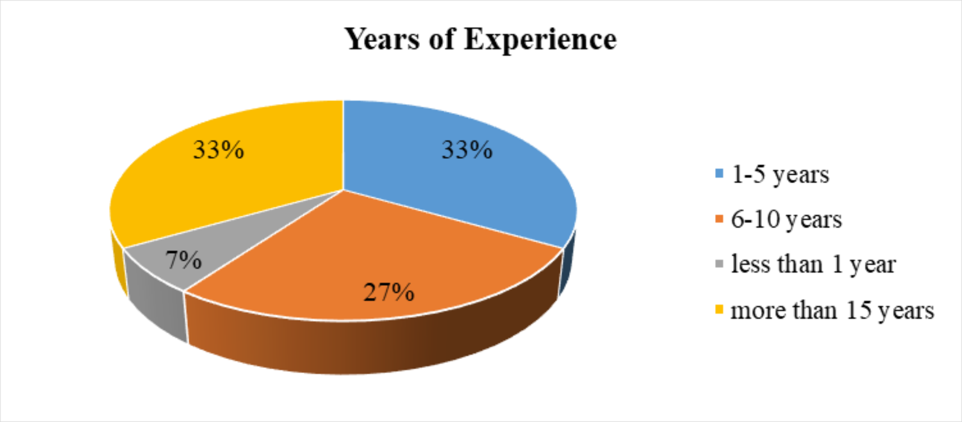

Figure 2. Years of experience

As shown in figure 2 above, 33% of respondents fall under two categories, those with 1-5 years of experience (33%) and those with more than 15 years (33%). A smaller group (27%) has 6-10 years of experience, while 7% has less than a year in the profession. This distribution across various experience levels allows a diverse perspective on how financial rewards affect the productivity of nurses. Notably, the strong representation of both early-career and veteran nurses highlights the need to understand how financial rewards impact productivity across different career stages. According to Grobler (2023), nurses at different stages in their careers respond differently to financial rewards. Therefore, financial reward systems should be carefully aligned with the career stages of nurses to improve their overall productivity in the health sector of Maseru Urban.

Table 3. Types of financial rewards currently received

Types of financial rewards	Count	Percentage (%)
Other	4	27
Overtime Pay	5	33
Performance bonuses	3	20
Shift differentials	3	20
Total	15	100

Table 3 shows that the most common financial reward received by nurses in the health sector of Maseru Urban is overtime pay, reported by 33% (n=5) of respondents. This suggests that nurses often work beyond their standard hours, and financial compensation for this extra effort serves as a key motivator that enhances productivity. The "other" category, which makes up 27% (n=4), likely includes different financial benefits such as transport or housing allowances. This indicates that non-financial rewards also play a significant role in supporting the motivation and productivity of nurses. Meanwhile, performance bonuses (20%) and shift differentials (20%) are received by nurses, showing limited but notable use of these targeted rewards. Performance bonuses, in particular, have strong potential to improve productivity by directly rewarding goal achievement and high performance. Similarly, shift differentials reward nurses for working unsociable hours, contributing to continuous service delivery.

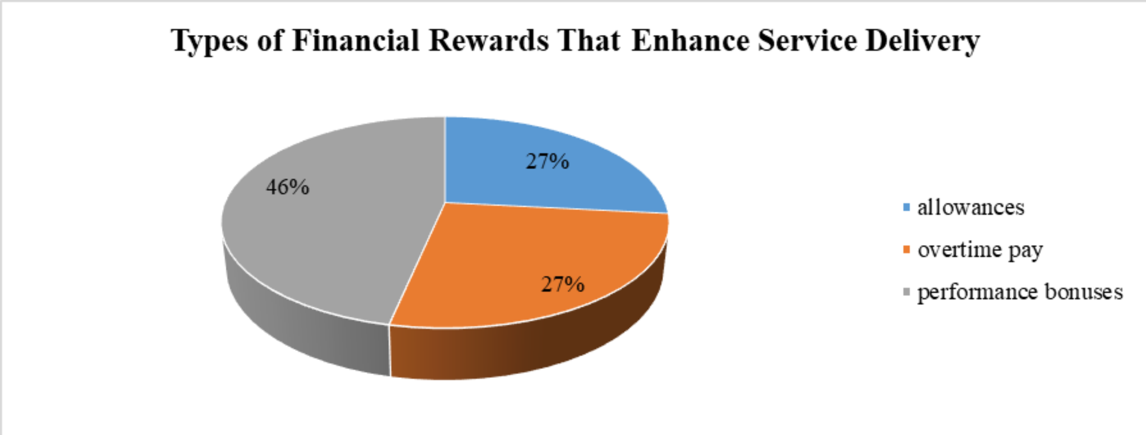

Figure 3. Types of financial rewards that enhance service delivery

Figure 3 indicates that nurses in the health sector of Maseru Urban perceive performance bonuses as the most effective type of financial reward for enhancing service delivery, with 47% of responses (n = 7) identifying this reward. In contrast, allowances and overtime pay were each selected by 27% of respondents (n = 4 respectively). This distribution suggests a preference among nurses for performance-based incentives that are directly linked to their output and quality of service. According to Robbins (2019), performance-based rewards are powerful motivators as they create a clear link between effort and outcome, which in turn encourages higher performance standards. Furthermore, this aligns with Herzberg's two-factor theory, which identifies recognition and achievement as key motivators for employee satisfaction and effectiveness (Herzberg, 1968). The relatively lower selection of allowances and overtime pay suggests that while these rewards address financial needs, they are not seen as directly enhancing service quality. Therefore, the findings imply that to improve the productivity of and service delivery in Maseru Urban, health institutions should prioritize performance-based financial rewards.

Table 4.Performance-based pay and employee engagement themes

Themes	Count	Percentage (%)
Recognition	3	20
Motivation	10	67
Dedication	2	13
Total	15	100

The three major themes above which include motivation, recognition, and dedication, each reflects how financial rewards influence the productivity of nurses in Maseru Urban. The theme of motivation emerged most strongly, accounting for 67% of the total responses. This indicates that the majority of respondents perceive financial rewards as a key driver of motivation in the workplace. This finding aligns with the views of Armstrong and Taylor (2020), who argue that financial incentives play a crucial role in enhancing employee motivation, which in turn influences performance. Recognition, although less frequently cited (20%), also featured as an important factor linked to financial rewards. Respondents noted that when financial incentives are tied to recognition of performance, such as performance-based bonuses or salary increments, they feel valued by their employers. The theme of dedication accounted for 13% of the responses. Although this is the least frequent theme, it still provides important insights. Some nurses indicated that financial rewards not only motivate them but also enhance their sense of commitment and responsibility toward their duties. As noted by Alenezi (2024), financial incentives can contribute to a greater sense of dedication, especially when employees believe their efforts are fairly compensated.

Table 5. Types of financial rewards and service delivery themes

Themes	Count	Percentage (%)
Motivation	11	73
Morale	4	27
Total	15	100

Table 5 provides insights into how financial rewards influence the productivity of nurses in the health sector of Maseru Urban. According to the data, motivation is the most noticeable theme with 73% (n=11) responses, while morale was mentioned in 27% (n=4) of the responses. This suggests that financial rewards mostly enhance motivation, which in turn may significantly contribute to the improvement of the productivity of nurses. This aligns with the study of Blanco (2019), which states that financial rewards are a key driver of employee motivation, leading to improved performance and service deliver.

Table 6. Bonuses and productivity of nurses themes

Themes	Count	Percentage (%)
Motivation	10	67
Positively	5	33
Total	15	100

Table 6 shows that 67% (n=10) of responses identified motivation as the key theme, while 33% (n=5) associated bonuses with positive productivity outcomes. This suggests that bonuses are a strong motivational tool that contributes to improving the productivity of nurses. Therefore, these finding align with the research of Charness (2019) which states that, financial rewards such as bonuses, have a large impact on the productivity of nurses.

Descriptive statistics of the study

Descriptive statistics refers to a set of methods used to summarize, organize and simplify data so that is can easily be understood (Zhang, 2021).

Table 7. Descriptive statistics of financial rewards

Financial Rewards	Yes	No	Mean	Standard deviation	Skewness	Kurtois	Sample

Does your employer offer performace-based pay	4 (27%)	11 (73%)	1.73	0.458	-1.176	-0.734	15

Table 7 is about employers offering performance-based pay as a financial reward, and 27% (4) of respondents said yes, while 73% (11) said no. The mean is 1.73 (SD = 0.458), indicating that most respondents answered "No", assuming a coding scale where 1 = Yes and 2 = No. The mean being much closer to 2 supports this conclusion. Despite the skewness value being negative (-1.176), it typically indicates a long tail on the lower (left) end and this does not mean that most respondents said "Yes." Rather, it means that although a few responses were at the lower end (Yes), the majority were clustered at the higher end (No), pulling the average up and indicating general disagreement. The kurtosis of -0.734 implies a distribution that is relatively flat, indicating more variability in responses than a normal distribution would show.

Table 8. Frequency on the review of financial rewards

Financial reward	Monthly	Annually	Not Applicable	Mean	Standard deviation	Skewness	Kurtois	Sample
How frequently is performance -based pay awarded or reviewed	3 (20%)	2 (13%)	10 (67%)	3.93	1.668	-1-159	-0.408	15

Table 8 is about how frequent performance-based pay is awarded or reviewed. The data shows that 20% (3) of respondents said monthly, 13% (2) said annually and 67% (10) said it is not applicable. The mean of 3.93 and standard deviation of 1.668 suggests that performance-based pay, when it exists, is awarded or reviewed infrequently. The negative skewness (-1.159) indicates that a few respondents may have reported frequent reviews, but the majority experience infrequent or inconsistent implementation. The kurtois of -0.408 further shows that the data distribution is flatter than normal, reflecting diverse perceptions among the nurses regarding how frequently financial rewards are reviewed or awarded.

Table 9. Ratings on motivation when financial rewards are linked to performance

Financial Rewards	Extremely motivated	Very motivated	Moderately motivated	Not motivated at all	Mean	Standard deviation	Skewness	Kurtois	Sample
On a scale of 1-5, how motivated do you feel when financial rewards are linked to your performance	5 (33%)	5 (33%)	3 (20%)	2 (13%)	3.73	1.335	-1.102	0.575	15

Table 9 shows the ratings of respondents on how motivated they feel when financial rewards are linked to their performance. The data shows that 33% (5) of respondents are extremely motivated, 33% (5) of respondents are very motivated, 20% (3) of respondents are moderately motivated, while 13% (2) are not motivated at all. The mean frequency of ratings is 3.73 with a standard deviation of 1.335, suggesting a relatively high level of motivation. This supports the assumption that financial rewards have a positive motivational impact. The skewness of -1.102 indicates that more nurses report higher motivation, while the kurtois of 0.575 suggests a slightly peaked distribution.

Table 10. Descriptive statistics on productivity

Productivity	Yes	No	Mean	Standard deviation	Skewness	Kurtois	Sample
Do you receive productivity - based bonuses	4 (27%)	11 (73%)	1.73	0.458	-1.176	-0.734	15

Table 10 shows the answers of respondents when asked about receiving productivity-based bonuses, 27% (4) said yes and 73% (11) said no. The mean is 1.73 with a standard deviation of 0.458. Assuming a coding structure where 1 =

Yes and 2 = No, the mean being closer to 2 indicates that most respondents selected "No". This is further supported by the negative skewness value of -1.176, which suggests that the distribution has a longer tail toward lower values (Yes), while the majority of responses are clustered at the higher end (No).

Table 11. Ratings on how bonuses influence productivity

Productivity	Greatly increased	Somewhat increased	Not applicable	Mean	Standard deviation	Skewness	Kurtois	Sample
If yes, how have such bonuses influenced your productivity	2 (13%)	2 (13%)	11 (74%)	4.07	1.624	-1.277	-0.268	15

Table 11 is about how bonuses influenced the productivity of nurses, and 13% (2) of respondents said it has greatly increased, 13% (2) of respondents said it has somewhat increased and 74% (11) said it is not applicable. The mean score for the question is 4.07 and the standard deviation is 1.624. This high mean value, on a scale ranging from 1 (greatly influenced) to 5 (not applicable), indicates that those nurses who do receive productivity-based bonuses perceive them as having a strong positive influence on their productivity. The skewness value of -1.277 suggests that a large proportion of responses are clustered toward the higher end of the scale, indicating strong agreement. The slightly flat kurtosis of -0.268 suggests moderate variability, but the overall trend is still clearly positive. The descriptive statistics illustrates that, the relationship between financial rewards and productivity is positively correlated but underutilized in practice. This gap presents a policy opportunity in that if financial incentives are more consistently implemented, they may drive better productivity outcomes.

CONCLUSIONS AND RECOMMENDATIONS

The current research explored the impact of financial rewards on the productivity of nurses in Maseru Urban district of Lesotho. The findings of this study indicate that financial rewards, particularly performance-based rewards such as bonuses play a significant role in enhancing the productivity of nurses in the health sector of Maseru Urban. Performance bonuses were identified as the most impactful type of reward, contributing to increased motivation, engagement, and improved service delivery. The study also found that while allowances and overtime pay are appreciated, they are perceived as less influential in driving productivity compared to performance-related rewards. The study further concludes that when nurses feel financially recognised for their contributions, they are more likely to exhibit dedication, manage workloads effectively, and ensure higher standards of patient care. Overall, the findings underscore the critical importance of financial rewards by emphasizing that they are not merely economic benefits, but critical drivers of professional performance and organisational efficiency in healthcare settings.

ADVANCED RESEARCH

Despite its valuable insights, the study has several limitations. Firstly, the research was conducted using a relatively small sample size (10–15 nurses) from selected facilities within Maseru Urban, which may limit the generalizability of the findings to the entire healthcare sector or to rural areas. The main reason for the limited sample size is that, the Department of Health did not provide a letter of authorization to collect data from a broader range on institutions. Secondly, the study employed a quantitative design, which, while effective for identifying patterns and relationships, may not fully capture the depth of individual experiences and perceptions regarding financial rewards and productivity. Additionally, the study focused solely on financial rewards, excluding other important non-financial motivators such as recognition, career development opportunities, or supportive leadership. These factors may also significantly influence nurse productivity and should be considered in future research. Lastly, data was self-reported through surveys, which may introduce response bias, as participants might provide socially desirable answers.

Health institutions in Maseru Urban should prioritise structured performance bonus systems to reward outstanding contributions. These systems should be transparent and linked to measurable outcomes such as patient satisfaction, efficiency, and adherence to health sector standards. In addition, while performance bonuses are effective, a balanced reward system including allowances and fair overtime pay should also be maintained to support the overall well-being and job satisfaction of nurses. Further studies should include larger and more diverse samples and explore the impact of both financial and non-financial rewards on the productivity of nurses. Quantitative methods may also be employed to establish stronger causal relationships.

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