Original Article :

Motivators for Seeking In-Service Training Among Healthcare Sector Employees in the Riyadh Region

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Abstract

Background and Aims:
Understanding employee motivations for in-service training is vital for effective human resources development strategies that seek to improve healthcare quality. This study aimed to identify drivers of in-service training among healthcare employees in the Riyadh Region and examine factors associated with personal and professional development as motivators for in-service training.

Methods:
This cross-sectional study collected data via an electronic questionnaire from 319 health practitioners and administrative personnel working in the governmental and private health sectors in the Riyadh Region, selected through convenience sampling. The collected data included background and job related information and the drivers for in-service training whether work enhancement, professional development or personal development. Analysis, by SPSS version 21, included descriptive statistics and subgroup analysis using chi square test and odds ratio.

Result:
For 36.8% of respondents, the primary driver for training was work enhancement, followed by 26.7% who had no specific preference. Around 24% identified personal development as their main motivator, while only 12.3% cited professional development. Combined, personal and professional development accounted for 36.5% of respondents' training motivation. Males were more likely than females to select professional or personal development as their primary training motivator (odds ratio: 2.271, 95% CI: 1.358–3.799, $p < 0.05$). Age, years of experience, qualifications, employee type, and sector of employment showed no significant association with professional and personal development as in-service training drivers.

Conclusion:
Healthcare employees pursued both job performance improvement and career growth, highlighting the need for training programmes that align organizational goals with individual development.

Key words:
In-service training, Human Resources Development, Professional Development, Personal Development

Introduction:

Human resource development (HRD) is a key priority for the Saudi Arabian government as part of its Vision 2030, which aims to enhance the quality of its human capital[1]. To achieve this, the government is making significant investments in education and in-service training, reflecting its commitment to strengthening the country's workforce, including those in the health sector[2]. Further, given the rapid transformations in the global healthcare landscape, ensuring a well-trained and capable health workforce is essential for maintaining high-quality services[3] making human resource development in Saudi Arabia's health sector more critical than ever.

Establishing supportive conditions for workplace learning for employees is essential for organizational survival in today's evolving environment4. In this regard, organizations prioritize in-service training and development to achieve two primary goals: attracting and retaining skilled employees by improving job satisfaction and fostering a supportive work environment, and enhancing employee skills, nurturing talent, and boosting performance to align with and achieve organizational objectives[4,5] .

Within organizations, professional development is facilitated through HRD initiatives. Wang et al. (2017) defined HRD as a process that shapes the values and beliefs of individuals and groups while enhancing skills through learning activities, all aimed at supporting the performance goals of the host organization[6].

The Learning-Network Theory (LNT) views Human Resource Development not as a centrally managed or linear process, but as a dynamic network of interactions among key organizational actors, including employees, managers, and HRD professionals[7]. Unlike "single" approaches to organizing HRD, the network perspective considers a wider range of HRD practices and recognizes employees as active and essential stakeholders in the learning process[8]. According to LNT, HRD activities are seen as fulfilling three key functions for organizational stakeholders: 1) work improvement, 2) professional development, and 3) personal development[9]. Work improvement focuses on enhancing core work processes, such as better serving clients[9]. Professional development focuses on acquiring technical skills and knowledge to support career advancement within or outside the current organization, while personal development involves cultivating individual qualities and generic competencies, such as assertiveness or analytical skills, that may not be immediately relevant but are expected to gain importance over time[9,10]. These three functions—work improvement, professional development,

and personal development, serve as key motivators driving employees to pursue in-service training opportunities both within and beyond their organization.

Organizing in-service training activities within organizations requires a strategic approach that values the diverse perspectives of employees. Rather than aiming for uniformity, it should embrace differences, ensuring that professional development meets individual and organizational needs.

There is a gap in the literature regarding the factors that drive employees in the healthcare sector in Saudi Arabia to seek or engage in in-service training activities. Specifically, limited research addresses whether healthcare employees prioritize in-service training for work enhancement, professional development, or personal growth. This gap presents an opportunity to explore how these preferences vary based on individual and sector-wide factors. Understanding these motivators is crucial for designing effective HRD strategies and in-service training programmes that enhance employee engagement, performance, and career satisfaction, ultimately improving healthcare quality. This study aimed to identify which HRD function primarily motivates healthcare sector employees in the Riyadh Region to participate in in-service training and to examine the factors associated with personal and professional development as key drivers for engagement in such activities.

Materials and Methods:

Study design and setting:

We conducted an observational, descriptive, cross-sectional study in Riyadh Region where healthcare services are planned and overseen by the Regional Branch of the Ministry of Health (MoH), in collaboration with three health clusters. These services are delivered through an extensive network of facilities managed by various sectors including the MoH, other governmental non-MoH and the private sector. A total of 51,613 healthcare practitioners, including physicians, pharmacists, nurses, and supportive medical staff, work across these facilities to deliver care. Complementing this workforce, administrative support operations at the Ministry of Health's regional headquarters, the three health clusters, and Health Administrations in governmental non-ministry of health sectors. These administrative roles include human resources management, financial and logistical operations, and information technology.

Study population and sampling:

The study population comprised individuals working in the governmental and private health sectors in the Riyadh Region, including health practitioners (physicians, dentists, pharmacists, nurses, and

supportive medical staff) and administrative personnel. Eligible participants held a university degree (bachelor's or diploma) or higher and represented both genders and all nationalities.

This study employed convenience sampling, reaching participants via emails and social media groups used by Riyadh's health sector employees (e.g., WhatsApp) for its practicality and cost-effectiveness in accessing a diverse population without a sampling frame[11]. This method enabled rapid data collection, making it suitable for exploratory research where probability sampling was impractical[11]. It was also effective for targeting specific groups, such as health sector employees, ensuring access to relevant participants[12]. Similar studies used this approach[9]. While limiting generalizability, it helped identify trends to inform future research and interventions in Riyadh's health sector. The sample size was calculated using OpenEpi, Version 3, an open-source calculator—SSPropor—assuming a total population of 51,613, a 95% confidence level, and a 5% confidence limit, resulting in a sample of 382 eligible employees.

The instrument and data collection:

Data were collected using a self-administered, structured, pre-coded questionnaire adapted from a previous study on workers' understanding of the three HRD functions[9]. The questionnaire had three sections: Section one: Background information: age, gender; Section two: Job-related variables: qualifications (Bachelor/diploma, Postgraduate diploma, Master, PhD, MD), years of experience, - type of employee (Administrative, Non-Physician health practitioner, Physician/dentist/pharmacist) - Sector (Ministry of Health, Governmental non-Ministry of Health, Private); and Section three: Motivators for training. In the third section, respondents selected three motivators for training from 18 items, categorized into three main HRD functions as follows: 1) Work Improvement function (six items e.g. to improve work processes in the organization, to contribute to innovation of products and/or services), 2) Professional Development function (six items e.g. to enable me to find a new job in this organization, to increase my general employability), and 3) Personal Development function (six items e.g. to develop general qualities that make me a better employee, to become more self-confident as an employee). The questionnaire was created electronically using Google Forms in both English and Arabic and was distributed through social media groups of health sector employees.

Data analysis:

Statistical analysis was conducted using IBM SPSS Statistics, version 21. The

18 items of motivators were grouped, and a new categorical variable, 'The main driver for training' was created to identify the respondent's choice: whether it was 'Work Improvement,' 'Professional Development,' 'Personal Development,' or 'No Specific Preference.' Respondents selecting two or three items from the same category were assigned that category. If the three items came from different functions, the option "No Specific Preference" was recorded. A chi-square test and odds ratio assessed associations between employee preferences and socio-demographic and job-related variables.

Ethical considerations:

The study proposal was approved by the institutional review board of Princess Nourah Bint Abdulrahman University (IRB Log Number: 25-0063).

Results:

Out of the total calculated sample size of 382, a total of 319 questionnaires were filled giving a response rate of 83.5%. Table 1 provides an overview of the background characteristics of the study respondents. The gender distribution showed a predominance of male respondents (65.4%) compared to female respondents (34.6%). Around half of the respondents were under 40 years old, while the other half were 40 years or older. The majority were married (72.6%). Regarding educational qualifications, most respondents were undergraduates (72.5%), while postgraduates accounted for a smaller portion (28.5%), including those with postgraduate diplomas, masters, and doctorate degrees.

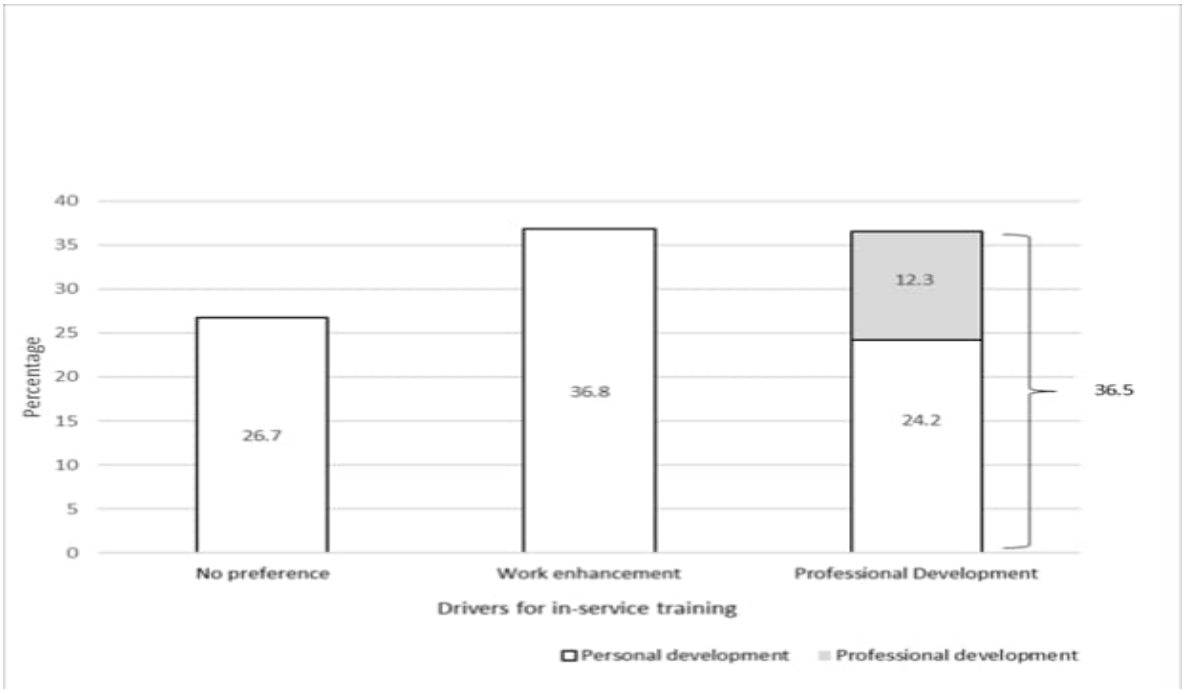
Table1: Background characteristics of the respondents.

Gender (N = 318)	Frequency (%)
Male	208(65.4)
Female	110(34.6)
Age (N= 293)	
< 40 YEARS	149(50.9)
40+	144(49.1)
Marital status (N= 314)	
Married	228(72.6)
Single	72(22.9)
Divorced	9(2.9)
Widow	5(1.6)
Qualification (N= 319)	
Bachelor/diploma	228(71.5)
Postgraduate diploma	16(5)
Master	51(16)
PhD, MD	24(7.5)
Years of experience (N= 299)	
< 15 YEARS	127(42.5)
15 +	172(57.5)
Employee type (N= 318)	
Administrative	58(18.2)
Non-Physician health practitioner	214(67.3)
Physician/dentist/pharmacist	46(14.5)
Sector of employment (N= 317)	
Ministry of Health	262(82.6)
Governmental non-Ministry of Health	45(14.2)
Private	10(3.2)

Regarding the job-related variables, more than half of the respondents (57.5%) had more than 15 years of experience. The classification of respondents by employee type indicated that a significant majority (67.3%) were Non-Physician health practitioner while administrative staff and Physician/dentist/pharmacist accounted for only 18.2% and 14.5%, respectively.

The sector distribution revealed that the vast majority of respondents were employed in governmental institutions, specifically within the Ministry of Health (82.6%) or non- Ministry of Health entities (14.2%). Only 10 respondents were from the private sector constituting 3.2% of the respondents.

Figure 1 shows that for more than a third of the respondents (36.8%), the primary driver for training was work improvement, followed by 26.7% who had no specific preference. Approximately a quarter of the respondents (24.2%) identified personal development as their main driver, while only 12.3% cited professional development. When combined, personal and professional development accounted for 36.5% of the respondents' training motivations, a proportion comparable to those who prioritized work enhancement.



Figer 1: Drivers and motivators for training among health sector employees.

Table 2: presents the bivariate analysis results assessing the factors associated with selecting professional and personal development as motivators for training.

	Motivator for In-service Training			
	Professional/Personal/ development	Work enhancement/ no preference		
	Frequency (%)	Frequency (%)	Odds ratio (95% CI)	P value
Gender				
Male	89 (42,8)	119 (57.2)	2.271 (1.358-3.799)	0.002
Female	27 (24,8)	82 (75.2)		
Qualification				
Under-graduates	80 (35.1)	148 (64.9)	.811 (.491-1.339)	0.412
Post-graduates	36 (40.0)	54 (60.0)		
Employee class				
Administrative staff	24 (41.4)	34 (58.6)	1.281 (.717-2.291)	0.402
Health practitioner	92 (35.5)	167 (64.5)		
Sector				
Governmental	113 (36.9)	193 (63.1)	2.342 (.489-11.221)	0.337
Private	2 (20.0)	8 (80.0)		
Age				
< 40 years	51 (34.2)	98 (65.8)	.833 (.517-1.342)	0.452
≥ 40	55 (38.5)	88 (61.5)		
Years of experience				
< 15	42 (33.1)	85 (66.9)	.847 (.523-1.373)	0.500
≥ 15	63 (36.8)	108 (63.2)		

The variable "main driver for training" was recoded into a dichotomous variable, combining professional and personal development into one category and work enhancement and no preference into another, representing the dependent variable. Additionally, some independent variables were recoded into dichotomous variables as follows: qualification (undergraduate/post-graduate), employee type (administrative staff/health practitioner staff), and sector of employment (government/private). The results indicate that males were more likely than females to select professional/personal development as their primary in-service training motivator (odds ratio: 2.271, 95% CI: 1.358–3.799, $p < 0.05$). Age, years of experience, qualifications, employee type, and sector of employment showed no significant association with professional and personal development as drivers for in-service training.

Discussion:

This study aimed to identify which HRD function primarily motivates healthcare sector employees in the Riyadh Region to participate in in-service training and to ex-

amine the factors associated with personal and professional development as key drivers for engagement in such activities. Our results indicated that work enhancement was the most frequently chosen primary driver for in-service training among respondents. This finding suggests that healthcare sector employees often view training as a means to directly improve their job performance, whether by enhancing patient care capabilities or strengthening the administrative capacities necessary to support them. Research in this field is scarce with contrasting results with some studies highlighting work improvement as the main driver[9,13] and others indicating personal or professional development as the main drivers[14].

Some of the studies assessing employee preferences in the health and other sectors found that employees primarily associated their in-service training with work improvement, followed by personal and professional development, reinforcing the significance of work improvement as the key aspect of HRD from their perspective[9,13]. The reason behind this preference, as reported by nurses in one study, is that work enhancement and professional development are closely linked, with strong competency in work-related tasks being essential for professional growth, which in turn helps refine expertise and improve the skills needed to perform their jobs effectively[13].

Personal development is a process focused on enhancing self-awareness, resilience, and the ability to manage personal challenges through the acquisition of skills and competencies [10]. On the other hand, professional development focuses on acquiring skills and knowledge related to specific work competencies[15]. However, they are interrelated and complement and support each other[10]. Therefore, we combined the employees who identified both personal and professional development as their main drivers for training, resulting in a proportion equal to those who cited work enhancement as their primary motivation. This finding aligns with results from other studies on health sector employees, where healthcare workers primarily perceive training as a pathway for career advancement[14].

For instance, healthcare sector workers were found to pursue advanced degrees to achieve personal goals, access career advancement opportunities, attain professional parity, and enhance credibility, rather than as a job requirement[16]. This emphasizes the importance of personal and professional development for healthcare workers. For example, nurses associated professional development with experiencing a meaningful work life and viewed it as a crucial factor in retaining them in

their positions[13].

Furthermore, professional development plays a critical role in improving employee performance by fostering motivation, employee engagement and innovative behavior 15,17,18. A study investigating factors influencing motivation and work engagement among healthcare employees identified job training and professional growth as key motivators, emphasizing the importance of work-related development[19].

Our results also showed that approximately one-quarter of the employees expressed no specific preference, valuing work enhancement and personal and professional development equally. This finding suggest a balanced, holistic approach to in-service training, where employees aim to improve their current job performance while also pursuing long-term career advancement.

Regarding the factors associated with personal and professional development as drivers for in-service training, our results showed that gender was the only statistically significant factor. We found that for females, the main driver for human resources development was work improvement, while for males, personal and career development were the primary drivers.

This observation aligns with existing research highlighting gender differences in professional development within healthcare settings, which indicates that men place greater emphasis on achieving career success compared to women[20].

For instance, a study among nurses in Saudi Arabia reported that male nurses reported higher participation rates in continuing education programmes and professional conferences[21]. This is also observed in other sectors in Saudi Arabia[22]. In studies in the health and medical fields, men were also more likely than women to gain local or international recognition as experts in their field, and attain leadership positions[23]. On the other hand, women may receive less recognition for their contributions compared to men, often as a result of work-life balance challenges that limit their visibility and participation in professional advancement opportunities[23.] This trend is evident in Saudi Arabia, where female physicians and dentists have been reported to face significant barriers to professional practice and advancement, largely attributed to family responsibilities[24,25].

In general, our findings suggest that healthcare sector employees pursue training equally to enhance organizational performance and to support their personal and professional development. This indicates that employers should design in-service

training programmes that address both organizational goals and individual growth aspirations. By aligning training activities with both organizational objectives and employees' personal and professional development goals, employers can create a more engaged, skilled, and satisfied workforce, ultimately contributing to the overall success of healthcare organizations.

One limitation of the study was the use of a convenience sample, which may limit the generalizability of the findings.

Conclusion:

When considered together, personal and professional development were identified by healthcare employees as the primary motivation for in-service training, matching the proportion of those who cited work enhancement as their main reason. Further approximately one-quarter of the employees expressed no specific preference, valuing work enhancement and personal and professional development equally. Gender was the only factor that was found to be associated with personal and professional development as drivers for in-service training. These findings suggest a balanced, holistic approach to in-service training, where employees aim to improve their current job performance while also pursuing long-term career advancement. Employers should align in-service training with both organizational goals and individual development needs to enhance workforce engagement, skills, and satisfaction, supporting overall healthcare success.

Conflict of Interest: None

References:

1. Human Capability Development Program. Vision Realization Programs. 2024 [cited 2024 Dec 31]. Available from: https://www.vision2030.gov.sa/en/explore/programs/human-capability-development-program.
2. Othayman MB, Meshari A, Mulyata J, Debrah Y. The challenges confronting the delivery of training and development programs in Saudi Arabia: A critical review of research. American Journal of Industrial and Business Management. 2020 Sep 29;10(09):1611.
3. Rahman Yusriani Jumakil, Rahman Yusriani Jumakil, Sri Tungga Dewi. The influence of human resource development and motivation on the performance of health workers at Lepo-Lepo health center, Kendari city, southeast Sulawesi province, Indonesia, 2024. World J Adv Res Rev. 2024;23(1):481–8..
4. Lejeune C, Mercuri D, Beausaert S, et al. Personal development plans sup-

porting employee learning and perceived performance: the moderating role of self-directedness. Hum Resour Dev Int 2016;19(4):307–328; doi: 10.1080/13678868.2016.1203639.

5. Paposa KK, Kumar YM. Impact of Training and Development Practices on Job Satisfaction: A Study on Faculty Members of Technical Education Institutes. Manag Labour Stud 2019;44(3):248–262; doi: 10.1177/0258042X19851649.

6. Wang GG, Werner JM, Sun JY, Gilley A, Gilley JW. Means vs ends: theorizing a definition of human resource development. Pers Rev. 2017;46(6):1165–81

7. Poell RF, Krogt F van der. Why is organizing human resource development so problematic? Perspectives from the learning-network theory (Part I). Learn Organ 2017;24(3):180–193; doi: 10.1108/TLO-12-2016-0093.

8. Poell RF, Van Der Krogt F. Why is organizing human resource development so problematic?: Perspectives from the learning-network theory (Part II). Learn Organ 2017;24(4):215–225; doi: 10.1108/TLO-12-2016-0094.

9. Lilova I, Poell RF. Preferred human resource development activities and their functions: differences in perspective between managers and employees. Int J Train Dev. 2019;23(3):185–201..

10. Hughes R, Kinder A, Cooper CL. Personal and Professional Development. In: The Wellbeing Workout: How to Manage Stress and Develop Resilience. (Hughes R, Kinder A, Cooper CL. eds) Springer International Publishing: Cham; 2019; pp. 255–259; doi: 10.1007/978-3-319-92552-3_43.

11. Etikan I. Comparison of Convenience Sampling and Purposive Sampling. Am J Theor Appl Stat. 2016;5(1):1.

12. Jager J, Putnick DL, Bornstein MH. Ii. More Than Just Convenient: The Scientific Merits of Homogeneous Convenience Samples. Monogr Soc Res Child Dev 2017;82(2):13–30; doi: 10.1111/mono.12296.

13. Kallio H, Kangasniemi M, Hult M. Registered nurses' perceptions of their career—An interview study. J Nurs Manag. 2022;30(7):3378–85.

14. Kessler I, Steils N, Esser A, Grant D. Understanding career development and progression from a healthcare support worker perspective. Part 2. Br J Healthc Assist. 2022;16(1):6–10.

15. Muchibi WM, Mutua SM, Juma D.

Influence of career development on employee engagement in the public health sector in Kenya. Int Acad J Hum Resour Bus Adm 2022;4(1):297–327.

16. Kesten KS, Moran K, Beebe SL, et al. Drivers for seeking the doctor of nursing practice degree and competencies acquired as reported by nurses in practice. J Am Assoc Nurse Pract 2022;34(1):70–78; doi: 10.1097/JXX.0000000000000593.

17. Margie N, Artati NE, Rusmawati A, et al. The Influence of Career Development and Compensation through Motivation on the Performance of Healthcare Workers in Buaran and Kedungwuni Sub-District Community Health Center. Saudi J Econ Finance 2023;7(11):561–569; doi: 10.36348/sjef.2023.v07i11.011.

18. Ye P, Liu L, Tan J. Influence of leadership empowering behavior on employee innovation behavior: The moderating effect of personal development support. Front Psychol 2022;13(December):1–15; doi: 10.3389/fpsyg.2022.1022377.

19. Karaferis D, Aletras V, Raikou M, et al. Factors Influencing Motivation and Work Engagement of Healthcare Professionals. Mater Socio-Medica 2022;34(3):216–224; doi: 10.5455/msm.2022.34.216-224.

20. Chuang S. Exploring women-only training program for gender equality and women's continuous professional development in the workplace. High Educ Ski Work-Based Learn 2019;9(3):359–373; doi: 10.1108/HESWBL-01-2018-0001.

21. Aldhafeeri HO, SHMMAR JA, salm bneah AlFadan A, Aldhafeeri EA, Aldhafeeri MO, Alanazy FE. The Impact of Gender Dynamics on Professional Development and Practice Among Nurses in Saudi Arabian Hospitals: A Review. Journal of International Crisis and Risk Communication Research. 2024;7(S11):2379..

22. Alotaibi T, Almusharraf N, Imran M, et al. Trends and Gender Dynamics in Professional Certification Growth in Saudi Arabia. Societies 2025;15(2):28; doi: 10.3390/soc15020028.

23. 23. Jones RDC, Griffith KA, Ubel PA, et al. A mixed-methods investigation of the motivations, goals, and aspirations of male and female academic medical faculty. Acad Med 2016;91(8):1089–1097; doi: 10.1097/ACM.0000000000001244.

24. J Rajeh M, Nicolau B, Qutob A, et al. A Survey of the Barriers Affecting the Career Practice and Promotions of Female Dentists in Saudi Arabia. JDR Clin Transl Res 2019;4(2):187–195; doi: 10.1177/2380084418815458.

25. AlGhamdi T. Balance between career and family life among female doctors in King Abdul- Aziz Medical City, Riyadh, Saudi Arabia. Int J Med Sci Public Health 2014;3(2):203; doi: 10.5455/ijmsph.2013.021220133.