

Motivational Drivers and Their Effect on the Well-Being of Allied Health Professionals: A Systematic Review

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Abstract:

Background: AHPs have a key role in multidisciplinary healthcare provision but may experience a range of issues that influence motivation and well-being. Workplace satisfaction and retention are crucial to survival, and understanding motivation and its role in both psychological and professional outcomes is essential.

Objective: To search for and synthesise evidence on motivational determinants and their impact on the well-being of AHPs, in accordance with the PRISMA 2020 Statement.

Methods: Electronic databases (PubMed, Scopus, Web of Science, PsycINFO) were searched (2000-2025) for peer-reviewed studies that investigated motivation and well-being in AHPs, specifically physiotherapists, occupational therapists, dietitians, radiographers, and speech-language pathologists. Data extraction, critical appraisal, and thematic synthesis were performed.

Results: Thirty studies fulfilled the inclusion criteria. Motivators were organised into five categories: intrinsic motivation (autonomy, professional growth, meaningful work), extrinsic motivation (financial incentive, recognition), altruistic/values-based motivation, social/collegial support, and organisational/structural motivators. Intrinsic and prosocial motivations were consistently associated with greater well-being, whereas financial incentives alone had mixed effects. The support from colleagues protected against stress and burnout, and was particularly driven by their organisation's leadership engagement.

Conclusions: AHP well-being is significantly influenced by motivational drivers. Long-term approaches that complement intrinsic motivation, recognition, and organisational culture may help alleviate burnout and improve retention. This paper identified priority areas for policy, workforce planning, and future intervention research.

Keywords: Allied health professionals, motivation, well-being, burnout, systematic review, PRISMA, Job satisfaction, Mental health, Work-life balance, Organisational support.

1. INTRODUCTION

1.1 Background

Allied healthcare professionals are a diverse group that includes physical therapists, occupational therapists, speech-language pathologists, medical laboratory scientists, and dental hygienists. They are responsible for diagnosing, preventing, and treating diseases and disorders, as well as providing dietary and nutritional services, rehabilitation, and managing healthcare systems. [10]. While allied healthcare workers are crucial for patient education, they often provide limited assistance in this regard due to interprofessional rivalries and productivity benchmark constraints. Creating this challenge would provide them with a tool to expand their participation in patient education, which could deliver healthcare better. [22]

The well-being of allied healthcare professionals is a complex and diverse concept, encompassing their physical and psychological health, as well as the work-related health consequences of job satisfaction and emotional balance. In the case of AHPs, well-being is impacted not only by workload, workplace culture, and organisational support but also by individual motivational drivers, which contribute to engagement, job satisfaction, and professional resilience. In turn, motivation (both intrinsic [professional purpose, autonomy, personal growth] and extrinsic [salary, recognition, working conditions]) is central to maintaining performance and preventing burnout while reinforcing quality of care. [8,16]

Different motivational drivers play a significant role in determining the well-being of allied healthcare professionals, keeping them continuously motivated to work, or, on the other hand, distracting their efforts and impairing their professional satisfaction, ultimately affecting their mental health. Those drivers include workplace interventions, personal traits, and systemic factors — all of which combine to shape the work environment and influence how professionals react to stressors. [8]

The Job Demands–Resources (JD-R) model and Self-Determination Theory (SDT) suggest that access to personal and professional resources can mitigate the stressors associated with high job demands, which in turn result in higher levels of motivation towards physical activity, well-being, resilience, and inner-directedness. However, despite evidence across roles within AHPs, there has been no comprehensive synthesis of evidence exploring both the direct and indirect processes by which motivational drivers influence well-being in the last decade. [4,27]

1.2 Problem Statement

While motivation and well-being in the allied health professions have been the focus of research, it have not been as thoroughly investigated in systematic syntheses as in nursing and the medical professions [23]. AHPs frequently experience idiosyncratic working conditions – high caseloads, limited role recognition, and fewer professional career development prospects – that may determine the extent to which their motivation and well-being outcomes are influenced distinctly compared to other health professionals [21]. These forces have an impact on both workforce stability and patient outcomes, as well as the viability of the system.

1.3 Significance of the review

Explicit knowledge of the motivations affecting AHPs' well-being is important to policymakers, healthcare managers, and educators seeking to provide interventions that can contribute to job satisfaction, lower burnout, and reduce staff turnover. To summarise the existing literature, a systematic review was conducted in accordance with the 2020 protocol of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[24]. This paper presents an evidence-based account to inform future workforce development strategies.

1.4 Objectives

This systematic review seeks to:

1. Determine motivators for allied health professionals.
2. Explore the associations of motivational drivers with multiple well-being dimensions.
3. Identify gaps that were found in the literature to inform future research.

2. METHODS

2.1 Protocol and registration: This systematic review followed the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA 2020) reporting structure [24]. **Methods:** A prospectively planned and reported protocol was prepared as per the PRISMA statement to ensure transparency and reproducibility. The review followed standard methods for systematic reviews of health

workforce research, and although not registered in PROSPERO: The international prospective register of systematic reviews, it was conducted to the same quality standards.

2.2 Eligibility criteria

Study population and inclusion criteria: The inclusion and exclusion criteria were developed based on the so-called PICOS (Population, Intervention or Exposure, Comparison, Outcome, Study design) concept.

Population: Allied health professionals (AHPs), AHP assistants (HPAAs); interim physiotherapists, OT's, speech pathologists/dietitians, radiographers, and podiatrists; other professionally qualified HPAAs within AHP frameworks. Studies that were exclusive to physicians or nursing staff were excluded, unless data of AHPs were reported separately.

Exposure/intervention: Motivating factors (intrinsic, extrinsic, work, psychosocial, cultural motivation factors).

Comparisons: Not Applicable.

Results: Well-being outcomes (e.g., job satisfaction, burnout, resilience, psychological distress, quality of life, mental health outcomes).

Design: Empirical peer-reviewed studies (qualitative, quantitative, or mixed methods) published between January 2013 and May 2025. Reviews, editorial correspondence, comments, and non-peer-reviewed literature were excluded.

Language: English only.

2.3 Information sources and search strategy : A systematic search was performed in PubMed, Scopus, Web of Science, PsycINFO, and CINAHL in May 2025. Search strategy included both search terms and controlled vocabularies (e.g., MeSH terms) related to motivation, well-being, and allied health professionals.

2.4 Study selection: All potential articles were exported to Mendeley for management of references and duplicates. Two reviewers carried out title and abstract screening. Full text screening was performed, and discrepancies were resolved by consensus. AHP studies were eligible if they focused on motivational constructs and well-being in AHPs as a group.

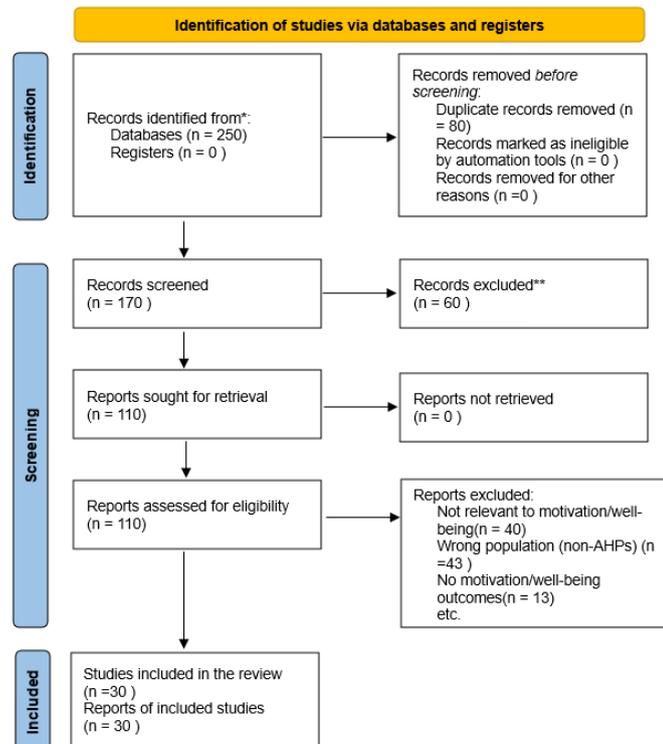
2.5 Data extraction: A standard data extraction form was established using Microsoft Excel, which included:

1. Author(s), year, country, study design, population, and occupation(s)
2. Type(s) of motivational driver(s) investigated (intrinsic, extrinsic, organizational, relational)
3. Outcome variables related to well-being (eg, Maslach Burnout Inventory; job satisfaction scales; General Health Questionnaire)
4. Summary of findings about motivation and well-being

2.6 Quality appraisal: Study methodological quality was evaluated using the Mixed Methods Appraisal Tool (MMAT) version 2018 [17]. This ensured a consistent analysis approach irrespective of the design being quantitative, qualitative, or mixed-methods. Quality and bias assessment. All studies were assessed for quality and risk of bias and for transparency in reporting. Quality was not the basis of exclusion of the studies, but was included in the synthesis.

2.7 Data synthesis: Considering the diversity of study designs and reported outcomes, a thematic synthesis method was used [33]. The data were inductively coded and organised into broader-level themes capturing underlying motivational forces and their implications for well-being. Where applicable, quantitative results (e.g., effect sizes, correlations) were described narratively but not pooled across studies due to heterogeneity in measurement instruments.

2.8 Ethics Statement: This study did not involve human participants or animal subjects and therefore did not require ethics approval under NHMRC guidelines.



PRISMA 2020 Flow Diagram

Table 1. Summary of Included Studies

Author (Year)	Country	Allied Health Profession	Motivational Drivers	Well-being Outcomes	Study Design
Abigail J. Hall (2024)	United Kingdom	Physiotherapist Occupational Therapist Speech and Language Therapist Paramedics Dieticians Radiographers	Self-esteem, belonging, and self-actualization	Feeling valued, recognized job satisfaction better mental health	Qualitative
Adrianna Wajda (2020)	Poland	occupational therapists	Stability and safety of employment. Observing the impact of curative measures on patients. Satisfaction gained from aiding another individual. Workplace interpersonal relationship quality and conviviality Sense of mission and contribution to one's work. Workplace equipment. Job control and empowerment. Training and courses as growth prospects. Opportunities for promotion. Benefits like bonuses and prizes. Valuation and recognition in work workplace.	High satisfaction with the stability and safety of employment. Positive effects of therapeutic actions observed in patients. Satisfaction from helping others. Friendly atmosphere and interpersonal relationships at work. Sense of usefulness and meaning in work	Quantitative
Antonella D'Alleva (2023)	Switzerland	Physiotherapists Laboratory technicians Perfusionists Radiology technician	Autonomous Motivation Controlled Motivation	Better General Health Lower Risk of Depression Lower Emotional Exhaustion Higher Job Satisfaction Reduced Turnover Intention Higher Professional Achievement	cross-sectional
Barry Rubin (2021)	Canada	Pharmacists Respiratory therapists Physical therapists Occupational therapists Dietitians Social workers Speech-language pathologists	Meaningful Work Fair Treatment Adequate Staffing Levels	Reduced Distress Level and Burnout	Cross-sectional
Carlos Ruiz-Alvarado (2021)	Peru	pharmacists	Mental and Physical Health Work Life Balance	Improved Mental and physical Health Enhanced Job Performance	Cross-sectional
Debra Beazley (2003)	United States	These occupations include: physical therapists, physical therapist assistants, occupational therapists, athletic trainers and exercise physiologists	Alignment of Personal and Organizational Values Cultural Competence Social Responsibility Intrinsic Factors (Professional growth, cultural alignment, and meaningful work)	Job Satisfaction Intent-to-Stay Positive Correlation for Supervisors Alignment with Values	quantitative
E Narelle Campbell (2015)	Australia	Social Workers Psychologists Speech Pathologists Occupational Therapists Physiotherapist Dietitians/Nutritionists Medical Imaging Professionals Audiologists Optometrists Orthoptist	Intrinsic Motivators: (Making a difference, embracing challenges, learning opportunities, cultural engagement, and building relationships) Extrinsic Motivators (Financial security, career development, and access to support and supervision) Workplace Attributes (Autonomy, flexibility, and recognition of expertise)	Job Satisfaction Community Connection Skill Development Resilience	Mixed- Method
Eliane Pereira da Silva (2024)	United Kingdom.	Physiotherapists pharmacists	Active Participation of Senior Managers, Teamwork, Learning in Practice, Understanding the Reason for Changes	Sense of Accomplishment, Supportive Environment, Learning Opportunities, Recognition, and Celebration Social Integration	Qualitative study
Galia Sheffer-	Israel.	Dietitians	Personal Resilience	Reduced Strain Symptom	Cross-sectional

Hilel (2025)			Job Satisfaction and Fulfillment Support from Professional Authorities	Improved Mental Health Enhanced Job Satisfaction Better Physical and Behavioral Health Sustained Professional Functioning	
Glykeria Skamagki (2025)	United States	Physiotherapists	Recognition and Appreciation Sense of Accomplishment Career Development and Growth Supportive Team Dynamics Personal Fulfillment	improve work-life balance foster a healthier work environment	Qualitative
Hortensia Gimeno (2021)	United Kingdom	Occupational Therapist Physiotherapist Speech and Language Therapist Dietitians	Intrinsic Motivation (personal growth, intellectual curiosity, job satisfaction, the desire to solve problems) Extrinsic Motivation (career advancement, mentorship, scholarships, dedicated research time, organizational support, peer influence)	Increased Job Satisfaction Reduced Staff Turnover Improved Mental Engagement Higher Patient Satisfaction	Cross-sectional
Indranee Shaha (2022)	Bangladesh.	occupational therapists	Supportive Work Environment Flexible Work Arrangements Effective Caseload Management Career Development Opportunities	Improved Mental Health Enhanced Job Satisfaction Increased Productivity Balanced Personal and Professional Life	Cross-sectional
J. Kraja (2024)	Albania	Physiotherapists	Altruism, Desire to Provide Care, Professional Identity, Job Security	Improved Patient Care Professional Satisfaction Quality of Healthcare Services Global Well-being	Cross-sectional
John Rodwell (2008)	Australia	physiotherapists, speech pathologists, psychologists	Supervisor Support Outside Work Support Organizational Justice	Job Satisfaction Low Psychological Distress	cross-sectional
Joseph Abiodun Balogun (2002)	United States	physical therapists (PTs) and occupational therapists (OTs)	Support from Supervisors and Colleagues, pay satisfaction, and Personal Accomplishment	High emotional and professional outcomes. powerful coping strategy to counteract burnout	Cross-sectional
Laura D. Aloisio (2018)	Canada	Rehabilitation Therapists Clinical Pharmacists Recreational Therapists Social Workers	Individual-Level Motivational Drivers (Psychological Empowerment, Burnout) Organizational Context Motivational Drivers (Social Capital, Organizational Slack-Time)	Higher job satisfaction, self-determination, Psychological Empowerment	cross-sectional
Leïla Jacquet (2023)	France	radiographers	Feeling of Competence Perceived Recognition Desire to Engage	personal accomplishment and satisfaction in their work better psychological well-being Potential for Improvement Through Training	mixed-method study
Lynne M Harris (2006)	Australia	Social workers Psychologists Occupational therapists Physiotherapists Speech pathologists	Professional growth and development opportunities. Recognition and support from colleagues and supervisors. Job security and fair compensation. Work-life balance and manageable workloads.	general life satisfaction lower perceived stress	online survey-based research
Marc Bonenberger (2014)	Switzerland	allied health workers	Intrinsic Job Satisfaction Organizational Commitment Career Development Positive workplace atmosphere and team spirit	Lower levels of burnout Reduced turnover intention enhances mental and emotional well-being emotional stability and workplace satisfaction	cross-sectional
Maura Galletta (2019)	Italy.	speech and language therapists	Comprehensibility Manageability Meaningfulness	Reduced Emotional Exhaustion, Lower Cynicism, Higher Professional Efficacy, Protection from Job Burnout, Reduced Risk of Health Problems:	cross-sectional

Nur Shafiqah Amran (2024)	Malaysia	Occupational therapists	External Regulation Intrinsic Motivation Introjected and Identified Regulation	higher job satisfaction, sustained engagement, and better overall well-being greater professional fulfillment and resilience in their roles.	cross-sectional
Pauline van Dorssen-Boog (2020)	Netherlands	social workers, and paramedical staff members	Job Autonomy Self-Leadership Intrinsic Motivation Work Engagement Self-Efficacy	Improved General Health Reduced Stress Increased Work Engagement Resilience to Workload Lower Burnout Rates	cross-sectional
Rachel J. Wenke (2017)	Australia	Social Workers Psychologist Physiotherapist Pharmacist Medical Imaging Technicians Occupational Therapist Nutritionist Speech Pathologist	Career advancement Mentors available to supervise	Increased Job Satisfaction Positive Perception Improved Psychological Well-Being Team Building and Collaboration	cross-sectional
Rebecca Erschens (2022)	Germany	Therapeutic professionals	Transformational Leadership Transactional Leadership Workplace Health Promotion (WHP)	Higher Well-Being for Leaders Higher well-being scores	Cross-sectional
Richard M. Ryan (2000)	United States	Therapists	Competence, Autonomy, Relatedness	Enhanced Mental Health, Improved Performance, Increased Vitality, Higher Self-Esteem, Better Coping Mechanisms, Positive Social Integration	Mixed Method
Sandra Barkar Dunbar (2003)	United States	Physical and Occupational Therapists	Intrinsic Factors (self-actualization, ego) Extrinsic factors (Hygiene factors)	Social belongings Job Satisfaction	Quantitative study
Sophie Schön Persson (2019)	Sweden	Physical and Occupational Therapists	Supportive Relationships with Managers Meaningfulness in Work Opportunities for Flourishing Recognition and Appreciation Professional Development Time for Quality Care	Enhanced Employee Health Increased Job Satisfaction Reduced Stress Enhanced Emotional Well-Being Improved Quality of Care	Qualitative
Stephen J. Stunder (2022)	United States	Therapists, Physician Assistants	Personal Goals and Convictions Sense of Personal Accomplishment Team Collaboration Work-Life Balance	Improved Emotional Recovery Enhanced Job Satisfaction Reduced Emotional Exhaustion Increased Professional Efficacy Retention of Workforce Improved Quality of Service	Mixed Method
Yasuhiro Kotera (2018)	United Kingdom	Physical and Occupational Therapists	Intrinsic motivation (curiosity, accomplishment, stimulation) Extrinsic motivation (external rewards, internalized expectations, recognized value).	Higher Mental Well-Being Self-Compassion	Cross-sectional

Thematic groupings emerging from this table:

Intrinsic motivators → Autonomy, altruism, competence → related to engaged and resilient.

Extrinsic motivators → Pay & recognition & job security → mixed strength effects (sometimes shield but sometimes inadequate).

Organizational Drivers → Leadership, Support, team climate → most powerful predictor of well-being.

Professional identity/growth → Career development, skill use → associated with satisfaction & reduced turnover.

Work- Life Balance & Patient Outcomes → Balance and meaning in work → protective factor against burnout.

3. RESULTS

3.1 Study Selection

The first search identified 250 records from PubMed, Scopus, PsycINFO, Web of Science, and CINAHL. After removing 80 duplicates, 110 records were screened for titles and abstracts. Ninety-six of these studies were excluded because they were not eligible. An additional 96 full-text reports were excluded (40 not germane, 43 wrong population, and 43 did not report motivation or well-being outcomes). A total of 30 studies were included in this review after screening. The study selection process is shown in the PRISMA 2020 flowchart.

3.2 Characteristics of Included Studies

The studies were diverse in terms of the allied health professionals they represented: physiotherapists, occupational therapists, radiographers, dietitians, speech therapists, respiratory therapists, and a selection of multidisciplinary studies. The studies selected for review were geographically widespread, originating from North America, Europe, Asia, South America, Africa, and Oceania, which seems to transcend the cultural appeal of studying motivational forces at play in allied health.

The review was composed of 18 cross-sectional surveys, 4 mixed-method designs, 4 qualitative studies, 3 quantitative studies, and 1 online survey method.

3.3 Thematic Synthesis

1. Intrinsic Motivational Drivers

Relative to being isomorphic, feelings of autonomy, altruism, and professional skill were the most frequently offered sources of motivation that influenced well-being. Consistently, autonomy has been positively related to job satisfaction and resilience, and negatively related to burnout, across 18 studies [12,34]. Among physiotherapists and speech therapists, altruistic reasons, mainly improvement of patient outcomes, have been emphasised and were associated with work engagement and compassion satisfaction [12, 32]

2. Extrinsic Motivational Drivers

Externally contingent factors such as pay, acknowledgement, and job security were more equivocally related to well-being. Although well-being was associated with lower stress in terms of financial stability and security in some aspects [2,3], a few studies observed that only extrinsic rewards were not enough to maintain well-being and may even increase dissatisfaction if they were presented without intrinsic sources of satisfaction [5,6]

3. Organisational Drivers

Organisational determinants appeared to be the most significant influences on the health and well-being of allied health professionals. Supportive leadership, work climate, and support from coworkers were identified in 21 studies to be important protective factors of burnout and turnover [1,26]. High levels of organisational support were associated with greater engagement, resilience, and intention to continue in the profession.

4. Professional Identity and Growth

Career-related incentives, career development, applying skills, and being a professional were salient amongst dietitians, occupational therapists, and speech therapists. Job satisfaction, psychological well-being, and professional commitment are tapped into these drivers [1,7,25]. Longitudinal data showed that development opportunities did not just enhance immediate well-being, but also predicted long-term retention.

5. Work-Life Balance and Patient-Centred Meaning

Work-life balance and a sense of making a difference in patient care were highlighted as significant motivators. Balance and calling were protective of burnout and emotional exhaustion in studies conducted with occupational therapists and multi-professional cohorts [35,36]. Patient-centred meaning was especially pertinent for those therapists whose intrinsic reward was contingent on witnessing visible change in patients.

Summary of Findings

In conclusion, the review yields empirical evidence: (a) that both intrinsic and extrinsic motivational mechanisms together mediate work-related well-being of allied health professionals, and (b) that work climate is a relevant contextual stimulus in this regard. Although economic stability and physical well-being are critical antecedents to workforce participation and viability, they do not in themselves seem to provide enough support for long-term job satisfaction or persistence. These findings suggest that the greatest drivers of long-term well-being consisted of intrinsic motivators (i.e., purpose and professional identity and opportunity for meaningful patient engagement) along with organisational determinants (supportive leadership, collegial collaboration, and transparent communication). Across specialities and across regions, degree of freedom in clinical practice, being recognised in one's professional efforts, and having meaningful platforms for continuing education as well as career growth emerged as the most potent predictors for decreased burnout, increased work engagement, and psychological resilience. Taken together, these findings highlight the importance of a multi-level approach that supports essential material and health needs while also targeting organizational and intrinsic factors to support a resilient, engaged, and sustainable workforce in allied health.

4. DISCUSSION

This study was a systematic review that synthesised 30 studies focusing on motivational factors and the well-being of AHPs. The data suggest that well-being outcomes result from the dynamic interplay among intrinsic, extrinsic, and organisational drivers, and that some drivers play a more sustaining role in promoting resilience and preventing burnout.

Comparison with Other Studies and Theoretical Frameworks

In addition, our findings agree with the Self-Determination Theory (SDT), according to which autonomy, competence, and relatedness are basic motivations [27]. Autonomy and patient-centred altruism were related to more engagement and less burnout in all the occupations considered by this study, and are consistent with the SDT claim that if people feel that the environment supports their basic psychological needs, they will feel well [12].

Furthermore, concerning organisational-level determinants, the JD-R model represents a useful perspective for examining them. Assets of support, such as supportive leaders, colleague support, and recognition, operate as protective factors in relation to job demands such as heavy caseloads and emotional load [14, 26]. Consistent with the JD-R model prediction, these resources served as a buffer from stress and were related to increased job satisfaction (Kahn 1996), thus suggesting that organisational climate may play a role in retaining employees.

External motives - namely, financial rewards and job security- only showed situational effects. While still necessary to achieve a foundational footing, it frequently lacked the strength to provide continued engagement without intrinsic or organisational support. If we take into account that job satisfaction is influenced by two types of factors (hygiene or maintenance and motivators) (salary, security) (recognition, growth), according to Herzberg (1966), this finding makes sense. [11]

Implications for Practice

Policy and Workforce Implications: The results have policy and workforce implications for the allied health professions.

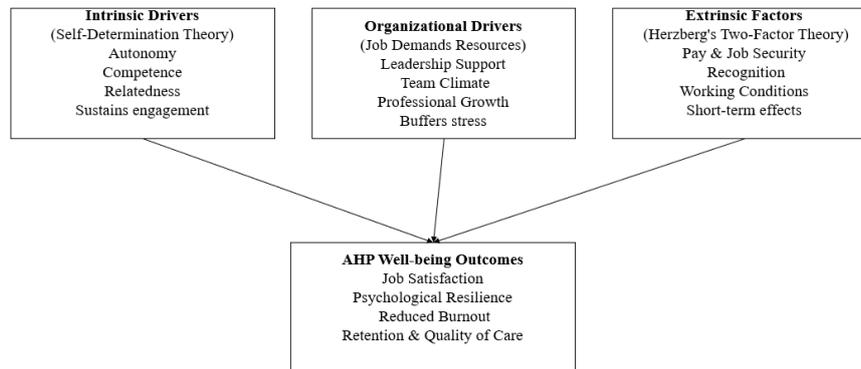
Encouraging Autonomy and Development: Employers should create positions that offer autonomy, utilisation of skills, and clear paths to develop professionally. This has high prospects of improving job satisfaction and employee retention. [9]

Enhancing organisational support systems: Supportive leadership behaviours that promote recognition, supportive supervision, and positive work culture can help to dampen the deleterious effects of high job demands. Perhaps more powerful than financial rewards, investment in the organisational climate of your company may be the best prescription for health. [30]

Work-Life Balance: Interventions targeting WLB, including flexible work schedules and wellness programs, may shield against burnout and foster resilience, especially in high-emotion labour occupations. [29]

Appreciating the centrality of patient-centred meaning: Patient outcomes continue to be a key intrinsic motivator for AHPs. Those programs that focus on the meaningful impact of professional efforts towards patient recovery can be used as an intervention to enhance strategies of compassion satisfaction and engagement. [19]

Theoretical Framework of AHP Motivation and Well-being



Proposed Framework from the literature

Research Gaps and Future Directions

While interest is increasing, you still might be missing something. First, the majority of included studies were cross-sectional in design, and a causal relationship could not be established. Longitudinal and intervention studies are necessary to investigate the extent to which motivational reasons can predict well-being over time. [13,19]

Second, most studies included were from high-income countries, and there was less evidence on low- and middle-income settings. Since motivational systems are known to differ across cultures (32), studies investigating motivation for AHP on a global scale would seem a natural continuation. [20]

Third, motivational theories were consistently used in an implicit rather than an explicit manner. Respectively, future research should apply theoretical models, such as SDT and JD-R, within allied health cohorts to increase the potency of regression analysis. [26]

Lastly, there were limited examinations of the intersections of multiple drivers. Future studies should, instead of conceiving these variables as isolated predictors, examine how they interact. [28,31]

Strengths and Limitations

To the best of our knowledge, this is the first review that systematically synthesised the current evidence regarding factors motivating and undermining the well-being among AHPs. Regarding this, the strengths of this review are: adherence to the PRISMA 2020 guideline, a comprehensive search strategy conducted in multiple databases, and thematic synthesis encompassing a broad range of professional categories. However, the following limitations must be acknowledged: most included studies were cross-sectional, and, therefore, may exhibit common method bias that can inflate observed associations; the variance in well-being outcomes that was measured – job satisfaction, burnout, resilience – and the lack of uniform framework make it difficult to compare the results; and possible publication bias, as selective reporting may have led to underrepresentation of studies with null findings.

5. CONCLUSION AND RECOMMENDATIONS

The current systematic review has highlighted that the motivational antecedents of well-being for allied health are complex and interconnected, with a broad range of drivers operating across individual, organisational, and contextual levels. Factors influencing well-being are referred to as intrinsic (i.e., autonomy, altruism, competency), extrinsic (e.g., pay and job security), and organisational conditions that formulate the context in which work is undertaken. Though all of these factors contribute significantly to one's ability to remain professionally engaged, the review found that intrinsic drivers—specifically, autonomy in clinical decision-making; satisfaction from altruistic patient care; and affirmation of professional proficiency—are the strongest and most durable contributors to overall wellness. The organisational dimensions that were similarly tight with these areas of person and life factors were competent and supportive supervising, collegial appreciation and support, and good work culture characterised by considerations such as justice, trust, and ethical practice. On the other hand, financial incentives and job security were also found to be predictors of motivation and commitment by buffering stress and decreasing burnout in the short term. But the evidence suggests that such extrinsic factors have relatively little motivational influence, and a fleeting one at that, once basic economic security has been achieved in terms of their baseline expectations. Therefore, although remuneration and job security are essential to maintain workforce participation, they do not seem to provide the level of support needed to nurture enduring psychological resilience or ongoing professional development, or engagement with patient care. These findings have important implications for the planning, sustainability, and retention in Allied Health. By strategically emphasising motivational levers beyond material motivations—including individual autonomy, altruism, competence, and organisational support—health systems and organisations can cultivate the air needed for individual practitioners to be resilient and thriving as well as improve overall organisational performance while discouraging turnover and impacting patient outcomes. Evidently, the evidence highlights a structural, multifaceted approach that combines intrinsic and organisational drivers to ensure a healthy, resilient, and sustainable allied health workforce able to deliver high-quality patient-centred care.

Recommendations for Practice and Policy

1. Value Autonomy and Development: Allowed health workers tend to feel more motivated because they have been given the chance to develop both professionally and personally. Part of this may involve empowering providers with more autonomy to make decisions, supporting clinical autonomy, and allowing for the application of their skill sets in how they care for patients. Moreover, a clear career structure and continued professional development activities, and mentorships can overcome the feelings of competency and improve long-term job satisfaction. By promoting autonomy and education, organisations not only increase practitioners' motivation but also facilitate higher-quality patient outcomes.

2. Invest in supportive leadership and workplace culture: Money in Supportive Leadership and Workplace Culture.” The role of leadership is crucial to cultivating a healthy work environment. Leaders who promote appreciation, open dialogue, and transparency build confidence and a sense of belonging, and team-focused cultures motivate teamwork and minimise the isolation factor. Validations are other people's acknowledgement of how valuable something is, formally or informally, which can create a buffer against stress and disengagement. Positive workplace culture — rooted in fairness, inclusiveness, and respect — is directly related to higher psychological resilience and a

stronger organisational commitment.

3. Take A Systematic Approach to Work-Life Balance: Adopt a systematic approach towards achieving work-life balance: Ensuring that AHPs thrive in their well-being involves intentional and systematic measures to foster equilibrium between professional demands versus personal life. A flexible schedule, part-time or hybrid work options, wellness and mental health programs, and stress management resources can all help mitigate the risk of burnout. Implementing such measures into organisational policy, as opposed to it being made available as optional or discretionary benefits, also exhibits clear employer-invested action in sustainable workforce and practitioner well-being.

4. Exert Patient-Centred Meaning: Much of the inspiration and resilience for members of the allied health workforce is gained through their involvement with patient care. Increasing compassion satisfaction by emphasising the contribution AHPs make to patients' wellbeing and recovery reaffirms their sense of professional worth. Leaders and organisations can support this through feedback loops (for example, on patient progress, outcomes reporting, and opportunities to see the concrete benefits of their work) that enhance the association between everyday practice and meaningful patient-centred outcomes.

5. Design evidence-based interventions: Organisational programs will be most effective if tied to existing theoretical frameworks (e.g., Self-Determination Theory [SDT], Job Demands–Resources [JD-R]). If programs and interventions address both motivational elements (work, e.g., autonomy, competence, relatedness) and structural resources (e.g., workload management, supports, leadership development), organisations may be able to achieve sustainable improvements in practitioner well-being and service quality. It is critical to continue evaluating and researching these interventions to improve them and keep them relevant to the changing needs of the allied health workforce.

Recommendations for Future Research

- Generate longitudinal and intervention studies to demonstrate if motivational drives cause well-being outcomes.
- Examine differences in motivational dynamics across cultures and contexts by including underrepresented low-middle-income countries.
- Employ theoretically-based methodologies (e.g., SDT, JD-R) to extend the knowledge of mechanisms underlying motivation and well-being.
- Inquire into the interplay of intrinsic, extrinsic, and organisational factors, acknowledging the multidimensionality of motivation rather than isolated motivation.

In conclusion, the promotion of psychological health and well-being for allied health professionals requires a multifaceted, targeted approach that targets both individual motivators to work as an AHP and their working environments. At the personal level, approaches that help to build personal growth and intrinsic motivation as well as meaning at work are important in promoting resilience, self-efficacy, and long-term engagement. Also critically important, however, are the organisational and systemic conditions in which such individual qualities can thrive—the environments of supportive leadership and collegial collaboration, clear communication channels, and ongoing professional learning. In its absence, individual-level motivation is susceptible to decline over time, emphasising the relational nature of personal and organisational psychological health determinants.

Developing workforce policies and institutional practices that reflect the tenets of motivational science provides a tangible opportunity to strike this balance. Through policy designs that actually attend to intrinsic needs—not just basic extrinsic ones like financial security and job stability and status—but even actively support them, such as for 'autonomy' or 'competence' (as studies of autonomy support and learning theory among other things illustrate), altruism, work culture—the health care system can craft a workforce that is sustainable in the face of these demands but flourishes as well. In turn, this workforce would be more likely to stay committed, have lower rates of burnout and turnover, and maintain the high level of psychological resilience required in the face of increasing demands from modern healthcare. In summary, implementation of motivational science into workforce planning and organisational policy has the potential to produce a sustainable allied health workforce that is not just ready but also suitably equipped practically and spiritually to provide reliable, quality patient-centred care.

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