

Internal Marketing, Job Satisfaction, and Nursing Motivation in Psychiatric Settings: A Qualitative Study

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Abstract: This paper presents the qualitative findings that emerged from a mixed-methods study examining job satisfaction, work motivation, organizational commitment, and internal marketing perceptions among nursing staff and managers in an Israeli psychiatric hospital. Content analysis that was employed on the data collected through semi-structured in-depth interviews from eleven nursing staff members and four senior nurse managers, identified four overarching themes, i.e., job satisfaction, motivation, organizational commitment, and internal marketing as well as twelve related categories. Findings indicate that chronic workload, burnout, and insufficient recognition are the primary drivers of job dissatisfaction, while a sense of mission, curiosity, patient connection, and work enjoyment constitute core motivational resources. Organizational commitment is sustained through belonging and mutual team support, whereas internal marketing practices, particularly open communication, attentiveness, and individualized reward and recognition emerge as pivotal organizational levers. A convergence between nursing staff and managerial perspectives validates the identified themes. Evidence-based recommendations for healthcare managers and policy-makers are advanced, with implications for the retention and engagement of Generation Y and Z nursing staff in mental health settings.

Keywords: Mental health nursing, job satisfaction, motivation, organizational commitment, internal marketing, burnout, generation Y and generation Z,

JEL Classification: I12; J24; J28; M31; M54

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INTRODUCTION

Mental health nursing is consistently identified among the most psychologically demanding specializations within the healthcare professions. Nurses in psychiatric inpatient settings are routinely exposed to patient aggression, moral distress, chronic understaffing, and the emotional intensity inherent in sustained therapeutic relationships with severely ill individuals (Woo et al., 2020; Ge et al., 2023). These conditions generate elevated rates of burnout, absenteeism, and workforce attrition outcomes that compromise patient care quality and place escalating pressure on the mental health system at large (Li et al., 2024).

Against this backdrop, the constructs of job satisfaction, work motivation, and organizational commitment have attracted growing scholarly attention as pivotal determinants of nursing workforce stability. Job satisfaction defined as the affective and cognitive evaluation of one's work experience is associated with reduced turnover intention, stronger patient outcomes, and enhanced organizational performance (Lu et al., 2024; Hudays et al., 2024). Motivation, conceptualized within self-determination theory (SDT) as a continuum from extrinsic regulation to intrinsic engagement, shapes the depth and sustainability of professional commitment (Deci & Ryan, 2000; Hindman et al., 2025). Organizational commitment, encompassing affective, normative, and continuance dimensions, is positively associated with retention, performance, and reduced burnout (Rodríguez-Fernández et al., 2024).

A further construct of organizational relevance is internal marketing, namely, the application of marketing principles to the management of employees as internal customers. Internal marketing posits that organizations must attend to the needs, values, and expectations of their staff with the same strategic intentionality applied to external service delivery (Qiu et al., 2022). In healthcare contexts, internal marketing strategies encompassing training and development, reward and recognition, communication, and flexible working arrangements, have been shown to enhance job satisfaction, affective commitment, and the reduction of turnover intention (Abbana Bennani & Hassi, 2024; Nair et al., 2025).

Despite these advances, qualitative investigations of these constructs within the specific context of Israeli psychiatric nursing remain limited. The lived experiences of nursing staff and the perspectives of nursing managers represent a particularly valuable, and underutilized, evidentiary resource for understanding how organizational dynamics are experienced and interpreted at the frontline of

mental health care. The present study addressed this gap and aimed to collect the participants' perceptions regarding job satisfaction, motivation, organizational commitment, and internal marketing.

LITERATURE REVIEW

Job Satisfaction in Mental Health Nursing

Job satisfaction among nurses encompasses both intrinsic dimensions, such as sense of achievement, professional growth, and the quality of interpersonal relationships, and extrinsic factors such as remuneration, working conditions, and supervisory support (Herzberg et al., 1959; Hudays et al., 2024). Additionally, job satisfaction among nurses is shaped by both intrinsic factors, i.e., achievement, professional growth, and interpersonal relationships, and extrinsic factors, including remuneration, working conditions, and supervisory support (Herzberg et al., 1959).

A recent systematic review of factors influencing job satisfaction among mental health nurses identified interpersonal relationships, working conditions, and recognition as the most frequently reported determinants, with demographic and psychosocial factors also playing a significant role (Hudays et al., 2024). Updated bibliometric analysis confirms that burnout, workload, and leadership remain the dominant correlates of nurse job satisfaction across the last two decades (Huang et al., 2025).

In psychiatric contexts specifically, the cumulative effect of patient violence exposure, moral distress, and chronic understaffing generates a particularly adverse profile of job dissatisfaction. Nurses in these settings frequently report a gap between professional ideals and organizational realities, a dissonance that accelerates exhaustion and erodes the sense of professional meaning that sustains long-term engagement (Woo et al., 2020; Tomaszewska et al., 2024). At the same time, research consistently identifies that meaningful patient contact, a sense of clinical contribution, and collegial support constitute robust sources of satisfaction even in demanding psychiatric environments (Hudays et al., 2024).

Work Motivation: Self-Determination Theory

Self-determination theory (SDT), formulated by Deci and Ryan (1985, 2000), provides the theoretical framework within which nursing motivation is conceptualized in this study. SDT distinguishes between intrinsic motivation driven by inherent interest, curiosity, and the satisfaction derived from the activity itself, and various forms of externally regulated motivation, situated along a continuum from integrated regulation, i.e.,

internalized values, to pure external regulation, namely, reward and punishment avoidance. Amotivation, the absence of motivation, represents the most disengaged regulatory state. Within healthcare environments, intrinsic and integrated forms of motivation are associated with superior quality of care, resilience, and lower burnout, whereas amotivation predicts disengagement and attrition (Hindman et al., 2025; Deci & Ryan, 2000). Research applying SDT in nursing contexts demonstrates that positive work environments characterized by autonomy support, competence recognition, and relatedness are more likely to facilitate intrinsic motivation and work engagement (Hindman et al., 2025). The organizational context therefore constitutes a critical determinant of the motivational quality nurses bring to their work, with implications for both individual wellbeing and patient care outcomes.

Organizational Commitment

Meyer and Allen (1991, 1997) conceptualize organizational commitment as a three-component construct comprising affective commitment, i.e., emotional attachment to the organization, normative commitment, namely, sense of moral obligation to remain, and continuance commitment, referring to calculated cost of leaving. In nursing contexts, affective and normative commitment are most strongly associated with positive organizational outcomes including reduced turnover intention, enhanced performance, and organizational citizenship behaviours (Rodríguez-Fernández et al., 2024). A systematic review of the practical implications of organizational commitment in healthcare identified transformational leadership, human resource management practices, and both intrinsic and extrinsic motivation as the primary drivers of increased organizational commitment among nurses (Rodríguez-Fernández et al., 2024). Generational factors add a further layer of complexity to organizational commitment dynamics. Research on generational differences in nursing workforces demonstrates that Generation Y (Millennials) and Generation Z nurses show greater emphasis on work-life balance, autonomy, professional development, and values alignment than earlier cohorts, and are more willing to exit organizations that fail to meet these expectations (Tan et al., 2023; Rutledge et al., 2024).

Internal Marketing in Healthcare

Internal marketing treats employees as internal customers whose satisfaction and motivation are prerequisites for effective external service delivery (Berry & Parasuraman, 1991). In healthcare organizations, internal marketing strategies,

comprising training and development programs, reward and recognition systems, organizational communication, and flexible working arrangements, are positively associated with job satisfaction, affective commitment, and reduced turnover intention (Abbana Bennani & Hassi, 2024; Nair et al., 2025). A recent study in the UAE healthcare sector found that strategic internal marketing particularly that which attends to the developmental needs of clinical personnel, enhances both organizational performance and employee engagement (Nair et al., 2025).

RESEARCH METHODOLOGY

Research Design

This article reports the qualitative part of a mixed-methods study. A qualitative design was adopted to capture the richness, depth, and contextual specificity of nursing staff and managerial experiences in a psychiatric hospital setting, dimensions inaccessible to quantitative survey instruments alone. Content analysis, following the approach formalized by Krippendorff (2018) and applied within qualitative healthcare research, was employed as the analytic method.

Participants and Setting

The study was conducted in a psychiatric hospital in Israel. Semi-structured in-depth interviews were conducted with two participant groups: eleven nursing staff members, designated SN1–SN11 and four nursing managers, designated M1–M4. Participants were selected through purposive sampling (Patton, 2002) to ensure maximum variation in role, seniority, and generational cohort representation. All participants were registered nursing professionals employed in acute inpatient psychiatric units.

Data Collection

Semi-structured interviews were conducted face-to-face and explored participants' experiences across the domains of job satisfaction, motivation, organizational commitment, and internal marketing. Interview guides were developed based on established theoretical frameworks, including Herzberg's (1959) two-factor theory, Meyer and Allen's (1991) three-component model, and SDT (Deci & Ryan, 2000), and refined through expert validation. All interviews were audio-recorded with participants' informed consent.

Data Analysis

Content analysis was conducted in two stages. In the first stage, interview transcripts were coded

inductively to identify emergent themes and categories. In the second stage, findings were organized deductively against the pre-established theoretical constructs. A trustworthiness framework guided the analysis, incorporating prolonged engagement with the data, member checking, and peer debriefing (Lincoln & Guba, 1985). Ethics approval was obtained from the relevant institutional review board, and participant confidentiality was maintained throughout.

QUALITATIVE FINDINGS: NURSING STAFF PERSPECTIVES

Content analysis of nursing staff interviews revealed four overarching themes, namely, job satisfaction, motivation, organizational commitment, and internal marketing, and twelve related categories. Table 1 presents the themes, categories, and sample evidence.

Theme 1: Job Satisfaction

Category 1.1 — Workload, Stress, and Burnout

A central finding across nursing staff interviews was the pervasive experience of workload-induced burnout. Participants described how understaffing and patient overload translated into disorganized, high-pressure working conditions that eroded both quality of care and personal wellbeing. SN1 testified: *"When there is a huge load and fewer staff, then work is less organized and I feel that is a desire to stop everything."* SN4 reinforced this, noting that burnout was a collective rather than individual experience: *"When everything falls on nursing staff and they burn out the fastest."* SN2 articulated the structural dissonance at the root of this experience: *"Shifts are overloaded and management's inflexibility is high because there is a dissonance between the system's requirements and what staff feel they can give"*

In summary, it can be said that Workload, Stress, and Burnout are the results of working conditions in a psychiatric ward.

Category 1.2 — Sense of Satisfaction

Despite the dominant narrative of burnout and stress as an inherent experience in their work, participants also identified sources of professional satisfaction, particularly those rooted in collegial belonging and patient care. SN1 expressed her desire *"to feel part of the team and know that there is someone on whom to rely when it is very busy."* SN5 highlighted the frustration when treatment is unsuccessful, noting that the absence of visible patient progress contributes to low satisfaction. SN3 expressed a

broader sense of disillusionment: *"Lower satisfaction because of a lack of appreciation, overload, and a non-rewarding salary."* SN6, by contrast, described satisfaction rooted in recognition and professional growth: *"I feel they have always seen how much I give, and that promotes me and makes me want to give more."* SN2 linked satisfaction directly to financial recognition, noting that unrewarding wages undermined the positive aspects of the role.

In summary, the sense of satisfaction, or its absence, is closely tied to team cohesion, recognition, and patient care outcomes. Whereas collegial support and the experience of being appreciated by management constitute meaningful sources of satisfaction, the absence of these conditions, combined with workload pressures and insufficient remuneration, produces a pervasive sense of professional disillusionment.

Category 1.3 — Professional Development

Professional development emerged as a meaningful source of job satisfaction. SN1 stated: *"To attend learning sessions and know that it is possible to develop also increases the sense of job satisfaction."* SN6 highlighted the institutional investment in development: *"They immediately try to promote advanced learning to professionalize new starters, later they promote studying for a postgraduate degree."* However, SN3 noted that professional development opportunities were field-specific: *"There is constant encouragement to attend learning sessions, but only on topics linked to the field"*

In summary, professional development is a central component of job satisfaction, contingent on equity of access.

Theme 2: Work Motivation

Category 2.1 — Curiosity, Innovation, and Patient Connection

Curiosity about the field of mental health and the depth of therapeutic connection with patients were identified as primary intrinsic motivators. SN6 described *"transition to treatment, discourse, working with families"* as experiences absent from general hospital nursing. SN3 reflected: *"The world of mental health interests me greatly. I didn't think about this field at all. I discovered it through learning."* SN1 sought *"to work in an interesting field where one feels good and others appreciate the work, and patients appreciate what is done"*

In summary, curiosity, innovation, and patient connection are key components of work motivation in psychiatric nursing.

Category 2.2 — Work Enjoyment

Work enjoyment was identified as a critical motivational factor. SN1 noted: *"I think motivation is intrinsic, because when I come to work I feel I am doing good work and this encourages me."* SN6 stated that staff *"love coming to work"* and experienced reciprocal satisfaction: *"I personally feel very satisfied and see how much I give, and in return, I get so much love."* However, SN2 testified that dissatisfied colleagues *"come for the money,"* reflecting a motivational split within the ward staff. In summary, work enjoyment constitutes a key component of intrinsic motivation among nurses in psychiatric settings.

Category 2.3 — Sense of Mission

A sense of mission was widely identified as a foundational motivator, yet one vulnerable to erosion by adverse organizational conditions. SN4 testified: *"I treat patients from a sense of mission, but when I come to work, I come to an organization that disappoints me, but if there are periods with overload, difficulties, lack of sleep, then it is harder to concentrate on the mission and easier to focus on my current bitterness."* SN3 described mission as intertwined with self-actualization: *"My motivation comes from a sense of self-realization. Today I do much more than the basic job description without any additional salary, and I am happy to do even more"*

In summary, sense of mission is a pivotal yet fragile motivational resource, susceptible to organizational conditions.

Category 2.4 — Financial Aspect

Despite the salience of intrinsic motivation, financial considerations were identified as an important motivational dimension, particularly under conditions of sustained workload and perceived under-appreciation. SN4 noted: *"In these moments mental satisfaction fades, and then you rely only on the financial reward."* SN6 grounded this in Maslow's hierarchy: *"If that doesn't happen, it is very difficult to self-actualize, so it is crucial."* SN3 identified the threat of stagnation: *"Some people's despair comes from work because they fear that what they are doing now is what they will do until retirement."* These testimonies reflect the motivational heterogeneity within psychiatric nursing workforces, consistent with findings that salary remains an important dimension of motivation particularly when intrinsic satisfiers are undermined (Hudays et al., 2024).

In summary, financial reward, while secondary to intrinsic factors, constitutes an essential motivational dimension when other satisfiers are absent.

Theme 3: Organizational Commitment

Category 3.1 — Sense of Belonging

A strong sense of belonging to the organization and the professional field was widely reported. SN3 stated simply, *"I feel that I have found my field,"* and SN6 described staff as *"genuinely engaged with the ward"* during critical incidents. SN1 drew a distinction between nurses who feel belonging-driven obligation and those who do not: *"There are team members who don't feel comfortable saying 'no'"*

In summary, sense of belonging is the foundational component of organizational commitment among psychiatric nurses.

Category 3.2 — Team Support

Team support and the ability to rely on colleagues were identified as critical to sustained commitment. SN6 reflected: *"One of the difficult things is when there is someone you cannot depend on, and then it is very hard to work."* SN1 emphasized: *"I think that more important than loving the work, it is important to feel good and comfortable with the team."* SN5 noted that management support was critical but should not be conditional on critical incidents: *"Such events don't have to happen for us to hear and feel management's support."*

In summary, team support is a central and non-negotiable component of organizational commitment in psychiatric nursing.

Category 3.3 — Dedication

Dedication was identified as a combination of felt duty and chosen commitment. SN1 noted: *"I do think about the shift and what will happen to the team if I don't appear."* SN2 articulated the complexity of this experience: *"It's complicated and a combination of many things, yes, there is a component of duty because we have to make a living, but there is also a component of dedication because I chose to develop precisely here"*

In summary, dedication reflects an integration of normative obligation and affective attachment in psychiatric nursing.

Theme 4: Internal Marketing

Category 4.1 — Communication

Open and transparent communication with management was identified as a central internal marketing component. SN6 articulated the desired organizational condition: *"What is most meaningful is for people to feel that they have a home and are seen, and the moment they feel confident in the place they find themselves, they can cope with the frustrations included in caring for our patients."*

SN4 highlighted the consequences of poor communication: *"Closed and non-inclusive communications, when I was transferred to another department, they didn't ask my opinion, never turned to me, and didn't want to acknowledge me."*

In summary, open, bidirectional communication is a core component of internal marketing in psychiatric nursing.

Category 4.2 — Attentiveness

Attentiveness, relating to the genuine perception by nurses that management sees and hears them, was identified as critical. SN1 testified: *"Communication with the management team is good; I felt they were attentive."* In contrast, SN4 described a dehumanizing encounter: *"... identity number so and so, and we want you to transfer to another ward." I felt transparent and that no one counted me.* SN2 noted the professional irony: *"One of our qualities as mental health people is inclusion and empathy, which must also be between us."*

In other words, within the context of working conditions in a psychiatric ward, in which the nurses are exposed sometimes to aggression and even brutality aimed at them by the mental patients, attentiveness by the management seemed a basic need. In summary, attentiveness from management is indispensable to internal marketing.

Category 4.3 — Reward, Recognition, and Appreciation

Recognition and appreciation were identified as both essential and frequently absent. SN6 expressed gratitude for feeling seen: *"I felt I had always given my heart and soul at work, and I felt they had seen this."* SN4 described the opposite experience: *"You feel almost as if it doesn't matter anymore."* Particularly striking was the "double unappreciation" identified by SN4, both organizational and patient-level lack of recognition: *"The patient who 10 minutes before you helped, is the one who now curses you."* SN2 captured the resulting emotional state: *"You are left with frustrated staff who don't know what to do, feel they are not listened to and unappreciated, and are told 'you're a good team'."*

It seems that the participants, who are faced with negative reactions from their mental patients on a daily basis are in need of recognition for their efforts to provide quality care.

In summary, reward, recognition, and appreciation are central to internal marketing and are critical protective factors against nursing burnout.

An analysis of in-depth interviews conducted with nurses working at a mental health center reveals a complex picture of internal and external factors influencing job satisfaction, motivation, and

organizational commitment. Regarding workload and burnout, SN1 describes how *"the main pressure is dealing with unpredictable patients, and the shift can suddenly escalate,"* adding that *"when there is a heavy workload and fewer staff, the work becomes less organized and you feel the desire to get everything done but it's impossible, and then not everything is done the way we wanted."* SN2 notes that *"the heavy shift schedule makes it difficult to maintain work-life balance,"* characterizing this deficit as a driver of burnout among younger employees. SN3 described more extreme manifestations of emotional burnout: *"I cry on the way home at least twice a week, I take out my frustration on my husband, and sometimes I dread having to come to work."* SN5 adds a managerial dimension to the discussion, noting that *"the outbreak of the war, the constant workload, and the mental state of the patients greatly affect staff satisfaction."*

Regarding job satisfaction, SN6 describes a dual experience: *"Sometimes it can be very fulfilling and give a good feeling, but it can also be very difficult and frustrating, especially when treatment is not successful."* In contrast, SN4 presents a sharply critical stance: *"You feel invisible, so I don't have that sense of satisfaction, and over time I've come to realize that no one sees me and no one cares about me — I feel the system is dysfunctional."* SN3 states that *"satisfaction is lower due to a lack of recognition, workload, inadequate pay, and a very challenging ward with many physical and emotional incidents."*

In the area of professional development, SN6 notes that the organization *"provides a sense of capability and encourages staff to go out and study,"* describing a structured pathway: *"Every new hire is immediately encouraged to pursue advanced basic studies... and later promoted to master's degree programs."* SN2 corroborates this, stating that *"it is not a given that staff are allowed to study, in other places people fight just to get permission to take courses."* SN4, however, qualifies this: *"There is encouragement to pursue further studies, but only in fields related to the discipline not every area of study is welcomed."*

With respect to sense of belonging, SN1 emphasizes that *"it is important to feel comfortable and connected with the team,"* and that *"knowing that someone on the team can cover for you"* strengthens job satisfaction. SN3 states: *"I feel a very strong sense of belonging and feel that I have found my field."* SN6 underscores that *"the most significant thing is for people to feel that they have a home here and that they are seen."*

Concerning the economic dimension, SN4 states plainly: *"My commitment to the organization is*

purely financial... what motivates me is that I need to pay bills at the end of the month." SN6 frames this through needs theory: "Adequate salary — referring to Maslow's hierarchy of needs, everyone wants to earn a living with dignity and live with dignity alongside their family, and if that is not the case, it is very hard to self-actualize." SN2 emphasizes that "any employee who does not feel sufficiently compensated financially will act accordingly," pointing to a generational divide on this issue.

On the subject of team support, SN6 describes how "in real time, when difficult incidents occurred and there was a need, the team was fully mobilized for the ward," adding that "one of the hardest things is when there is someone you cannot trust, and then it is very hard to work." SN2 notes that "the social dynamics within the team are very positive... just as they are empathetic toward patients, they are also empathetic toward each other."

Regarding communication with management, SN6 describes an engaged and open management style: "The door to management is always open, and they always come down to the floor, ask questions, and are involved in everything." SN4, by contrast, experienced a different reality: "When I was transferred to another ward, no one asked for my opinion — they never approached me or wanted to get to know me." SN2 describes disparities across management levels: "With direct management there is very open communication... with upper management there is more of a feeling that you need to be careful about what you say, which is not a comfortable feeling."

On the subject of recognition and appreciation, SN5 points to a gap between declarations and practice: "There are dedicated days like Nurses' Day when thanks are expressed, but there is room for appreciation in between as well." SN3 summarizes: "I can work very hard, but if I receive recognition for it despite the hard work, I will go home satisfied." SN1 adds that her expectation is for "gratitude and consideration where it is possible," emphasizing that the relationship with management should not be one-sided.

Taken together, the findings indicate that nurses' job satisfaction and organizational commitment are shaped by a combination of intrinsic factors, including a sense of mission, identification with the field, and connection with patients, and organizational factors such as management quality, compensation, support, and communication. The variation across participants points to considerable individual differences in experience, reinforcing the need for internal marketing policies that are tailored to the individual needs of nursing staff.

QUALITATIVE FINDINGS: MANAGERIAL PERSPECTIVES

Content analysis of managerial interviews revealed the same four themes with largely convergent, though contextually distinct, perspectives. Table 2 presents managerial themes, categories, and illustrative quotations.

Managerial accounts largely corroborated and complemented nursing staff testimonies. Managers recognized the structural severity of workload and burnout: M4 stated *"Overloaded number of patients on the ward, nature of patients, lack of teamwork, and the most dominant thing shortage of doctors is a significant factor."* M1 provided a clinically precise description of burnout: *"Emotional burnout describes circumstances in which an individual does not want to attend work, nothing makes him happy at work, and he is sick and tired."* Managers demonstrated awareness of the work-home balance challenge, although M1 acknowledged the difficulty of implementation: *"We try, but they still don't understand the meaning of this concept; it is complicated."* Regarding motivation, M4 agreed that mission, not salary, sustained nursing commitment in psychiatry: *"Work here is hard and challenging, and I don't think that salary is what keeps people working here."* A notable managerial insight concerned generational differences in commitment: M2 observed that *"The younger ones are less connected to the issue of commitment and see more the personal aspect and salary, but amongst them are those who already show signs of commitment to the system"*.

DISCUSSION

The qualitative findings presented in this study provide a rich, contextually grounded account of the organizational and personal dynamics that shape job satisfaction, motivation, commitment, and internal marketing perceptions among psychiatric nursing staff in Israel. Several cross-cutting themes warrant discussion.

First, the dominant narrative of workload-induced burnout as the primary driver of job dissatisfaction consistent across nursing staff and managers confirms and extends the broader empirical literature. Li et al. (2024) document that each additional patient per nurse is associated with a 23% increase in burnout odds; the present findings illuminate the lived qualitative experience underlying these statistics: the disorganization, the ethical distress, the "vicious cycle" of burnout-generated absences that intensify remaining staff's burden. The structural character of these drivers

implies that individual-level interventions resilience training, mindfulness programs are insufficient without corresponding organizational and policy-level reforms (Woo et al., 2020).

Second, the paradox of mission-driven vulnerability emerges clearly from the data. Nurses who entered psychiatric nursing from intrinsic commitment, a sense of calling, curiosity, and therapeutic connection described their motivation as simultaneously the greatest source of professional meaning and the most acute point of vulnerability when organizational conditions fail to sustain it. This finding resonates with the theoretical literature on the "paradox of dedication" (Shanafelt et al., 2025) and with SDT's account of the conditions under which intrinsic motivation is eroded by organizational environments that undermine autonomy, competence, and relatedness (Deci & Ryan, 2000).

Third, internal marketing, particularly recognition, communication, and attentiveness emerged as both the most actionable organizational lever and the most frequently reported area of failure. Nurses' accounts of feeling "transparent," unappreciated, and "not counted" document the motivational and commitment costs of internal marketing deficits. These findings are consistent with Abbana Bennani and Hassi's (2024) demonstration that training and rewards positively affect job satisfaction and affective commitment, and with research identifying communication quality as a predictor of workforce engagement in healthcare (Qiu et al., 2022).

Fourth, the generational dimension of the findings deserves attention. Managers identified Generation Y and Z nurses as holding distinct expectations emphasizing daily feedback, individualized development, and work-life balance which are not always met by the hierarchical, protocol-driven cultures characteristic of inpatient psychiatric nursing. Consistent with Tan et al. (2023) and Rutledge et al. (2024), these findings suggest that organizations seeking to retain younger nursing cohorts must adapt their internal marketing strategies to address the motivational and commitment drivers specific to these generational groups.

CONCLUSIONS AND POLICY RECOMMENDATIONS

This qualitative study has documented, from the perspectives of both nursing staff and managers, the complex interplay of organizational, professional, and interpersonal factors that determine job satisfaction, motivation, commitment, and the

effectiveness of internal marketing in an Israeli psychiatric hospital. Four core conclusions emerge. First, chronic workload and the resulting burnout cycle constitute the most structurally pervasive threat to nursing staff wellbeing and organizational sustainability. Healthcare institutions must establish evidence-based minimum nurse-to-patient ratios in psychiatric settings, recognize burnout prevention as a patient safety imperative, and invest in early identification and intervention programs for at-risk staff.

Second, intrinsic motivation, rooted in a sense of mission, patient connection, and professional curiosity, constitutes the most sustainable motivational resource among psychiatric nurses, but requires organizational conditions that nurture rather than deplete it.

Third, internal marketing, specifically open communication, genuine attentiveness, individualized recognition, and structured professional development, are imperative for psychiatric nursing workforce retention and engagement. Organizations should design systematic, ongoing internal marketing practices, validated on staff experience relying on ad hoc or crisis-driven interventions.

Fourth, the distinct expectations of Generation Y and Z nursing staff require proactive organizational adaptation. Flexible working arrangements, frequent and individualized feedback, values alignment, and clear professional development pathways are the retention strategies most strongly indicated by current generational evidence (Tan et al., 2023; Al-Moteri et al., 2025). Organizations that fail to adapt to these expectations risk accelerating attrition among the very cohort that will sustain the mental health nursing workforce of the future.

Future research should explore the longitudinal dynamics of motivation and commitment among psychiatric nurses across career stages, examine the differential impact of specific internal marketing components on Generation Y and Z retention, and develop and evaluate evidence-based internal marketing intervention programs tailored to psychiatric inpatient settings.

LIMITATIONS OF THE STUDY

Several limitations of the present study warrant acknowledgement. First, the study is based on a small number of participants (eleven nursing staff members and four managers) drawn from a single psychiatric hospital in Israel, which constrains the transferability of findings to other institutional or national contexts. Second, as is characteristic of qualitative research, the findings are interpretive in

nature and reflect the subjective perspectives of participants at a specific point in time. While rigorous trustworthiness procedures were employed, including member checking and peer debriefing, the interpretive dimension of content analysis means that alternative readings of the data remain possible. Future research employing larger samples, multi-site designs, or longitudinal approaches would strengthen the generalizability and robustness of these findings.

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LIST OF TABLES

Table 1.
Themes and Categories — Nursing Staff

Themes	Categories	Sample Quotation
Job Satisfaction	Workload, stress, burnout	<i>"When everything falls on nursing staff and they burn out the fastest." (SN4)</i>
	Sense of satisfaction	<i>"Lower satisfaction because of a lack of appreciation, overload, non-rewarding salary." (SN3)</i>
	Professional development	<i>"Attending learning sessions increases the sense of job satisfaction." (SN1)</i>
Motivation	Curiosity, innovation, connection	<i>"The world of mental health interests me greatly." (SN3)</i>
	Work enjoyment	<i>"When I come to work I feel I am doing good work and this encourages me." (SN1)</i>
	Sense of mission	<i>"I don't think it is possible to work in a place like this if you don't have the desire." (SN4)</i>
	Financial aspect	<i>"Unrewarding wages." (SN2)</i>
Commitment	Sense of belonging	<i>"I feel that I have found my field." (SN3)</i>
	Team support	<i>"It is important to feel good and comfortable with the team." (SN1)</i>
	Dedication	<i>"There is a component of dedication because I chose to develop precisely here." (SN2)</i>
Internal Marketing	Communication	<i>"There is very open communication with direct management." (SN6)</i>
	Attentiveness	<i>"I felt they were attentive." (SN1)</i>
	Reward, recognition, appreciation	<i>"I felt they had seen this. And now, too, I see how much they promote and appreciate me." (SN6)</i>

Table 2.
Themes and Categories — Managers

Themes	Categories	Sample evidence
Job Satisfaction	Workload, stress, burnout	<i>"Overloaded number of patients, shortage of doctors — a significant factor on the ward." (M4)</i>
	Work-home balance	<i>"We need a balance between home and work. We try, but it is complicated." (M1)</i>
	Professional development	<i>"We greatly encourage learning and training to develop and train workers." (M4)</i>
Motivation	Curiosity, innovation, connection	<i>"I believe in a staff member who sees in himself the ability to express skills." (M3)</i>
	Work enjoyment	<i>"We want to achieve meaningful work for them." (M2)</i>

Themes	Categories	Sample evidence
	Sense of mission	<i>"Most staff share the vision and values — they come to give good, quality service." (M4)</i>
	Economic aspect	<i>"Work here is hard and challenging, and I don't think salary is what keeps people." (M4)</i>
Commitment	Sense of belonging	<i>"Staff feel a sense of commitment and connection to the workplace." (M4)</i>
	Team support	<i>"Management support, both directly and indirectly, is vital for workers." (M2)</i>
	Dedication	<i>"Most people here feel an emotional commitment — not because they have to." (M4)</i>
Internal Marketing	Communication	<i>"Communications are very open — staff feel comfortable approaching management freely." (M4)</i>
	Attentiveness	<i>"A person who feels that he and his deeds are seen can also do something for another." (M4)</i>
	Reward, recognition	<i>"Developing potential is important — if you utilize a worker's potential, he will feel better." (M4)</i>