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Work Motivation in the Health Care Sector

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Abstract:

What factors influence work motivation and how it can be enhanced is of fundamental importance for employees and managers within all kinds of organizations. Of particular interest regarding this subject is therefore the primary health care sector: Firstly, because recurrent concerns of heavy work load and low motivation level, but also because it has experienced many changes, for example the allowance of private alternatives.

The primary focus of this study was to explore whether the presence of a ranking was correlated to work motivation. Secondary, the study investigated correlations between potential additional explanation factors that might influence the work motivation, such as gender, age and type of management (private/public).

A validated questionnaire (WEIMS) was used including both an overall index for work motivation (W-SDI) as well as six subscales illustrating different kind of motivation.

There was no sign of correlation between overall work motivation (W-SDI) and the variables: ranking, gender and age group. According to different subscales, the degree of amotivation was significantly higher in the public HCC compared with the private ($p < 0.001$), whereas external regulation was higher in the private HCC ($p = 0.014$).

To conclude: There was surprisingly similar degree and kind of work motivation between the different health care centers.

Keywords: Health care sector, Work motivation, Self determination theory, Ranking

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List of abbreviations:

HCC	Health Care Center
SDT	Self Determination Theory
W-SDI	Work-Self Determination Index
WEIMS	Work Extrinsic Intrinsic Motivation Scale

1. Introduction

In our lives, we face many tasks that demand our attention and time, where our performance is evaluated. A common situation in relation to this is when studying before an exam in school, where you might very well be interested in the subject but still your effort and mind are directed towards reaching the targets that are measuring your skills instead of studying unreservedly with an open mind. When the results of the exam are received, you might compare with your friends, and something like a hierarchy is created. Some might feel that this is a trigger to studying even harder to the next exam but some might perceive it stressful and loses its motivation due to the competitive environment? This phenomenon can also be generalized to an organizational level, where competition is used to improve the quality of the organization.

In that respect, the health care sector is one important and interesting area of the labor market that is of fundamental importance for a well functioning society. It is also a sector where there is a continuous debate on personal shortage, turnover and where work motivation (or lack of motivation) is perceived to be the core of the health care management debate (Vilma & Egle, 2007). In Sweden, the health care sector has a tradition of being operated under public management. However, during the last decade, the public health care centers (HCC) have been accompanied by private alternatives with the ambition to give the patients the possibility to choose their caregiver and by competition improve the quality in the sector. This constitutes an interesting and current phenomenon that has generated a lot of debate in the press about the quality and incentives in relation to the different forms of operating the HCC, with supporters arguing for or against private alternatives (<http://www.expressen.se>; <http://www.gp.se>; Svenskt näringsliv, report 2010; Patienttoppen, 2015).

Regardless this debate, the allowance of private alternatives has changed the sector considerably, through fiercer competition, increased focus on efficiency, rankings and comparisons between different HCC. Social comparison, i.e. the tendency to compare yourself to others by self-evaluation, and competition are ubiquitous in our society and exists both in our private lives and at our work as a core aspect of competitive behavior (Regeringskansliet, report 2010; Garcia et al. 2013). Competition can be perceived as an effective way to assess one's competence and it can also trigger people and organizations to perform better in order to

reach their objectives. However, competition might also have a controlling and negative effect on the motivation of the employees (Deci et al., 1981). The use of ranking is one interesting phenomenon and an example of social comparison and competition. The research in this area has become comprehensive during the past decade, primarily related to rankings of universities. However, there has also been a general development for organizations to become more transparent and open towards the surrounding, where the phenomena of rankings can be perceived as one expression of this trend (Högskoleverket, report 2008:40; Espeland & Sauder, 2007).

The included organizations are scrutinized by ranking with the purpose of creating a basis of comparison. Rankings can also be argued to form an important mechanism for shaping organizational fields, through systems and classifications that can contribute to similarity and rivalry among organizations (Wedlin, 2007; Porac & Thomas, 1990). Elsbach & Kramer (1996) argue that an organization that is being ranked pose a pressure on the members of the organization; they even argue that rankings imply a threat against the identity of the members that causes stress due to the comparison with others, which might suggest a negative influence on the motivation. This background suggests that being ranked can have an influence on the members of the organization, but how this influence might come to express itself in relation to work motivation in the health care sector remains to be explored (Elsbach & Kramer (1996). Further important factors that might influence work motivation are gender and age, which creates additional explanations from where the work motivation origins (Warr, 2008; Kanfer & Ackerman, 2000; Inceoglu et al. 2012).

Even if motivation, as a theoretical concept, is thoroughly researched it still does not have a clear definition. This makes the risk that misunderstandings occur greater since people might confuse what is put into the concept (Hedegaard Hein, 2012). This thesis will take the approach that motivation can be divided into intrinsic and extrinsic motivational factors and that the concept can consist of different kinds of motivation, which hopefully will give a more diverse picture of the concept. Since the present study focus on the primary health care sector that has experienced a lot of changes during the last years (Regeringskansliet, report, 2010) and that there is a paucity of research on motivational aspects of health care workers (Vilma & Egle, 2007), would make it interesting to further explore the field and the following twofold research questions are formulated:

Primary question: *“Is the presence of a ranking correlated to degree and kind of work motivation in the health care sector?”*

Secondary question: *“Are the factors: type of management, gender and age correlated to degree and kind of work motivation in the health care sector?”*

The dynamics of motivation are complex and the reasons behind being motivated can be traced to a countless number of reasons. For the employees to be motivated towards their work is of fundamental importance for organizations, which has a direct effect on the quality of the work. Leaders can be argued to possess an almost inhuman large responsibility for their employees concerning their motivation towards the work (Hedegaard Hein, 2012).

To study work motivation and how it is affected contributes to our knowledge of the human nature and behavior per se, but also how to design the best possible structure for people to be able to perform well, and feel better in their working environment. There are both theoretical and practical reasons to study work motivation, the field have occupied organizational researchers and social psychologists for a long time and thus generated a lot of theories. Still, work motivation is a complex subject with theories contradicting each other, where further research is necessary (Vilma & Egle, 2007; Ryan & Deci, 2000; Fang & Gerhart, 2012).

2. Theory

In the following theoretical section, research that this study is based on will be introduced and discussed. First, the concept of rankings is introduced with the focus on how it influences an organization and the members in it. This is followed by the introduction of motivation, with a definition, what motivates health care workers in general and how you can use the concept theoretically. Summing up the theoretical framework that will be applied in the method section will conclude the theory.

2.1 Rankings

Being ranked can be perceived as something threatening and stressful for the members of the organizations (Elsbach & Kramer, 1996), and stress, in the work life, is often connected to dissatisfaction and decreased motivation towards the work (Hedegaard Hein, 2012). It is not

only the result of the ranking itself that challenges the organization to change but only the mere expectation of being ranked has a strong influence over the organization and its members and can be seen as a threat towards the organizational identity (Elsbach & Kramer, 1996).

During the past two decades, there has been a considerable increase in the demands for transparency, accountability and efficiency towards organizations. One consequence of this development is an increase in the number of measurement tools, in order to assess their performance and make complex information about the organization accessible for the surrounding society (Högskoleverket, report 2008:40; Espeland & Sauder, 2007). Rankings, as a concept, can be defined as having the ambition to measure and compare indicators of quality, both implicit and explicit, in order to create a common base to compare and measure the organizations in focus. Rankings can be perceived as an effort to gain control over institutions and make them, to a larger degree, accessible for outsiders (Högskoleverket, report 2008:40; Espeland & Sauder, 2007).

2.1.1 Reactivity

The idea that people and organizations alter their behavior as a response to being observed, measured or evaluated does Espeland & Sauder (2007) refer to as reactivity or a reactive response. The concept offers an insight into how the measures and evaluations (for example rankings) influence changes within the organization and also how the employees experience their working motivation.

One mechanism that creates reactivity is commensuration. It can be described as a way to organize, integrate and eliminate information. An inevitable and inherent aspect when creating rankings is that complicated information must be simplified and accessible so that the organizations can apply to the same metric (Espeland & Sauder, 2007). These actions are referred to as commensuration and the result often creates dissatisfaction among the members of the organization, since they argue that important factors of quality are missed. From the members of the organizations point of view, they want to fulfill the objectives that are measured and thus score high in relation to other competing organizations that are evaluated; this is defined as a reactive response, and constitutes a strong power to change institutions, and it also poses a pressure and creates anxiety in the organization to perform as good as possible

in the ranking, which might suggest that rankings have a negative influence on work motivation (Espeland & Sauder, 2007).

2.1.2 Organizational identity

The outcome of being ranked does not only put a pressure to change the organization, with the purpose to reach a high rank. It can even pose a threat towards the member's perception of their own organization's identity. Elsbach & Kramer (1996) highlights this with the purpose to describe how members of the organizations responded to events perceived as threatening towards their organizational identity. In their study, the focus was Business week's survey ranking of the top 20 business schools in the USA. The members in the study were students and other personnel in the schools. The study showed that Business week's survey ranking imposed an identity threat towards the members of the organization. Many of the interviewees in the study showed a cognitive distress over the ranking and how that came to influence the perception of their school. Elsbach & Kramer (1996) describe it as an "identity dissonance", meaning that there is an inconsistency between the member's perception of their organization and its identity and in this case Business week's categorization and description of their school. Many members of the business schools tend to view the rankings by Business week as a threat towards their organization and its identity, regardless if their business school was top ranked. The argument from the members was that the ranking undervalues important and cherished aspects of their organization's identity.

Taken together, this might suggest that the experience of being ranked contains an element of stress and negative influence on the members of an organization but even the knowledge that a ranking is going to be executed can have that effect, which might suggest a negative influence on the motivation of the members (Espeland & Sauder's, 2007; Elsbach & Kramer, 1996). However, there is a paucity of research on motivational aspects in the health care sector (Vilma & Egle, 2007). To understand what influence the presence of a ranking have on the work motivation of the members of an organization, the concept of motivation needs to be introduced and discussed.

2.2 Work motivation

When using work motivation as a theoretical concept a definition is useful. As discussed, work

motivation is a concept that is difficult to pin down even if a comprehensive amount of research has been devoted to the subject. Though, the definition by Perry & Porter (1982) has received some consensus: *“Motivation usually stands for the amount, quality and direction of employees’ effort that energizes their behavior within the working environment”* (Perry & Porter, 1982). Work motivation is often associated with a psychological process, which gives direction to behavior. Sometimes the concept is more closely related to management aspects and organizational performance (Grafham et al. 2004).

A common denominator between Perry & Porter’s (1982) definition and other researchers in the field is that they describe motivation as something that has an energizing and directing effect on people’s behavior (Ryan & Deci, 2000). Franco et al. (2002) refer motivation to the degree of willingness to maintain and exert an effort to reach certain organizational goals, which also to some extent can be categorized as an energizing effect. It is important not to equate work motivation with job satisfaction, even though the concepts are closely related. Greater job satisfaction is often related to increased work commitment and willingness to consume personal resources for job achievements, which is not a prerequisite for work motivation.

2.2.1 What motivates health care workers?

In order to understand how rankings influence work motivation, it is necessary to understand what motivates health care workers in general. When looking back at the classical motivational theories, they primarily focused on industry workers under conditions quite different from the context of today’s labor market. With the development of the so-called “knowledge society”, highly specialized workers with long educations and creative works emerged and in this context the “profession theory”. The traditional “genuine” highly specialized workers are very few; doctors, lawyers and priests are included in this group. The common denominators for this kind of work are that it requires a long education, the profession implies strong values and norms that function as a precept for the profession, and the work is highly autonomous and follows strict ethical rules. The motivational factors of highly specialized workers are divided into either the functionalistic perspective: that you are destined or feel a calling for this type of work, for example, the doctor who feel destined to help other people and that the motivation origins from that. However, according to the neo-Weberian perspective, the motivation rather

arises from the prestige and power that you receive from the highly skilled profession (Hedegaard Hein, 2012).

There are relatively few studies on what motivates health care workers; however, Vilma & Egle (2007) explore nurses work motivation and job satisfaction. Their study emphasizes autonomy as a core aspect to motivate nurses: when autonomy is promoted, their motivation increases, which is consistent with Toode et al. (2014). Autonomy, in this context, means that the employee experiences a feeling of influence over the work situation, that there are a freedom and a choice involved. An autonomy-supportive environment, in turn, refers to a feeling that the employee is encouraged to take own initiatives and be autonomous in the work. Also to work with physicians by parity and to be recognized by other health care workers are important for the motivation. On the contrary, the motivation decreases when autonomy is low and the competence the employee possesses is not fully applied. Work motivation among health care workers is dependent upon the alignment between the goals of the organization and goals of the individual.

The employees' willingness to work can be perceived as a function of external and internal (personal) factors (Franco et al., 2002). The study by Franco et al. (2002) focuses on health sector reforms in order to examine their influence on work motivation. The concept of motivation is divided into the individual and organizational level. On the individual level, aspects of the employee's individual's goals, experience, expectations and self-concepts constitute important determinants for the motivation, in combination with the intellectual and technical ability in relation to the tasks. The organizational context also influences the work motivation through aspects like culture, processes, resources, feedback and structures, which all affects the individual's perceived abilities to perform the tasks and thus to comply with the organizational goals.

2.2.2 Motivational factors and type of management

An interesting and current phenomenon in the study of work motivation concerns how it is influenced by the type of management, i.e. if the HCC is publicly or privately operated. The research on work motivation within the private sector is quite extensive whereas, surprisingly, it is not very extensive in the public sector (Wright, 2001).

Buelens & Van den Broeck (2007) focuses on work motivation in public and private organizations in general. Their main finding is that employees within the public sector tend to show less extrinsic motivation, meaning that their motivation did not originate to the same extent from aspects like more income or material things offered to raise the motivation. In this context, Hedegaard Hein (2012) argues that leaders within the private sector traditionally have had better frameworks and possibilities to motivate their employees compared to the public sector; the private sector is better to enhance the extrinsic motivational factors. However, it is not obvious that the private sector has better possibilities to enhance intrinsic motivation compared with the public sector. According to many work motivation theories, the crucial factors for increasing the employee's motivation are the intrinsic motivational factors, which means that this problem would not be vital if people choose public or private organizations. Though, there is a risk that during a period of demotivation, for example a strike, the focus of the employees tends to turn to extrinsic motivational factors because it represents an obvious example of the differences between the sectors and become an outlet for the frustration. This suggests that it is important for the public sector to invest also in extrinsic motivational factors (Hedegaard Hein, 2012).

Buelens & Van den Broeck (2007) also emphasize that hierarchy is a central aspect when discussing motivation in the sense that being "higher up" in the hierarchy is positively related to increased work motivation and is more important compared with if you belong to the public or private sector. Another interesting result was that finding the balance between the work and life outside the work had a positive influence on work motivation primarily for public employees.

2.2.3 Motivational aspects in relation to gender and age

How motivating an occupation is perceived can vary by gender. Research in the field has shown that men tend to focus to a larger extent on job characteristics that implies power, achievement, responsibility, good chances of promotion and where you can use your own initiative (Warr, 2008; Kanfer & Ackerman, 2000). Women tend to value aspects such as good colleagues, reasonable working hours and to meet people to a greater extent (Warr, 2008).

Motivational aspects in relation to age, i.e. how the motivation is affected by age is in this context an interesting and important aspect to highlight since it represents a potential additional explanation factor to the results of this study. Inceoglu et al. (2012) investigate age and how differences in age affect the work motivation. Their findings support the propositions from earlier research in the field, which highlights that growing age shift the employee's motives instead of leading to a declining motivation. Extrinsically motivational factors, such as material rewards or career opportunities, motivate older employees to a smaller extent compared with intrinsically motivating job features, such as a larger autonomy. Truxillo (2009) adds to the discussion by stating that younger employees increasingly focus on performance optimization, to receive work experience, training and growth whereas older employees to a larger extent try to avoid performance losses, maintain their skills and use their experience to mentoring others. Ng & Feldman (2011) argue that older employees tend to have a more positive attitude towards their work compared with younger employees, which in turn may facilitate the work performance. These findings contradict the stereotypes that older employees are less motivated compared with younger employees. Ng & Feldman (2011) emphasize that older employees even show a higher intrinsic motivation compared with younger employees. Their findings also show that, as a group, older employees are in general increasingly loyal, satisfied and committed to their work.

To receive a more profound understanding of motivation and a theoretical approach to the concept, Self-determination theory (SDT) will be introduced and discussed. SDT is the theoretical framework that will be used for collecting and analyzing the primary data and is, therefore, a central concept in this study.

2.3 Self-determination theory

There are a number of theories within the fields of social psychology and organizational behavior that concern motivation, both in a more general meaning and in relation to the work environment. SDT is an influential framework for the study of human motivation, developed by Ryan & Deci (1985) that has generated a lot of research during the last decades. Given the purpose of this study, SDT is a useful theory since it provides a differentiated picture of motivation; it deconstructs the concept of work motivation, unlike other theories in the field that are focused on the total amount of motivation. SDT derives from a few key concepts from which it organizes a theoretical framework that helps us to understand motivation outcomes,

determinants, and processes in many different contexts. An underlying assumption within SDT is that humans are active and growth oriented. SDT contributes both to an increased knowledge of human behaviors and processes in many different areas, which is useful to improve human conditions (for example work motivation)(Vallerand et al. 2008). Tremblay et al. (2009) argue that SDT focuses on the “nature” of motivation and what motivates people to behave in a certain way, which makes it an important concept in this study.

To put SDT in relation to other theories in the field of motivation, the theory has evolved from the so-called cybernetic approach, with classic studies by Atkinson (1964) and Vroom (1964). It is important for a theory on motivation to distinguish between different types of motivation since they influence the outcomes in different ways (Gagné & Deci, 2005), which makes it an important theory in relation to this study.

2.3.1 Autonomous and controlled motivation

A central notion within SDT, which distinguishes it from other theories in the field, is the focus on autonomous versus controlled motivation. Autonomy, which is argued to be a core aspect of health care workers motivation, means that the employee experiences a feeling of influence over the work situation. The controlled motivation is the opposite of the autonomous; it involves a feeling of pressure: that you have to engage in the activities. A core finding within SDT is that an autonomy supportive environment implies a more qualitative form of motivation with higher levels of self-determination and thus leads to a more creative thinking and behavioral outcomes and thus positive effects on the motivation, which are desirable for organizations. In SDT, autonomous motivation enhances and facilitates effective performance and also the well-being of the employees. Controlled motivation, on the other hand, can decrease those outcomes (Gagné & Deci, 2005; Ryan & Deci, 2000; Deci & Ryan, 2008; Vallerand et al. 2008).

2.3.2 Intrinsic and extrinsic motivation

Within SDT, the origin of motivation is divided into intrinsic and/or extrinsic motivation. Intrinsic motivation implies that the motivation originates from you: an inherent satisfaction and interest that derives from the activity itself. Intrinsic motivation is an example of autonomous motivation and relates to the satisfaction of the inner psychological needs. In the

other end of the motivational spectrum, we find extrinsic motivation, which is an example of controlled motivation. According to this, there are instrumental reasons for a person to be motivated and to behave in a certain way; the most obvious example might be the salary, in the sense that you work because you get paid. Further examples of extrinsic motivational factors are surveillance, deadlines, competition (rankings) and tangible rewards; these might have a negative influence on the intrinsic motivation even though the research findings here are contradictory. The differences between intrinsic and extrinsic motivations are their implicit processes and the following effects (Amabile, 1993; Gagné & Deci, 2005; Ryan & Deci, 2000; Deci et al, 1981; Tripathi, 1992).

2.3.3 Self-determination continuum

The different types of motivations discussed in the previous paragraph create a self-determination continuum (Ryan & Deci, 1985)(Figure 1). It ranges from **A-motivation**, followed by four different types of extrinsic (external) motivations: **External**, **Introjected**, **Identified** and **Integrated** regulations. The fullest representation of integrated regulation is **Intrinsic motivation**. Each step to the right means that the individual to a larger extent is autonomously (intrinsic) motivated. Note that Amotivated, External and Introjected regulation creates the Non-self determined subscale whereas the Identified, Integrated and Intrinsic regulation creates the Self-determined subscale, which will be further discussed in the method section. Below, the six different parts that form the self-determination continuum is presented and described.

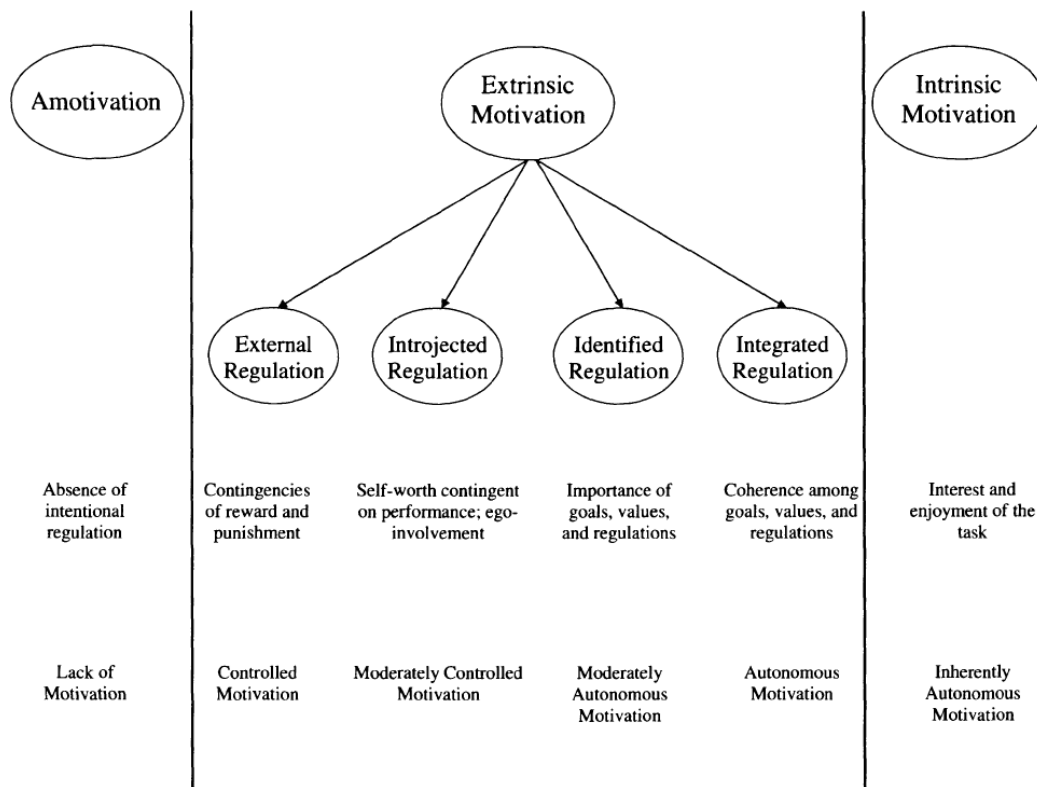


Figure 1. The Self-determination continuum showing the different motivation regulations, from being amotivated (no motivation), passing the four different extrinsic motivation regulations, to the intrinsic motivation (Gagné & Deci, 2005).

The transition between the different regulations in the continuum refers to the concept of internalization meaning how an individual internalizes, i.e. “takes in” a behavioral regulation and the values and attitudes that are inherent in it, and makes it to one’s own. This creates a differentiated picture of the concept of extrinsic motivation that divides it into four categories, this is shown in the self-determination continuum (Figure 1). Internalization can be understood as how we interpret and act in relation to the behaviors, values and regulations we meet in our surroundings and how we make them our own (Gagné & Deci, 2005; Ryan & Deci, 2005).

In the following paragraphs, each component of the scale is described in greater detail. As mentioned, the scale ranges from **A-motivation**, which implies no motivation towards an activity or that the employee has a feeling of not possessing the needed competence for the activity (Gagné & Deci, 2005).

This is followed by **External regulation**, which can be seen as the prototype of motivation that

is controlled, i.e. no internalization of external regulations has occurred. The motivation arises from the intention to either reach the desired outcome (rewards) or to avoid an undesired one (punishment). There is an inherent instrumentality in this form of motivation, which energizes the employee to act in accordance to those. A common example is an employee that only works when the boss is watching (Gagné & Deci, 2005).

The next form of regulation, where the attitudes, values and regulation have become more internalized compared to the previous, is **Introjected regulation**. The regulation is now internalized within the person, but still, the regulation controls the person: the employee does not fully accept the regulation as her own. In comparison with external regulation, the employee is not only motivated by external rewards, but also includes a sense of contingent self-esteem: the person wants to be worthy, maintain her ego to invoke a feeling of being good at what she do, and not fail (Gagné & Deci, 2005; Ryan & Deci, 2000).

When moving on along the self-determination continuum, the person becomes more autonomously extrinsically motivated, which introduces the next motivation regulation: the **Identified regulation**. This implies that the employee to a larger degree identifies with the values, attitudes, and structures in their surroundings and are congruent with her own personal, self-selected goals and identities. A practical example is when a nurse performs seemingly uninteresting, routine activities, but feels that she does it for the patient's well-being, this would make the nurse feel autonomous when doing the task i.e. an example of identified regulation (Gagné & Deci 2005; Ryan & Deci, 2005).

Integrated regulation is the most autonomous example of extrinsic motivation. The regulation has now become fully integrated into the self. The behavior is in congruence with who they are. In the example with the nurse, the difference from identified regulation is that their profession will be even more congruent with their identity as a person, even outside their profession.

The **Intrinsic motivation** can be described as the self-determined type of motivation, where the motivation totally originates from an inner thrive and interest toward the task.

The self-determination continuum is an important concept in SDT and also in this study since it offers a scale to categorize motivational factors. It will be used to detect similarities and differences in work motivation between different health care centers.

2.3.4 The three basic psychological needs

Gagne' & Ryan (2005) describe intrinsic motivation and internalization as natural processes and makes a parallel to the fact that natural processes need nutrients for optimal functioning. Within SDT, three basic psychological needs are important to enhance these processes: autonomy, competence, and relatedness. These needs can be seen as the foundation from where the intrinsic motivation and internalization originates. In an organizational setting, work climates that enhance the three basic needs also promote employees' intrinsic motivation and optimal internalization of extrinsic motivation. These three needs are positively related to enhanced intrinsic motivation and are powerful means to energize and motivate (Gagne' & Ryan, 2005; Ryan & Deci, 2008; Vallerand et al., 2008).

The two most central aspects of the basic needs-concept are the fulfillment of **Autonomy** and **Competence**. In relation to health care workers, Vilma & Egle (2007), emphasize autonomy as of great importance to enhance work motivation, which is in line with the findings by Ryan & Deci (2008). The concept of autonomy has already been touched upon in relation to autonomous and controlled motivations. However, it also constitutes a basic psychological need in relation to how much employees can influence their own work environment. Autonomy is negatively influenced by aspects like surveillance, deadlines, tangible rewards and evaluations (controlled motivation). The aspect of competence relates to a sense of challenge for the employee that is undertaken in the workplace, the tasks should be optimal in its difficulty and be efficiency promoting (Ryan & Deci, 2000).

Relatedness is the third factor that enhances intrinsic motivation and integration. It refers to a feeling of security and belonging in the context of a work situation, where the social relationships and relatedness are important for the intrinsic motivation to flourish (Ryan & Deci, 2000).

To sum up, a work environment that satisfies the basic needs enhances intrinsic motivation, which is important for organizational performance and the overall well-being of the employees

(Deci & Ryan, 2000). It also implies increased job satisfaction and a general more positive attitude towards the job. Two studies that confirm this result are 1. Deci et al. (2001); they found positive relations between the degree to which the basic needs are satisfied and engagement and well-being on the work. 2. Baard et al. (2004) who found a correlation between employees' performance and satisfaction of the basic needs. Though the importance of these three needs might not be equally important, Dysvik et al. (2013) found that the relationship between autonomy and relatedness with intrinsic motivation is significant, while competence was related to intrinsic motivation only while autonomy was high.

2.3.5 Criticism of SDT

One central assumption within SDT is that extrinsic rewards have a detrimental effect on intrinsic motivation (Deci 1972; Ryan et al., 1983; Deci & Ryan, 1985; Deci, Koestner & Ryan 1999). Though there is research that shows a more mixed picture, with results indicating both positive and negative effects of tangible rewards on intrinsic motivation. Fang & Gerhart (2012) question the assumption that so-called “*pay for individual performance*”, i.e. an extrinsic reward, have a negative effect on intrinsic motivation. They rather suggest the opposite, that external rewards increase the intrinsic motivation. Manolopoulos (2008) also question the detrimental effects of tangible rewards on intrinsic motivation since the study showed a connection between extrinsic rewards and better performance.

As the theory of SDT suggests, an organization should strive to enhance intrinsic motivation among the employees. However, it might not be possible to achieve this for the simple reason that some tasks in organizations are not intrinsic motivating. In those cases, tangible rewards might be the best choice as a motivational strategy (Gagne' & Ryan, 2005). These findings challenge the conventional knowledge in the field and assumptions within SDT.

2.4 Conclusion of theory

The two main concepts in this theory section are rankings and work motivation. We know that rankings pose a pressure and stress on the members of the organization under scrutiny, which might suggest a negative influence on the work motivation. It does not only change the behavior among the members of the organization as a response to being observed but can even pose a threat towards the identity of the organization that is evaluated, which Elsbach &

Kramer (1996) emphasize. This suggests that rankings could have a negative correlation with the motivation on the members of the organizations. However, by being evaluated (ranking) and to compete with others might also have a triggering effect on the employees in an organization, which might imply that the employees become increasingly motivated to achieve better (Deci et al., 1981).

In order to find if there is a correlation between work motivation and the different variables, we need to be able to measure the motivation among the members of the organization (health care workers), which makes SDT useful since it offers a diverse picture and approach towards motivation and helps us to understand the concept theoretically.

This concludes the theory part, in the following methodology; the concepts presented will be applied given the research questions of this study.

3. Method

The following text explains how the process to answer the research questions proceeded. This implies a discussion about how and why the data was collected and how it was analyzed. The validity and reliability aspect was also discussed, as well as the limitations of the study.

3.1 Research design

This study applied a deductive approach using an explanatory research design since the purpose was to examine the correlation between variables (for example being ranked) and work motivation to be able to make conclusions about their correlation. To be able to answer the research questions it was necessary to measure work motivation. This suggested that a quantitative method, using a questionnaire was a viable approach to receive primary data. Questionnaires are efficient when you want to reach many respondents, which was an important aspect of this study (Saunders et al., 2012). To be able to draw conclusions about the potential correlation between rankings and work motivation, a conditioning in the study objects (health care centers) was crucial, which will be further explained in section 3.1.1; Selection of the sample and in section 4; Statistics.

3.1.1 Selection of the sample

The selected health care centers were located in a specific county in the middle of Sweden. The HCC included in the study was both private and public. The reason for this was to receive enough data. The primary selection of study objects was the six privately operated in a specific city, and the number was later extended to also include public HCC in a larger region, to the total number of 15.

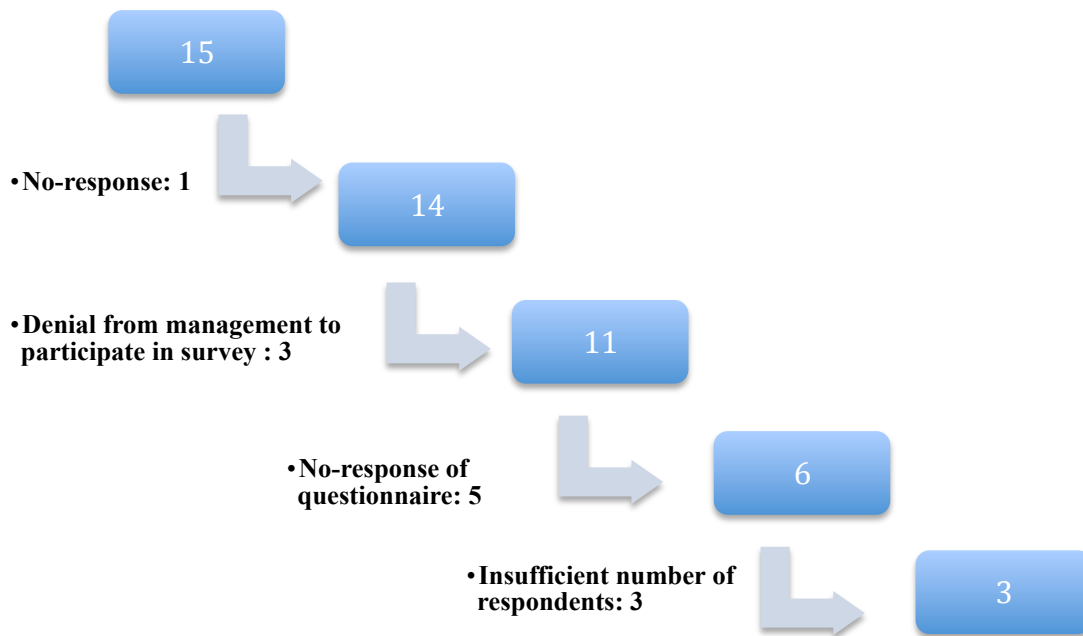


Figure 2: Flow-chart of 15 invited Health Care Centers.

An initial e-mail contact was taken with the managers at each HCC. Questions (Appendix 2) were asked to assess the manager’s perception of the ranking, in relation to how important they believed it to be. These questions were asked to create the conditioning in the sample from which the HCC were divided into two groups. To be able to answer the research questions, it was important to choose managers that differed in their perception of the ranking, in the sense that some believed it to be important and worked actively to improve their position in the ranking, and some who did not put as much emphasize on the importance of the ranking, and did not work actively to improve their position. The assumption behind this set up was that managers of health care centers that differ in their opinion of the importance of the ranking also might differ in their management style, which in turn might influence the motivation in different ways.

Five control questions introduced the questionnaire. These captured relevant background information that might give additional data to the results of the study, the control questions was:

1. Age
2. Gender
3. Profession
4. Working place
5. Years of employment at HCC

3.2 Questionnaire design

In order to assess the work motivation: *The Work Extrinsic and Intrinsic Motivation Scale (WEIMS)* developed by Tremblay et al. (2009) was used (Appendix 1). The instrument is one of few measurement scales of work motivation to be used in an organizational setting that is theoretically grounded in SDT, which makes it an appropriate scale to use given the aim of this study. The scale is based on a French version created by Blais et al. (1993). Tremblay et al. (2009) created an English version to make the scale available on a broader scale. They performed a rigorous testing procedure of their own version of the scale to ensure it to be a valid and reliable measurement tool of work motivation. The internal consistency of the scale (Cronbach Alpha values) ranged between 0.64 to 0.83 for the six different constructs, which can be perceived as acceptable. The factor loadings for the 18 questions were above 0.30. No changes have been done to the questionnaire in relation to this study except the translation to Swedish, which would make the validity and reliability measures also applicable in this study.

The questionnaire contains 18 close-ended questions with a six-factor structure, meaning that three questions assess each of the six types (regulations) of motivation that are included in SDT (Figure 1). According to the original questionnaire, the questions are randomly mixed, i.e. the same layout was used in the present study. The reason was to make the respondent consider each specific question more carefully. The different types of motivation factors included in the self-determination continuum are amotivation, external regulation, introjected regulation, identified regulation, integrated regulation and intrinsic motivation, as mentioned before.

3.2.1 Translation of questionnaire

The questionnaire was translated from English to Swedish since the study was performed in Sweden. Three independent people that are skilled in English made a parallel translation of the source questionnaire from English to Swedish. The three target questionnaires were then compared and differences in the translation were discussed in order to achieve a translation that was primary as similar to the source questionnaire as possible and also clear and easy to understand. No major differences existed between the three target questionnaires and by consensus, the final version was decided upon. To assess if the questionnaire was easy to interpret for the respondents, it was tested through a pilot survey, presented in section 3.3.1.

3.2.2 Measurement scale

As mentioned, the WEIMS questionnaire consists of 18 questions, and the participants indicate on a 7 point Likert-type scale, (where 1 = “Does not correspond at all”, 4 = “Correspond moderately”, and 7 = “Corresponds exactly”), to what extent each question corresponds to the overall question: “*Why do you do your work?*” This questionnaire generates 18 different scores, where groups of three questions measure each motivation regulation (Appendix 1). From the questionnaire, it was possible to assess the work motivation in accordance with the self-determination continuum by using the *Work self-determination index* (W-SDI)(Vallerand, 1997). This index constitutes a formula that makes it possible to receive one single score measuring general work motivation according to the WEIMS scale for each respondent, with a range from -36 to +36. Further, from the total score, you can assess the individual’s level of self-determination and also the motivational profile for each HCC, which is useful when you want to compare between individuals or groups of people and their motivational profiles, which is desirable in relation to this study. W-SDI was applied to generate a motivation profile by multiplying the mean-value of each subscale with the weights according to the formula:

Self-determined subscales:

+3 × Intrinsic motivation
+ 2 × Integrated regulation
+ 1 × Identified regulation

Non-self-determined subscales

-1 × Introjected regulation
-2 × External regulation
-3 × Amotivation

By summing the means from the three self-determined subscales (intrinsic regulation, integrated regulation and identified regulation), and similarly, by summing the means from the nonself-determined subscales (introjected regulation, external regulation and amotivated regulation) a score can be received that indicates either a positive number: a self-determined profile, or a negative number: a nonself-determined profile.

3.3 Data collection

In the following section, the process of the data collection process, the pilot testing and the distribution of the survey will be explained. The quantitative data collection was executed using a self-administered web-based questionnaire; to facilitate the collection and analyzing-process, the questionnaire software tool SurveyMonkey® was used. SurveyMonkey® was chosen because it was both easy to use and enabled you to receive enough answers in relation to this study, and based on reviews it was perceived as a reliable tool.

3.3.1 Pilot test

Before distributing the survey, a pilot test was performed. The purpose was to find out if anything was unclear or ambiguous in relation to the instructions or the questionnaires itself, in order to improve and refine it before sending it out to the HCC. It also enabled to some extent the assessment of the validity and reliability of the data that was collected (Saunders, 2013). The pilot study included five persons, with experience of academic work and quantitative methods. After following up the opinions of the test group, a few minor changes was

performed, e.g. to add a deadline date when the questionnaire should be completed and concerning the formulation and grammar of the questions. It was also suggested to add additional introductory questions: the age of the respondents and how many years they have worked on the HCC. These data might be useful to find additional aspects of work motivation.

3.3.2 Distribution of survey

After the pilot test, the distribution of the questionnaire was performed. To ensure allowance to use the WEIMS scale, the creator behind the survey, Mr. Tremblay, was contacted by e-mail who accepted and gave his permission to use it.

When the initial letter was responded to (Appendix 2); a follow-up question was sent whether the managers could accept to participate in the study. If they approved, an additional e-mail was sent to the managers of the HCC containing a cover letter with a hyperlink to the questionnaire. The managers were then asked to forward the cover letter and questionnaire to all the employees. The reason to include all was that the presence of a ranking could be considered to engage all employees, since everybody could be considered to influence the quality of the HCC in their own way, regardless of profession. The cover letter contained information about the study: a short description of the aim of the study, the time to finish the questionnaire, the number of questions and information about the anonymity and confidentiality of the respondents. The purpose was to introduce the study in a clear and concise way to enable a high response rate (Dillman, 2007; Saunders, 2013).

Health care center	Respondents/Total number of employees.	Response rate
1	18/32	56%
2	12/27	44%
3	20/52	38%
4	6/27	19%
5	4/37	11%
6	1/45	2%
Tot 6	Tot 61	

Table 1. Overview of total number of respondents

The 61 respondents consisted primarily of females: 53 (87%), whereas the males consisted of eight (13%), this indicates a skewed distribution between males and females which however are quite representative figures in the health care sector. The ages of the respondents ranged between 21 to 69 years old. The most common professions were: nurse (41%), followed by administrative workers (16%) and doctors (13%).

When starting the questionnaire, some of the information in the cover letter was repeated, like the purpose of the study, the time to conclude the survey (number of questions) and the anonymity and confidentiality applied when collecting the data. It was also added what the different Likert-scale numbers represented and a deadline date to finish the survey. If any questions arose concerning the study or the questionnaire, contact information was also added. The advantage of getting the managers to distribute the questionnaire was twofold: First, and most important; it was crucial for the access to e-mail addresses of the employees. Second; it made it more likely that the employees would respond to the questionnaire since they received it from their managers (Saunders, 2013).

	HCC 1	HCC 2	HCC 3
Management	Private	Public	Public
Active in work with ranking	Yes	Yes	Yes
Perceived importance of a good position in ranking	Important	Important	Not considered
Number of participants answering questionnaire	12	18	20
Median duration of employment at the specified HCC, years	1.5	5	4

Table 2. Base data over Health Care Centers 1-3.

4. Statistics

Out of the total number of six HCC, the three HCC (Table 3) with the largest number of respondents were included to compare the outcome of work motivation according to both W-SDI as well as the six subgroups. W-SDI was indicated by the mean and standard deviation.

Since the purpose was to compare data between groups a One-way ANOVA test and Chi-Square test was viable. Given the research questions, the purpose of this analysis was to compare the motivational profiles between health care centers to detect similarities and differences and connect the findings with the perception of rankings and other aspects relevant to this study. These three health care centers (Table 3) were compared according to the results, both by the overall W-SDI as well as the six different sub-groups, by the use of One-way ANOVA. The One-way ANOVA was appropriate when testing association between more than two variables, which was necessary in this case.

Due to the low response rate from HCC 4, 5 and 6, those data was excluded for the One-way ANOVA tests since statistical analysis would not be possible. Three study objects remained and a total of $18 + 12 + 20 = 50$ respondents (Table 1).

For analysis of over-all work motivation index (W-SDI) and its correlation to the variables ranking, gender, age group and type of management (public or private), these four variables were dichotomized according to the following:

Ranking was divided according to the answers from the management of the health care center:

1. The manager regards ranking as important and in focus of the work. 2. The ranking is not important and not in focus of the work (Appendix 2).

In line with this, the following variables were dichotomized according to: *Gender*; 1. Male 2. Female; *Age-group*: 1. <40 years of age, 2. ≥ 40 years of age; *Operating management*: 1. Public 2. Private.

The W-SDI result was divided into two groups, according to the median value: 1. < 9.7 points, 2. ≥ 9.7 points.

For analysis of correlation between W-SDI and: Ranking, Gender, Age-group and Type of operating management respectively, Fischer's Exact Test and Pearson Chi-Square test was performed. For these test, all 61 respondents were included, even those HCC with low response rates. The reason for this was because the data did not have to be categorized based

on HCC but on the different variables. A p-value of <0.05 was regarded as statistically significant.

5. Data analysis.

There was no significant difference between the three HCC on the outcome of neither the overall work motivation index (W-SDI), nor four of the six subgroups of work motivation regulation (Table 3). However, in two of the subgroups (external regulation and amotivation) there was a statistically significant larger degree of amotivation in the two public HCC 1 (2.7) and HCC 3 (2.4) than in the private HCC 2 (1.3, $p < 0.001$). There was also a larger degree of external regulation for the private HCC 2 (4.4) compared with the public HCC 1 and 3 (3.4 and 3.1 respectively, $p = 0.014$).

There was no sign of correlation between overall work motivation and any of the variables: Ranking, gender, age group and type of management, when performing the Chi-Square test (Table 4).

The minimum W-SDI score (the individual with the lowest motivation according to W-SDI) for the two public HCC were -3.0 for both whereas for the private HCC, the same score was 4.7. The two public HCC had three employees showing, by definition, a non-self determined subscale ($W-SDI < 0$). The dispersion of the material was also smaller for the private HCC (4.7-16.7) compared with the two public (-3.0-19.0, and -3.0-22.3).

Variable and HCC 1-3	Number of respondents	Mean (SD)	p-value
W-SDI			
HCC1	18	9.3 (6.13)	0.11
HCC2	12	11.9 (3.96)	
HCC3	20	9.2 (7.22)	
Intrinsic motivation			
HCC 1	18	5.0 (0.80)	0.74
HCC 2	12	5.2 (1.34)	
HCC 3	20	4.9 (1.36)	
Integrated regulation			
HCC 1	18	4.6 (1.3)	0.32
HCC 2	12	3.9 (1.5)	
HCC 3	20	3.9 (1.2)	
Identified regulation			
HCC1	18	3.9 (1.2)	0.12
HCC2	12	4.3 (1.8)	
HCC3	20	3.2 (1.3)	
Introjected regulation			
HCC1	18	4 (1.1)	0.10
HCC2	12	3 (1.5)	
HCC3	20	3.3 (1.4)	
External regulation			
HCC1	18	3.4 (1.2)	0.014*
HCC2	12	4.4 (1.5)	
HCC3	20	3.1 (1)	
Amotivation			
HCC1	18	2.7 (0.9)	<0.001*
HCC2	12	1.3 (0.5)	
HCC3	20	2.4 (1.2)	

Table 3. Comparison between three Health Care Centers: HCC 1 (public), HCC 2 (private) and HCC 3 (public), on outcome of work motivation according to both overall index (W-SDI) and the six subgroups of motivation regulation.

Variable	Fischer's Exact Test p-value	Pearson Chi-Square test p-value
Ranking	0.59	0.53
Gender	0.71	0.49
Age-group	0.59	0.53
Management	0.60	0.49

Table 4. Correlation between median overall work motivation index (W-SDI), and degree of ranking, gender, age and management respectively.

6. Discussion

In this quantitative study, the work motivation, measured by a validated score, among health care personnel at three different HCC was similar, regardless the difference of perceived importance of ranking from the managements.

As discussed previously: a ranking scrutinizes the included organizations with the purpose of creating a basis of comparison. Being ranked therefore risk to contain an element of stress and negative influence on the motivation among the members of an organization. However, competition can also have a triggering and positive effect on the motivation among the employees (Hedegaard Hein, 2012; Espeland & Sauder's, 2007; Elsbach & Kramer, 1996; Deci et al., 1981).

The result of this study indicates that those managers who perceived a good score in the ranking as importantly did not seem to have a negative association with the degree of motivation among the employees. One example of this was HCC 2, which had a significantly lower level of amotivation (1.3, $p < 0.001$, Table 3) although their management perceived a good score in the ranking as very important and worked actively to improve its position. This is also consistent with the public HCC 3, which did not value a good score in the ranking as

something they consider. Still, HCC 3 had a higher level of amotivated employees (2.4), which suggests that not considering ranking as important did not have a positive correlation with work motivation (Table 3). This finding might therefore not be consistent with the assumption that ranking has a negative influence on motivation (Elsbach & Kramer's, 1996). Their argumentation that being ranked put a pressure and stress on the members within the organization may not be consistent with the result of the present study. It is, however, important to highlight the fact that what influence motivation depends on a large variety of factors. Therefore, a conclusion that ranking does not have a negative influence on motivation may not be possible based on this material.

As discussed, SDT is a useful theory in relation to this study since it provides a differentiated picture of motivation; it deconstructs the concept of work motivation, which distinguishes it from other theories in the field that are, unlike SDT, focused on the total amount of motivation. SDT derives from a few key concepts, which creates the theoretical framework that helps us to understand work motivation (Vallerand et al. 2008).

The specific instrument that was used in this study (WEIMS) is one of few measurement scales of work motivation that is set in an organizational context and theoretically grounded in SDT. By the categorization of the different motivation regulations in the self-determination continuum (Figure 1), the concept is organized into a model. This model facilitates the use of the concept and creates an appropriate scale to use, given the aim of this study (Ryan & Deci, 1985; Gagné & Deci, 2005).

A core finding within SDT is that an autonomy supportive environment implies a more qualitative form of motivation with higher levels of self-determination and in turn, leads to more creative thinking and behavioral outcomes with positive effects on the motivation among the employees, which is desirable for organizations. Autonomy, in combination with competence and relatedness, also represents a basic psychological need, which confirms the importance to motivate people. In SDT, autonomous motivation enhances and facilitates effective performance and also the well-being of the employees. Controlled motivation, on the other hand, can decrease those outcomes (Gagné & Deci, 2005; Gagné & Ryan, 2005; Ryan & Deci, 2000; Deci & Ryan, 2008; Vallerand et al. 2008).

Vilma & Egle (2007) and Toode et al. (2014) showed that autonomy and to equalize the hierarchies that exist in the organization is of major importance for health care workers (nurses) to be motivated. These results can be compared with the findings in this study: that amotivation is lower in the private HCC compared with the public. One explanation for this result, that connects to Vilma & Egle (2007) and Toode et al. (2014) findings, could be that the decision-making processes are shorter and closer to the employees within the private HCC. This might have a positive effect on the experienced involvement and increase the feeling of influence over the work situation (increased autonomy) in the organization and that the employees have the power and ability to influence decisions made by the management of the HCC (less hierarchy).

Buelens & Van den Broeck (2007) found that the hierarchies constitute an important factor for motivation (or amotivation) in the sense that employees “higher up” in the hierarchy show greater job satisfaction and commitment. The position in the hierarchy is an even more important factor for motivation compared with if you work in the public or private sector. Vilma & Egle’s (2007) findings are consistent with Buelens & Van den Broeck (2007) in the sense that when you are “higher up” in the hierarchy you also have more freedom and autonomy over your situation which might have a positive effect on your work motivation compared with if you work on a “lower level” in the hierarchy and your influence over your own work situation is more limited and controlled. In this research hierarchical aspects have not been studied because the number of respondents was too small for that analysis. However, the notion that the hierarchical levels and decision making processes are flatter in the private HCC in relation to the fact that the amotivation was lower in the private HCC can suggest that the findings by Vilma & Egle (2007) and Buelens & Van den Broeck (2007) are consistent for this study.

As mentioned: the result indicates that the external regulation was higher in the private (4.4) compared with the public HCC (3.1 and 3.4, $p=0.014$). This is in line with previous research in the area (Buelens & Van den Broeck, 2007). As discussed earlier: Hedegaard Hein (2012) argues that leaders within the private sector have more elaborate methods to motivate their employees compared to the public sector. These methods do not primarily include the intrinsic, but merely the extrinsic motivational factors, which also can be one explanation for the result of my study. Theories in the field of work motivation have argued that the crucial factors for increasing the employee’s motivation are the intrinsic motivational factors. These findings

suggest a limited motivational effect if people choose to work in public or private organizations (Hedegaard Hein, 2012). However, differences in the organizational context as a consequence of being operated under private and public management may still influence the motivation to differ through aspects like culture, processes, resources, feedback and structures, which all affect the individual's perceived abilities to perform the tasks and thus to comply with the organizational goals (Franco et al., 2002; Gagné & Deci, 2005; Ryan & Deci, 2000; Deci & Ryan, 2008; Vallerand et al. 2008).

In the present study there was no significant correlation between possible additional explanation factors for motivational differences, such as age and gender, and work motivation. However, it is important to notice that these factors might still influence the motivation but the sample was too small to detect these possible differences. Due to the major difference between the number of males (eight) and females (53) participating in the study made, it was not possible to detect a significant difference between genders. Buelens & Van den Broeck (2007) emphasizes factors such as gender, age and job content as important influences on motivational levels. According to gender, this discussion is further developed by Warr (2008) and Kanfer & Ackerman (2000) who have found that men tend to focus to a larger extent on job characteristics that implies power, achievement, responsibility, good chances of promotion and a job where you can use your own initiative. Women, on the other hand, tend to value aspects such as good colleagues, reasonable working hours and to meet people to a greater extent.

In relation to how age influences work motivation, Inceoglu et al. (2012) found support for their propositions from earlier research in the field. These findings highlight the fact that growing age alters the motivation factors instead of leading to a decline of the work motivation. For example, extrinsically motivational factors motivate older employees to a smaller extent compared with intrinsic motivation. Truxillo (2009) argues that younger employees primarily focus on aspects such as to perform as optimal as possible and to receive work experience and training whereas older employees to a larger extent try to avoid performance losses in order to maintain their skills and to utilize their experience to mentoring others. In contrast to the existing stereotypes suggesting that the motivation decreases with age, Ng & Feldman (2011) found that older employees even showed a higher intrinsic motivation compared with younger employees. Older employees, as a group, were also increasingly loyal, satisfied and committed to their work.

The standard deviation in the present study was significantly greater among the public HCC (6.1 and 7.2) compared with the private HCC (3.9). An interesting aspect in relation to this was that the public HCC had three employees showing a non-self determined subscale, according to the W-SDI (a value below 0), whereas for the private HCC the individual with the lowest motivation profile was 4.7. This also emphasizes that the amotivation was lower in the private HCC. For individuals with low W-SDI, values (below 0), the probability to experience work strain and willingness to leave the working place is higher (Tremblay et al., 2009).

For the rest of the motivation regulations (intrinsic motivation, integrated regulation, identified regulation and introjected regulation) the test was not significant ($p > 0.05$). This implies that no difference could be observed between the different health care centers and the different regulations and in turn no conclusions could be drawn except than saying that they are too similar to detect any difference.

There are some limitations and general concerns involved when using self-administered questionnaires, which might influence the reliability and validity of the results. Some of these concerns are difficult to avoid because they relate to the nature of using a self-administered questionnaire. One example is the risk that someone else than the person you want answers the questionnaire, or that one participant completes all questionnaires in a study, referred to as common source bias (Saunders, 2013; Ployhart, 2008). Another aspect to consider is what Saunders (2013) refer to as an uninformed response, meaning that the respondent has too little knowledge or experience to be able to answer the questionnaire, though, the respondent answers the questions anyway. This is however not regarded as an issue in this study since the questions did not require any particular knowledge or skill but related to the respondents motivational factors in relation to their work. In all self-administered questionnaires, the respondents might discuss the questionnaire with colleagues or answer in a way the respondent believe is socially desirable but not according to how the respondent actually feel. This can have a contaminating influence on the data and thus a negative effect on the reliability.

These concerns are also analyzed by Hedegaard Hein (2012), she discusses the issue if the respondents *want* to answer questions regarding what motivates them. The fact that motivation is not only a psychological process, but also influenced by aspects like culture; the culture of the specific profession, organizational culture, subcultures, norms and values, which makes certain answers more or less socially legitimate to answer. Hedegaard Hein (2012) exemplifies

this by the question concerning income, which is also relevant in this study. In some cultures, it is problematic or sensitive to admit that you are motivated by your income, whereas in others it is not sensitive. Tremblay et al. (2009) agree with the concern that respondent's answers according to what they think is socially desirable and that this can create measurement errors. In this study, the answers from the respondents concerning how much they are motivated by their income are relatively varied; some have answered that the income the work provides corresponds a lot with the overall question "*Why do you do your work?*" which shows that their income plays an important role in their motivation, whereas others have answered that their motivation does not origin very much from their income. This gives some indication that the respondents have answered honestly and in accordance to how they feel. However, this is supported by the fact that the respondents are anonymous (Hedegaard Hein, 2012).

When working on a private HCC, you might feel more involved in your work and closer to the decision making which makes you feel more satisfied with your workplace, as discussed in a previous section. However, the risk for not answering exactly how you feel and how you experience your motivation might also be a greater concern in a privately operated sector, more exposed to competition than the public sector. In the publicly operated HCC, this aspect might not be as evident since the link between your care recipients coming to your HCC and your own motivation does not have as clear cause-and-effect relationship as in the case with a private HCC.

What is also relevant to discuss is the causality in the relationship between rankings and the motivation of the employees and which way the causality goes. In this study, the focus has been on rankings and its potential correlation on work motivation. Though, it might be reasonable to believe that the work motivation influences the ranking. A workplace with a well-motivated workforce will probably reach a higher rank compared with a workforce that is less motivated. When the ranking is released the "already" well-motivated workforce, through a major work effort, would most likely reach a higher rank compared to the less motivated workforce and this might in turn affect the motivation to become even higher. This is a relevant comment and a subject for future research. However, based on other authors in this research field (Elsbach & Kramer, 1996; Espeland & Sauder, 2007), it has been shown that rankings pose pressure and cause stress on the members within the organization. Because of this, it is reason to believe that the work motivation might be affected by being ranked. The assumption that the causality goes in both directions is therefore reasonable.

In relation to this discussion one common issue when performing research is to “control” for other factors that also influence and contribute to the result. Due to the complex interrelationship of different working related factors that influence each other makes it difficult to study one single variable. The second part of the research question, to include aspects like management, gender and age, had the purpose to give a more diverse picture of other motivational aspects among the employees at these health care centers. The conditioning of the HCC was not fully satisfactory since all HCC said they worked active with ranking, even if a variation was discovered concerning how important the managers perceived a good position in the ranking to be.

As discussed by Hedegaard Hein (2012) motivation surveys has become a common phenomenon in today’s society due to the importance and interest of knowing more about what motivates people and how motivation can be enhanced. However, Hedegaard Hein (2012) highlight the difficulty of measuring motivation due to the complexity of the concept and that it is difficult to pin down and to operationalize. She emphasizes that motivation is a result of a number of psychological processes, which makes it difficult for the respondent to actually know how these processes make the individual motivated. This raises the question if the employee *can* answer questions concerning what motivates them due to the difficulty for the respondent to identify the connections between the psychological processes and what actually creates their motivation.

Hedegaard Hein (2012) also discusses around self-reported questionnaires (which was used in this study) and that it can be difficult for employees to admit that they might not be very satisfied with their work since it challenges the self-respect. There is a risk that the respondents convince themselves that they are more satisfied with their work than they actually are and thus answer the questions in a more positive way than what is actually true. This discussion can be extended to include general choices on a broader scale and satisfaction with the life situation. To relate this discussion to the results of this study, it is relevant to note that work satisfaction is not exactly the same as work motivation, but this discussion is still relevant.

Concerning the nature of the questions included in the WEIMS questionnaire, some comments from the respondents are relevant to consider and discuss. A few comments that were brought up concerned central aspects related to the motivation they experience in their work. One

example is the presence or lack of presence of good colleagues, political decisions influencing the work, possible alternative careers or possible options, family aspects and so on. These are all relevant aspects that may have a great influence on the motivation of the employees and are important to consider in this discussion. The WEIMS questionnaire primarily focuses on the tasks of the work, the identity that follows from the profession and the income it brings. These are central aspects for the motivation of the employees but it is important to remember that it does not provide the whole picture of what motivates people. This also connects to the discussion by Hedegaard Hein (2012) that motivation is a complex concept that is difficult to measure. She also emphasizes the importance of being critical towards the result of studies trying to measure motivation. Still, the use of a validated score was critical to receive relevant data in this study.

When using a self-administered questionnaire one advantage is that you reach a large number of people. However, a common concern is still the response rate, which was also an issue in this study. The consequence of the initial low number of included HCC was that the sampling criteria had to be altered. The initial plan was to only include private HCC because that would ensure the organizations to be as similar as possible in terms of how they were operated. The aim was also to include HCC located in the same city, with the assumption that they face a similar competitive environment and thus limit other explanations for the variation in the collected data. Due to low motivation from some HCC to participate, this sampling criterion was changed (extended) through including more HCC. This was done by both including private and public HCC and to widen the geographical area. These aspects might lower the reliability in the conclusions and findings of the study because the variations in the data increase.

7. Conclusions and future research

Regardless different perceived importance of ranking as well as management type, there was surprisingly similar degree and kind of work motivation in primary health care. Neither perceived importance of ranking, type of management, age group nor gender seem to have correlation with overall work motivation in primary health care in this study. For more profound analysis of what motivates employees in their work, a diversified instrument reflecting various aspects of motivation is to prefer, as used in this study.

As emphasized by Vilma & Egle (2007), there is a paucity of research on motivational aspects of health care workers, which suggests more research in the field. However, it would be interesting for future research if an intervention study was possible, before and after some intervention was performed, which probably would give more clear results.

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Appendix 1:

Questionnaire:

Tremblay et al. (2009), Work Extrinsic Intrinsic Motivation Scale (WEIMS)

Why Do You Do Your Work?

Using the scale below, please indicate to what extent each of the following items corresponds to the reasons why you are presently involved in your work.

Does not correspond at all	Corresponds moderately	Corresponds exactly				
1	2	3	4	5	6	7

1. Because this is the type of work I chose to do to attain a certain lifestyle.
2. For the income it provides me.
3. I ask myself this question, I don't seem to be able to manage the important tasks related to this work.
4. Because I derive much pleasure from learning new things.
5. Because it has become a fundamental part of who I am.
6. Because I want to succeed at this job, if not I would be very ashamed of myself.
7. Because I chose this type of work to attain my career goals.
8. For the satisfaction I experience from taking on interesting challenges
9. Because it allows me to earn money.
10. Because it is part of the way in which I have chosen to live my life.
11. Because I want to be very good at this work, otherwise I would be very disappointed.
12. I don't know why, we are provided with unrealistic working conditions.
13. Because I want to be a "winner" in life.

14. Because it is the type of work I have chosen to attain certain important objectives.

15. For the satisfaction I experience when I am successful at doing difficult tasks.

16. Because this type of work provides me with security.

17. I don't know, too much is expected of us.

18. Because this job is a part of my life.

Note. Intrinsic motivation = 4,8,15; integrated regulation = 5,10,18; identified regulation = 1,7,14; introjected regulation = 6,11,13; external regulation = 2,9,16; amotivation = 3,12,17.

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Appendix 2:

Questions asked to managers:

1. How long have you been working at the health center?
2. How many patients are registered at your health center?
3. Do you know your place in the rankings from the last measurement? A) Yes B) No
4. If you answered "Yes", what placement had your clinic?
5. How do you value a good position in the ranking "Patienttoppen"? A) Very important

- B) Important
- C) Nothing we consider
- D) Not so important
- E) Not important at all

6. How active are you working to try to improve your position?

- A) Very active
- B) Active
- C) Not active
- D) Not active at all