Non-financial motivation in the emergency room

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Acknowledgements

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Thank you!

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Abstract
The lack of nurses and the increasing turnover rate have been the main subjects when looking at the news about the health care sector. The constant lack of nurses can cause a lack of motivation and the nurses are leaving the workplaces, as the stress level rises. Nurses have also been discovered to have an impact on the patient satisfaction, which is why it is important to keep the nurses satisfied in their work. To understand what motivates the nurses and what could be done in order to make the situation better, more research is needed.

Non-financial motivation has been seen as a preferred way of motivating nurses in the hospital environment, which is why this study has a focus on it. Earlier studies have mainly focused on the nurse viewpoint of motivation and to further develop the understanding on the area, the viewpoint of managers is needed to be taken into consideration, to understand the issue more in-depth. To research the subject more, a study was conducted focusing on the emergency room at the University Hospital of Umeå and the nurses and managers working there.

The aim of this study is to understand how the views and preferences regarding non-financial motivation meet between the nurses and managers in the emergency room at the University Hospital of Umeå and which factors are the most preferred. Further, it is of interest to understand how this meeting of thoughts affects the everyday work and the motivation of the nurses. The following research questions was formed to answer the question:

How do nurses and their managers in the emergency room assess non-financial motivation factors?

The study has been conducted using qualitative methods and semi-structured face-to-face interviews. Additional data was gathered through e-mail interviews, as well as over telephone, and a reflective interviewee from another hospital was interviewed to gain more insight on the subject from another viewpoint.

The results from the study highlight the common importance for effective and emotionally intelligent leaders, who listen and have time for the subordinates. Further, work colleagues and the possibility for competence development were seen as commonly important factors to affect to the non-financial motivation of the nurses.

Practical implications from the study provide new data concerning the non-financial preferences and how the viewpoints meet and differ between nurses and managers who work in different roles in the hospital. Furthermore, this study could be of use to help to understand what could be done to better in order to motivate the nurses. Although, as the study is focusing on a specific department, it is important to acknowledge the impact and possible differences between the personnel chemistry and recent position changes.
Abbreviations:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ER</td>
<td>Emergency room</td>
</tr>
<tr>
<td>SAM</td>
<td>Samordnande Sjuksköterska – Responsible Nurse</td>
</tr>
<tr>
<td>NFEC</td>
<td>Non-Financial Employment Commitment</td>
</tr>
<tr>
<td>NUS</td>
<td>University Hospital of Umeå (Norrlands universitetssjukhus)</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
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Key concepts:

**Extrinsic motivation** – To be motivated to do something to reach a wanted consequence (Ryan & Deci, 2000a, p. 60).

**Hygiene factors** – Factors which may have a connection to dissatisfaction of the employees (Herzberg, 1987, p. 113).

**Intrinsic motivation** – To be motivated by the action performed, without being affected by the outcome (Ryan & Deci, 2000b, p. 71).

**Motivation factors** – Factors connected to employee satisfaction (Herzberg, 1987, p. 113).

**Non-financial motivation** – Motivation, which focuses on factors which are not money related e.g. salary raise, financial benefits etc.

**Nurse manager** – The manager responsible for the nurses, either a nurse themselves or in an administrative position.

**Registered nurse** – A nurse which has an appropriate (university) education from nursing science and the required skills to work as a nurse (Socialstyrelsen, 2018).

**Turnover** - Changing a job position in general, a shift to another organisation or even changing a career completely (Hayes et al., 2006, p. 238-239).
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1 Introduction

In this chapter the concepts and background information for the study are being introduced. Furthermore, it helps to increase the understanding of the field of study and the reasoning behind the chosen subject as well as explaining the important terms and stand points.

1.1 Background

1.1.1 Challenges with turnover

“The healthcare system is consistently overloaded, and nurses and nurse leaders have to respond to the demands of their working environment”

(Brady Germain & Cummings, 2010, p. 437).

When it comes to the overload, one of the biggest obstacles regarding planning of the utilization of the nursing personnel is the high turnover rate (O’Brien-Pallas et al., 2006, p. 170). This can partly be explained by the low satisfaction rate of nurses, and it is acknowledged that the recruitment process is not the only important factor in decreasing the shortage, but it is also important to pay attention on to how to make the nurses wanting to stay in their workplaces (O’Brien-Pallas et al., 2006, p. 170).

Nurse turnover is a big issue nowadays, and therefore the healthcare sector has been putting more effort on the staff being effective and productive but, unfortunately, has not focused as much on the important factors of job satisfaction of the employees (Sellgren et al., 2008, p. 584). It has been shown that there is a negative connection between the satisfaction nurses experience in relation to the workload, in that the higher the workload, the lower the satisfaction (Shaver & Lacey, 2003, p. 170).

“It is not a single factor that causes nurses to leave; turnover is a complex, dynamic process that unfolds over time diminishing the capacity of the nurse to function effectively in the practice setting”

(Hayward et al., 2016, p. 1343).

To explain the term turnover, it can be described either as changing a job position in general, a shift to another organisation or even changing a career completely (Hayes et al., 2006, p. 238-239). It can also be seen in a positive light, for example when an employee is so happy in their workplace, they turn down other attractive job offers (Herzberg et al., 1993, p. 52). Turnover is seen as defective when it causes the staff to leave even though they would rather be kept in the workplace and also when the turnover is happening in large amounts (O’Brien-Pallas et al., 2006, p. 170). This leads to decreased productivity, problems in the continuum of care and also raising the risk level (O’Brien-Pallas et al., 2006, p. 170).

The reason to why it is important to pay attention to the turnover of the nurses is that nurses are often the biggest work unit in a hospital, and they are also the ones who have the largest part of interaction with both patients and their families (Toode et al., 2015, p. 248). According to Strachota et al. (2003, p. 111), when the turnover of nurses is significant, it will raise the cost of healthcare. For example, in a study conducted by O’Brien-Pallas et al. (2006, p. 175), the cost of one nurse’s turnover is 21,514 U.S. dollars. The nurse turnover also affects unfavourably to the caregiving of patients...
When the nurses are not satisfied and the turnover is happening in a fast speed, it is demanding for the ones in managerial position (Strachota et al., 2003, p. 112). Therefore, there is an importance of those leading nurses to be able to influence and to encourage behaviour which can contribute to the goals of the overall organisation (Brady Germain & Cummings, 2010, p. 426). The literature focused on this area has provided evidence that an effective management plays a crucial role when it comes to building positive work conditions (Hayes et al., 2012, p. 889). There are research suggesting managers play a large part in empowering the behaviour which leads to a higher rate of productivity, as well as higher confidence for nurses, which in turn can lead to a higher quality in the care given (Hayhurst et al., 2005, p. 287). Studies also show, when organisations are putting effort on finding out what motivates the employees, they will achieve dedicated employees and significant performance (Brady Germain & Cummings 2010, p. 438).

Another reason to the importance of nurses is that their actions have proved to have a straight connection to the satisfaction of the patients (Robbins & Davidhizar, 2007, p. 234). For example, at a university hospital, the lack of nurses and their large turnover creates a specifically complicated issue as the healthcare provided is much more speciality-oriented than in a non-university hospital, and thus it can take longer time for nurses to learn and acquire the needed expertise (Gardulf et al., 2008, p. 152). Further, they state, that the speciality the university hospitals are offering is based on the larger scale treatments available for the patients compared to the non-university hospital (Gardulf et al., 2008, p. 152). The lack of nurses partly roots from the problems in the hiring process of new employees, including the financial factors which limit the amount of personnel hired and also from the working conditions which prohibit the effective performance of nurses (O’Brien-Pallas et al., 2006, p. 170).

According to a study conducted by Janssen et al. (1999, p. 1367), there are actions that nurses consider could possibly hinder turnover from happening. This can be done by, for example, providing the nurses’ the possibility of advancement and also secure the position in the organisation, as well as providing support throughout their careers and offering differing work tasks (Janssen et al., 1999, p. 1367). These actions reflect towards non-financial motivation, which is why it is important to understand the aspect of affecting to the turnover with non-financial motivation.

Janssen et al. (1999, p. 1366) also suggest that the satisfaction among nurses can be increased by managers targeting the actual content of the nurses’ work. This makes it significantly important for managers to understand the right ways of what motivates the nurses and what they need. It has however been pointed out by Pool et al. (1992, cited in Janssen et al., 1999, p. 1367), that these actions do not have the ability to solve all the problems in the nurses’ turnover rates, considering the limited opportunities for growth often present at hospitals. However, as this is only seen from the nurses’ point of view, more research would be needed to fully understand the managerial aspects concerning this. According to Gardulf et al. (2008, p. 158), the nurses in the managerial position should actively work towards a workplace which satisfies the nurses’ needs in order to decrease the turnover rate and keep the level of necessary expertise high. To be able to do that, further understanding on how managers view the motivation, is needed. By identifying factors that can have an effect on the nurses’ intention to stay, it can be possible to also understand what kind of actions are needed to transform these factors from retention decreasing to retention increasing.
As an example, a current project within the area is the Swedish LUST-study, where, since 2002, yearly questionnaires has been sent out to almost 4500 nurses, starting from when they were still being educated, up until at least three, but no more than five years after their graduation (Rudman et al., 2019, p. 8). This has been done in order to gain a comprehensive, long term picture of how the nurses situation look like, regarding certain factors such as stress and work satisfaction (Uddenstig, 2019). This project, however, has focused specifically on the nurses’ situation, but does not consider the managerial side.

In working conditions where the work atmosphere is defined by variance and monetary limitations, the ones in charge of the nurses are considered responsible for keeping the organisation going and successful (Brady Germain & Cummings, 2010, p. 425). This statement makes it crucial for managers to understand how to motivate the nurses correctly, which is why it is of importance to research the field of study further. As Acree (2006, p. 39) states, the nurses are in charge of generating the best possible setting for the patients. This can be connected straight to the importance of motivation of nurses and why managers should be in a good level of understanding.

1.1.2 Motivation
According to Buchbinder & Shanks (2011, p. 40)

“motivation is the act or process of providing a motive that causes a person to take some action”.

Ryan & Deci (2000a, p. 54) define being motivated as something where a person is keen to approaching something until he reaches the goal. Motivation is important, as according to Ryan & Deci (2000b, p. 69) it is the result of motivation that counts; it makes things happening.

Motivation can be defined in different ways, and in the academic literature Ryan & Deci (2000b, p. 71) mention two different motivation terms, intrinsic and extrinsic motivation. The first one is defined to as “doing an activity for the inherent satisfaction of the activity itself” (2000b, p. 71), for example playing baseball for fun (Reiss, 2012, p. 152), whereas the latter one, Ryan & Deci (2000b, p. 71) defined as “performance of an activity in order to attain some separable outcome”, for example, playing basketball in order to get a scholarship (Reiss, 2012, p. 152). Another way to divide motivation is between financial and non-financial factors. Non-financial as a term can be universally understood as something that is not money-related. When combining these two, non-financial motivation can be defined as motivation, which focuses on factors that are not money related.

In this thesis the focus lays mostly on non-financial motivation. Although in the academic research, intrinsic motivation has also been connected to non-financial motivation (Snir, 2014, p. 50). In intrinsic motivation a person acts due to the personal interest (Ryan & Deci, 2000a, p. 55), not because of a reward of doing so. A study by Toode et al. (2015, p. 255), contributes to the finding that nurses tend to have more intrinsic motivation compared to extrinsic. To further research non-financial motivation, this study will take into consideration the approaches of intrinsic and extrinsic motivation in the viewpoint of non-financial motivation, to gain more insights on how these two aspects go along with non-financial motivation.
Non-financial motivation was chosen as the main viewpoint of this thesis, as there is previous literature found arguing for the importance of it. It has been proven that non-financial motivational factors have a significant effect on the motivation of the healthcare sector workers (Imhoff & Mathauer, 2006, p. 14; Van Osch et al., 2018, p. 1212-1213; Adriaenssens et al., 2011, p. 1326). According to Seitovirta et al. (2018, p. 460), a study conducted in Finland showed that non-financial incentives were often favoured by nurses. They also state that these non-financial rewards can make it easier for the nurse managers to increase nurses’ performance, keep the employees in the organisation and also keep up the level of quality in care (Seitovirta et al., 2018, p. 465). Managerial characteristics were found as effective method in non-financial motivation (Van Osch et al, 2018, p. 1212).

One example of non-financial motivation outside of the hospital environment, is a project from Starbucks (Collinson, 2010). This project involves staff from all over Europe going the coffee plantations in for example Tanzania and Rwanda to work and to see the whole process of going from coffee bean to a ready-made product (Trujillo, 2017; Collinson, 2010). This can for example be seen as a way of creating loyalty between the company itself and the employees, something which can increase the motivation, and in the end, it can distinguish the company from others in a positive light (Werther, 1988, p. 28). This example shows well, that it is possible to motivate employees without providing them monetary benefits and still make it beneficiary to the firm.

As mentioned earlier, another way of motivating employees is through financial rewards. According to Milkovich & Wigdor (1991, p. 80) pay factors are used in the organisation to motivate employees in their work and trying to decrease the turnover by providing them a “fair and equitable treatment”. Pay for performance might not be as good of a motivation as it could seem, due to e.g. poor implementation and not enough inner motivation (Baule & Soost, 2016, p. 25). People might start to expect or to compare their bonuses to what they have received earlier, as well as being an issue if the manager simply does not have the financial means, or perhaps not the authority to provide this for the high-performance people of a firm (Slater, 2012). In a study conducted by Kurtzman et al. (2011, p. 214), it was found that pay for performance did not have a significant effect on nurses’ intention to leave the workplace. According to them, pay for performance seemed also putting more expectations on nurses’ performance.

1.1.3 Summary of the background
As Hayes et al. (2006, p. 238-239) stated, turnover has many dimensions: changing a job position in general, a shift to another organisation or even changing a career completely. Turnover can lead to decreased productivity, problems in the continuum of care and also raising the risk level (O’Brien-Pallas et al., 2006, p. 170) as well as to raised cost of healthcare and affect to caregiving of the patients (Strachota et al., 2003, p. 111). The research has shown, that managerial actions can have an effect on nurses by focusing on the work conditions and the content of the work (Hayes et al., 2012, p. 889; Janssen et al., 1999, p. 1366-1367).
It has been proven that hospitals who put time and effort in finding the specific motivation for their employees can be linked with a more dedicated staff, as well as a better operating unit (Brady Germain & Cummings, 2010, p. 438). Studies have shown that people are in general better motivated by things which are not material, even though the managers often seem to think the opposite (Slater, 2012). The question now is if this kind of financial incentives really motivates higher performance and improve the attractiveness of the company as a whole (Baule & Soost, 2016, p. 26)? It is highly important to know your employees and what will motivate each one of them in order to find the perfect match (Slater, 2012). However, it is important to keep extrinsic (external outcomes, such as rewards) apart from intrinsic motivation (stems from the interest in the activity itself) (Olafsen, et al., 2015, p. 447). Which is why those are considered separately later in this thesis.

Non-financial motivation factors have been linked positively to nurses’ motivation in many studies (Imhoff & Mathauer, 2006, p. 14; Van Osch et al., 2018, p. 1212-1213; Adriaenssens et al., 2011, p. 1326). Managerial actions were highlighted as effective when motivating employees non-financially (Van Osch et al., 2018, p. 1212) which raised the interest for conducting this specific study, to gain more understanding on how this is viewed from a broader perspective.

1.2 Thesis purpose
The purpose of this thesis is to gain understanding on how the nurses and managers in the emergency room (ER) consider non-financial motivation to be and what they find as important factors in it. Further, to gain insights on how these factors can affect the daily work among nurses in the ER. The motivational factors are going to be examined from the perspective of both the managers and nurses, to find how they contemplate on the subject. As each department in the hospital is different, studies focusing specifically on one department could be used to learn more about non-financial motivation in specific environment.

Considering the major lack of Registered Nurses (RN) (Gardulf et al., 2008, p. 151) it is of high importance to find motivational factors which can help reducing the turnover rate. Moreover, studies suggest that nurses do not have many opportunities for advancing in their career (Aiken et al., 2001, p. 48). What is meant with this is that there is not a similar career advancement ladder the nurses can climb up to reach for higher salaries, for example compared to when studying an economical degree where there are many opportunities to advance in the career and significantly raise the salary after graduation. Gardulf et al. (2008, p. 155), states that there was merely 20% of the nurses in their study who could see any future chances of climbing the ladder at their workplace. Moody & Pesut (2006, p. 25) state, that “competence and caring among nurses are professional expectations”. By researching this subject there is an aim to understand how the motivational factors work for employees in a position where the motivation is not based on the career advancement but rather to an inner calling. In a study by Raatikainen (1997, p. 1112) the calling was defined as “aiming to help people with one’s hands, head and especially heart”. For the career that is chosen based on the personal interest in the job and acknowledging that the salary and advancement possibilities are not very wide the motivation could be considered as crucial. It is of interest to also see if this statement applies to the study subject.
As the research in the field of non-financial motivation contains deficiencies, and thus focuses mostly on the viewpoint of nurses, conducting a study with managerial perspective included could complement the literature with new insights. Thus, the motivating of nurses could be understood better from taking the managerial side into consideration as well.

This research field is important, as it has been proven that there are several of positive consequences resulting from satisfied nurses. This can for example include lower levels of absence and of turnover rates, leading to lower costs, as well as higher quality in the service towards patients, which in the long run will result in happy customers (Shader et al., 2001, p. 215). By recognising the right motivational factors and what works the best, the organisational leaders in healthcare can contribute towards the most preferable way of motivating the employees and this way keeping the nurses motivated in their work (Toode et al., 2015, p. 255).

As stated, it is important to understand how the managers view the non-financial motivation from the nurses’ side. Further, it required to understand how the managers can then contribute to the motivating of the nurses. In a study, conducted from nurse perspective, Toode et al. (2011, p. 255) argue that it is possible for the managers of nurses to increase the motivation level of the nurses by listening to the individual needs, for example when it comes to tasks at work or the work schedule. Of course, the rest of the team has to be taken into consideration as well, and these personal adjustments has to be made in correlation with the team’s best interests. Nurse managers should also help the subordinate nurses to learn new tasks by giving them individual goals which then later can lead to better results (Toode et al., 2011, p. 255). As the findings are acquired from the nurse perspective it highlights the lack of research when it comes to the managerial view of the situation and what they see as important when it comes to non-financial motivation of nurses.

To research this subject, a qualitative study has been conducted in order to understand both the nurse and the manager perspective on non-financial motivation in ER setting. The qualitative study has been based on semi-structured interviews and conducted in the Norrlands Universitetssjukhus (NUS), in English, University Hospital of Umeå.

1.3 Research Problem
For this thesis, NUS was chosen because it has been ranked to high position several years in a hospital comparison in Sweden (Dagens Medicin, 2019). Further, this could imply that the hospital is more likely to have good conditions compared to other, lower level, ranked hospitals, as well as the geographical location making it possible to pursue this study.

This is a relevant topic as nurses are the largest group of employees at the ER in NUS\(^1\) (personal communication, April 29, 2019), and the nurses represent about 28% of the workforce, or 2800 persons\(^2\) (Personal communication, March 26, 2019). There has been an issue of the high turnover rates among this profession\(^2\) (personal communication,

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\(^1\)From email conversation with HR assistant at Region Västerbotten, 29\(^{th}\) of April 2019.
\(^2\)From email conversation with HR assistant at Region Västerbotten, 26\(^{th}\) of March 2019.
March 26, 2019) which of among all the nurses at NUS is at 8%.\(^3\), whereas the nurses’ turnover rate at the ER is at 7.47%\(^4\) (personal communication, March 26, 2019; personal communication, April 29, 2019). Even though the number for the ER is lower than the overall number for the hospital, this is still a major problem as there is a significant shortage of nurses, something which can have a huge, negative effect on the care provided for patients.

According to Demir et al. (2003, p. 823), when there is a shortage of nurses, it will significantly add more pressure on the nurses at work, as the number of patients per nurse is much higher which then can lead to tiredness and finally to burnout among nurses. Thus, the nurses also feel less satisfied with their job (Demir et al., 2003, p. 823). In their job, the nurses are in constant risk of getting health threatening condition, something which can lead to a higher probability of a burnout (Demir et al., 2003, p. 823).

This thesis specifically focuses on ER nurses and their managers at NUS. Nurses working in this department appear to have a demanding work surrounding and this can be explained by the uncertainty and fast changing situations in the workplace (Adriaenssens et al., 2011, p. 1324). The nurses do not have as much power to make their own decisions and they are more dependent on others, as the patients may be more urgent and require special knowledge to avoid any risks (Adriaenssens et al., 2011, p. 1324). By targeting the ER at NUS, this study aims to understand the motivational perspectives in an environment where the motivation is crucially important, as the patients often need immediate care which can be a question between life and death.

1.3.1 Research Gap
As the previous literature is focusing on the motivational factors from nurses’ viewpoint and most of the studies have been conducted using a quantitative method, this leaves some research gaps to fill. Brady Germain & Cummings (2010, p. 437) suggest that a qualitative study on nurse performance, as well as the different influences affecting their motivation, could be made as there already is a generous amount of data from quantitative studies regarding nurse motivation based on a leadership angle. Toode et al. (2015, p. 256) also suggest that a qualitative study would be useful to understand the motivational factors among nurses better and from a different viewpoint. As a third supporter, Berdud et al. (2016, p. 412) state, that when researching the workers’ contemplations concerning the job motivation, the qualitative approach is more suitable than a quantitative approach.

Brady Germain & Cummings (2010, p. 437) also suggest in their article that the future research could focus on the motivational factors the nurses find to affect their performance to fulfil the objectives at their workplace. They also state further research is needed to understand the important factors in the viewpoint of leaders which affect the nurses’ performance in the organisation (Brady Germain & Cummings 2010, p. 437). Toode et al. (2015, p. 256) also write, that researching the managerial view on nurses’ motivation would be a good extension to the already existing literature.

According to Gaki et al. (2013, p. 487), it could be beneficial for hospitals to find out more about the nurse motivation in order to overcome obstacles which is why a specific

\(^3\)From email conversation with HR assistant at Region Västerbotten, 26th of March 2019.
\(^4\)From email conversation with HR assistant at Region Västerbotten, 29th of April 2019.
hospital was targeted. Brady Germain & Cummings (2010, p. 438) write that the researchers are accountable for maintaining the process of studying the subject concerning the importance of the leadership methods towards the nurses’ motivation on their job.

As the earlier suggestions point out, there seems to be a relevant gap in nurses’ motivation studies which still need further development and studying. That is why this thesis has taken into consideration the managerial view as an addition to nurse viewpoint and will next present the research question regarding this study.

1.3.2 Research Question
With the aim of investigating the non-financial motivation in the ER at NUS and having the background as a foundation, this thesis is guided by the following research question:

*How do nurses and their managers in the emergency room assess non-financial motivation factors?*

1.4 Study contribution
With this thesis the aim is to contribute to the current research by examining how the nurses and managers in the ER view non-financial motivation factors. As the previous research in the field is limited, this thesis aims to provide additional perspectives to the contemporary situation and give more support to the theories and assumptions stated in previous research. Toode et al. (2011, p. 256) argue, it is important to consider the context, as well as cultures, when looking at what different factors can influence the motivation nurses’ experiences at work. It is therefore relevant to gain more understanding on the subject focusing on both nurses and managers in the ER.

From a practical point of view, the thesis will aim to provide guidelines to managers in hospital environment to use and to integrate in their own work, in order to be able to motivate the nurses in their work and in this way make them stay rather than change their job. In the long term, this could be leading to a decrease of the turnover rate. According to Seitovirta et al. (2018, p. 465), the employee acknowledgment can make the healthcare industry more interesting to people. This could lead for example to an increase in the workforce, when people see the nursing job as interesting and that the working conditions are good.

1.5 Delimitations
One delimitation which could be seen in this study is the limited research location, which is NUS. This contributes to the fact that the result from the study might not be applicable to the larger amount of population, but rather give directions to similar studies conducted in similar environments and settings. Another delimitation is the department studied, which is only focusing on the ER in the hospital, in Umeå. As the work environment may be significantly different in different departments of the hospital, this study might not give a universal conclusion about the subject, and if conducted in another department, the results could be different. This is due to both the different working environments which the different departments pose, but also the people working there.

As the topic of the thesis only focuses on the non-financial motivation, to gain a thorough understanding of the whole picture of the motivational strategies used, has, considering
the time frame and the resources available, not been completely possible, although this would have been providing deeper insights on motivation in general. This study also limits the interviews to the registered nurses and their managers at the ER, which might provide an insufficient picture of the whole staff’s viewpoint towards the subject. This study, for example, does not include the opinions of the assistant nurses or doctors, thus the study results may differ, if compared to a study where the whole scale of different employees would be included to the study.
2 Theoretical Point of Departure

Different subjects can be studied from different kind of perspectives; therefore, it is highly important to define the specific viewpoint the thesis will take. In this chapter the theoretical foundation for the study is being introduced and then further developed in the following chapters.

2.1 Introducing the relevant literature

2.1.1 Previous studies

Important to acknowledge is that this study focuses on a specific setting. Due to this, new observations regarding nurses’ non-financial motivation are crucial to make. In order to understand the managers’ views of non-financial motivation in the ER, it is helpful to reflect on the perspectives of the nurses, as well as eventually synthesise these two different aspects to gain more understanding. This is why it was considered necessary to gain new insights from both viewpoints, in order to acquire a deeper and full view of the case at hand.

Previous studies regarding the subject have been focusing on the nurse perspective of the issue and what kind of motivational factors they find important from different aspects. To further contribute to these findings, it is important to understand the other side of the coin, the managers. In order to motivate nurses, it is crucial for managers to understand these different factors nurses find important for their motivation. Moreover, to begin with, it is significant to know, how the managers view the non-financial motivation and its importance for nurses. By using theories as well as previous findings as the foundation for conducting this study, it has allowed for the creation of the basis of the interview guide. As motivation as a concept would be difficult to measure on its own, explaining factors, which has been found from the previous studies, have been used in order to support this. This is why previous literature was crucial to have in order to create the possibility to understand the concept in-depth and thus further continue to build upon the existing literature from the ER perspective, as well as choosing the relevant theories for this study.

When it comes to previous studies, themes the nurses have found to affect their motivation have been suggested. One of the themes concerns the leader itself. In a study by Van Osch et al. (2018, p. 1212), the results showed that leadership characteristics played a role in nurses’ retention rate and a manager who was reachable, communicative and working closely to the subordinates was appreciated among the staff. By working close to the subordinates, the manager was assumed being there and providing support and help as well as actually knowing the staff (Van Osch et al., 2018, p. 1212). In addition to this, engaging, solving problems in the workplace as well as providing feedback were preferred by the nurses (Van Osch et al., 2018, p. 1212). A study by Adriaenssens et al. (2011, p. 1326) reflects this, and states that it is possible to increase nurses’ motivation by showing them support and giving them recognition for what they do. Managerial skills that were preferred by the subordinates also included collaborative behaviour, where the managers listen to subordinates and their ideas (Van Osch et al., 2018, p. 1212). There are also studies suggesting that it is important for a leader to initiate structure, for example in order to establish proper channels for communication within the organisation (Judge et al., 2004, p. 36).
Another theme identified was concerning the work and the factors related to that. Continuing with Van Osch et al. (2018, p. 1213), it has been found that the possibility to affect the work schedule is a significant factor to the work motivation. The possibility to affect to the working schedule has been found important in other studies as well, and for example Shader et al., (2001, p. 211) state that “an RN’s work schedule has emerged as one important factor influencing turnover”. World Health Organisation’s (WHO) World Health Report 2006 (p. 85) also mentions adjustable work schedule as a non-financial reward the employees can earn as well as days off, study absence and training and education of the workers.

These findings are providing guidance when trying to understand what can affect to nurses’ motivation. Further, it is of interest to see if the preferences in this case will contribute to similarities, or if different factors will be discovered in the ER environment at NUS. Next, the main theories contributing to this study will be presented, which after, a more in-depth chapter will follow.

2.1.2 Herzberg’s Two-factor theory
As mentioned in the introduction, the research of managerial preferences on nurse motivation is not fully sufficient. The previous research has had its main focus on the nurse satisfaction measuring, but the viewpoint of the nurse managers has not been studied enough. The earlier research has shown that non-financial motivational factors have a positive effect on nurse motivation and also provided information on the different factors which seems to work the best for the nurses in other occasions.

“Give the person a monetary incentive? I do not need to remind the reader of the complexity and difficulty involved in setting up and administering an incentive system.” (Herzberg, 1987, p. 109).

One important theory to take into consideration is Herzberg’s Two-factor theory. The two factors it consists of are defined as hygiene and motivation factors, alternatively, intrinsic and extrinsic factors (Herzberg, 1987, p. 112-113). The aspect by Herzberg differs slightly from the definitions of Ryan & Deci (2000b, p. 71). With intrinsic factors, Herzberg (1987, p. 113) refers to motivational factors such as advancing in the career or being recognised for the good performance. Herzberg has connected the motivational/intrinsic factors to employee satisfaction (1978, p. 113). This can be connected to how according to Moody & Pesut (2006, p. 31-32) intrinsic motivation has been found to be having a positive effect on nurses’ motivation, as when they understand what motivates them, they can better influence their work tasks. Keeping this in mind, this thesis will further look into the intrinsic motivation preferences from the nurse and manager perspectives. Thus, this gives direction to this study, to find out, how different kind of motivational factors are seen in the hospital setting in general, and in the ER in particular.

2.1.3 Transformational leadership
According to Cummings et al. (2010, p. 381), the most important weapon to fight against the lack of nurses is a suitable leadership style. They state that to be able to give patients the best possible care, it is crucial to create a working and effective leadership style for nurses. The studies show that the most effective way is to build a good relationship with the staff, and thus make them feel good in their work, which further leads to better treatment for the patients (Cummings et al., 2010, p. 381).
Transformational leadership has been showed to be a preferred leadership strategy for nurse managers (Echevarria et al., 2017, p. 173). According to Bass (1999, p. 11) a leader who uses transformational leadership often has characteristics such as supporting behaviour towards other members, encouraging the employees to be visionary and having common understanding with the team’s objectives, showing example, as well as being inspirational. In organisations where transformational leadership is used, the level of performance is also high (Bass, 1999, p. 11).

In a study by Echevarria et al. (2017, p. 173), they also recognise the effect of emotional intelligence affecting to transformational leadership. Cummings et al. (2010, p. 378), found out that in healthcare setting, when comparing leadership styles where one is more task-oriented and the other more emotionally-oriented there was a better response to task completion, when the leader was emotionally connected to the staff. They noticed that if a leader focuses more on task completion than understanding the staff’s needs, they might ignore the importance of the relationships and its effect to the patient care. Furthermore, leaders who have an emotional bond with the employees and are showing support and understanding towards their concerns, can reach higher performance among the staff and this way affect positively to the patient care (Cummings et al., p. 378).

In a study by Sellgren et al. (2008, p. 585), it was found that leadership style and work environment play a big role when it comes to perceiving satisfaction from a job. Their study also gives support to a creative work environment, where the manager has the leading role of making it possible by being empathetic towards the subordinate nurses and motivate them. According to Eneh et al. (2012, p. 160), nurse managers are in charge of creating a work setting that is enjoyable for nurses. In order to be able to create a setting like that, the superior and subordinates must be able to have trust in each other (Eneh et al., 2012, p. 160). According to Sellgren et al. (2008, p. 585), to be able to create this creative work setting, the manager has to be able to balance between the group and the individual needs, as well as give space and encouragement to the subordinates to take initiatives. If the manager succeeds to create this kind of work environment, it gives better chances for the nurses to feel satisfied to their job and this way hinder the turnover (Sellgren et al., 2008, p. 585).

By using transformational leadership characteristics as a foundation in examining the views in non-financial motivation, this study will examine, what kind of leadership characteristics are assessed as suitable in the hospital environment. Further, this could lead to contribution to the existing studies with new findings on the effective and suitable leadership strategies from the motivational viewpoint in the hospital environment, which would so have an effect to the turnover and nurses’ satisfaction.

2.2 Summary of Theoretical Point of Departure

In this chapter the main theoretical points of departure were introduced and linked to the study in this thesis; Herzberg’s Two-factor theory providing the base for examining the motivational factors preferred by nurses in hospital environment, as well as Transformational leadership theory that contributes to understanding the of the leadership characteristics that works the best for nurses.
In the next chapter, Theoretical Framework, these theories it will further be explained as well as additional theories will be linked to the earlier mentioned ones, in order to provide a broader understanding of the subject as a whole.
3 Theoretical Framework

This chapter will introduce and explain the relevant theoretical field influencing the study about non-financial motivation in NUS. The theories are used as a foundation for the study and the position, and contributions towards the existing theories are being provided.

3.1 Herzberg’s Two-factor theory

There are many views of how to motivate people and this can make it difficult to know where to start looking. One popular way to view this is through Herzberg’s Two-factor theory. This theory is useful in the sense that it can be seen as a tool to connect strategic with tactical factors in order to manage people. This can aid in the quest to find out what actually motivates people (Herzberg, 1993, p. xvii).

The Two-factor theory can be explained by saying that people are influenced by different factors, divided into hygiene factors which deals with job dissatisfaction, and motivational factors which concerns job satisfaction (Herzberg, 1987, p. 112). According to Herzberg (1987, p. 113) these two factors can also be classified as intrinsic and extrinsic factors. Intrinsic factors are referring to the motivational factors, whereas extrinsic factors refer to the hygiene factors (Herzberg, 1987, p. 113). There are many factors which can affect how employees perceive their job (Herzberg et al., 1993, p. 44), see the summary of Herzberg’s Two-factor theory in table 1. According to Herzberg’s study, the motivational factors were connected to employee satisfaction, whereas the hygiene factors were connected to dissatisfied employees (Herzberg, 1987, p. 113). Seen from the employee’s standpoint, the hygiene factors will only provide one thing, namely preventing the dissatisfaction towards a workplace or employer, combined with poor performance at work (Herzberg et al., 1993, p. 115).

Table 1. Summary of Herzberg's Two-Factors.

<table>
<thead>
<tr>
<th>Hygiene factors (extrinsic)</th>
<th>Motivation factors (intrinsic)</th>
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<tbody>
<tr>
<td>Administration</td>
<td>Achievement</td>
</tr>
<tr>
<td>Company policy</td>
<td>Growth/advancement at work</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>Recognition</td>
</tr>
<tr>
<td>Salary</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Security</td>
<td>Work itself</td>
</tr>
<tr>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
</tr>
<tr>
<td>Working conditions</td>
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When understanding the factors which can affect the motivation, the theory of Herzberg’s forms a good foundation for the studies about non-financial motivation. By understanding, how the different motivational factors can be divided into hygiene- and motivational factors, it allows to use them as guidelines in the study, and further reflect on how this appears in this thesis and if there are similarities or differences.
In their research, Herzberg et al. (1993, p. 133), have, when investigating good and bad feelings about work, seen that when people were happy, they were often talking about their work tasks and the opportunity to grow within the workplace, whereas when they were sad or felt bad, they instead talked about factors surrounding their workplace, such as unfairness. As the definition of the two factors in the theory has been defined earlier, it can here be seen that these two examples represent motivational factors (positive feelings), and hygiene factors (negative feelings).

Herzberg (1987, p. 110) has previously talked about how employers in general do not benefit from motivating by for example financial means, as well as it does not necessarily provide the incentive to keep doing well. This is because it can create a vicious circle where the employee will only be motivated to do something if there is money in it, or in other words, outside stimulation. Here both the employer and employee would be better off if the employer would put more focus on teaching the employee how to create this motivation on their own (Herzberg, 1987, p. 110). Herzberg (1970, cited in Hunt et al., 2012, p. 254) has also mentioned that it can be possible to develop jobs by creating a variety and to focus on initiatives of the different rewarding factors, something which in this case can be done by altering the use of the nursing staff.

The Two-factor theory is relevant for this thesis as the main theme concerns non-financial motivation. It is of high value to understand the underlying causes of motivation, as well as why there might be a lack of motivation among nurses. Here the Two-factor theory provides suitable guidelines and a helpful tool in the analysis of the gathered material. Summarized, it can be said that the motivational factors can fit the crave of inspiration and creativity, whereas the hygiene factors cover the need for fair management handling (Herzberg et al., 1993, p. 116). To contribute to the existing data, this study will provide new insights on the factors that can be seen to have a connection to employee motivation. When examining the most preferred non-financial motivation strategies, it can be also seen if they land more on extrinsic or intrinsic side of the motivation. Herzberg’s theory could this way be used to strengthen the results of the study, if applicable.

3.2 Intrinsic Motivation

“When someone has high internal work motivation, feelings are closely tied to how well he or she performs on the job.”

(Hackman & Oldham, 1980, p. 71).

As mentioned earlier, intrinsic motivation can refer to motivational factors, for example such as performance and the recognition of performance (Herzberg, 1987, p. 113). Intrinsic motivation will therefore be reviewed here, in order to understand the concept more clearly, of how the intrinsic motivation is appearing in the hospital setting and in what kind of effect it has been showed to have towards nurses and nurse managers. Yaktin et al. (2003, p. 385), argue that job satisfaction plays a significant role in nurses’ jobs, because it includes the intrinsic viewpoint and also has a possibility to affect positively to the caregiving in the hospital.

When considering the intrinsic motivation and non-financial motivation as concepts, there has been proof that they are related. Snir (2014, p. 48) found in his study, that non-financial employment commitment (NFEC) was connected to intrinsic motivation. Non-
financial employment commitment as a concept was introduced by Peter Warr (1982, p. 298) as a “value based on employment for reasons other than financial ones”, thus, the non-financial reasons that have an effect to the work commitment. Furthermore, Snir (2014, p. 49) found out that the Nordic countries were in the top of the comparison when it comes to NFEC. He also showed a connection between NFEC and satisfaction at the workplace in his study (Snir, 2014, p. 47-50) as well as connection between job satisfaction and intrinsic job characteristics. Warr et al. (1979, p. 133) defined perceived intrinsic job characteristics as following: “the person’s reports about the degree to which features are present in his or her job which might give rise to intrinsic satisfaction”. Job characteristics will be further developed on the chapter 3.4 to get more perspective on the subject.

These findings provide a perspective when analysing the data found and provide an interesting viewpoint when comparing the results to the earlier studies. As there has been found a connection between intrinsic and non-financial motivation as well as connection between them and job satisfaction, it gives a sufficient foundation for forming the data collection for this study.

In a study conducted by Janssen et al. (1999, p. 1364), it was shown that intrinsic motivation has a connection to the content of the job and the quality of this. According to their study, in the hospital environment the intrinsic motivation is affected by job content, which includes for example relationships with other workers, versatile work tasks and possibilities to acquire new knowledge (Janssen et al., 1999, p. 1366). These diverse factors are what makes the job interesting and worth keeping (Janssen et al., 1999, p. 1366), which again is interesting when looking at the nurse turnover and the factors that affect to that.

In a study by Kangas et al. (1999), it has also been proven that there is a connection among nurses, between the job satisfaction and the recognised collective support coming from colleagues as well as from doctors. In the study conducted by Van Osch et al. (2018, p. 1213), the respect from colleagues was also seen as a motivation factor to stay at workplace when the skills and competences of the employee are being acknowledged and implemented to the team which makes the employee to get the sense of being necessary for the team (Van Osch et al., 2018, p. 1213). Working in a team in general was seen as a significant factor for the work motivation, and the common trust in the team was considered to have a positive effect to the working (Van Osch., 2018, p. 1213).

This could be related to why some nurses keep their jobs even when other settings might not be satisfactory (Hayhurst et al., 2005, p. 286). There is also a relation between the satisfaction and the sense of how sufficiently the hospital is staffed, as it can be rather stressful when there is a lack in the number of nurses as well as when the workload is too heavy (Strachota et al., 2003, p. 112). Compared to Herzberg (1987, p. 113), who defined interpersonal relationships as extrinsic motivation, this gives another perspective of interpreting the factors effecting on intrinsic motivation.

In a study by Gaki et al. (2013, p. 487), it was found that intrinsic motivation factors such as appreciation and job significance were more important to nurses’ than economic rewards. These same factors were also considered the most effective when it comes to motivation (Gaki et al., 2013, p. 489). In another study by Yaktin et al. (2003, p. 389), the intrinsic motivation was found to be in connection to nurses’ job satisfaction when
the extrinsic motivation in turn was not in the same amount. To be able to motivate the nurses better Yaktin et al. (2003, p. 389), suggest that the employees in the manager position could try to decrease the amount of not satisfied nurses by implementing specific actions. As intrinsic actions they suggest actions such as possibility for advancement and further education to be able to work with different tasks. According to Janssen et al. (1999, p. 1366), it would be beneficial for the managers to focus on the work content in order to be able to increase the level of intrinsic motivation at the workplace. Contributing to this thesis, these actions are taken into consideration when forming the base for the explanatory factors to measure non-financial motivation in ER at NUS.

Moody & Pesut (2006, p. 31-32) state in their article that intrinsic motivation based on values has a positive effect on nurses’ communication with patients. According to them, when nurses understand what motivates them the best, they can also influence to their work tasks, which further leads to increased patient safety and also provides better treatment to them. By increasing the usage of intrinsic motivation in the hospital environment, the need for monetary resources used can be decreased and therefore perhaps be directed in a more useful way without lowering the level of job satisfaction on nurses (Dave et al., 2011, p. 104). To be able to decrease the monetary incentives on employees could be beneficial for the hospital, as the available money saved could be used to other resources which need funding. This is a reason to why it should be considered that it is important to understand and research the non-financial motivation more, as it could lead to more satisfied employees and save money in a long-term. According to Toode et al. (2015, p. 255), when acknowledging that intrinsic motivation is the preferred style among nurses, it is important to preserve the current motivation and stick to the same strategies, so that nurses can feel they are appreciated, respected and trusted.

As this thesis is talking about both of the concepts, non-financial motivation and intrinsic motivation, it is important to still understand that these are two different terms and can be interpreted in different ways. Snir (2014, p. 50) had a viewpoint that intrinsic and non-financial motivation are not indistinguishable completely, only in some points. Both of the terms are important to understand since they are the foundation for this study, and refer to incentives that are not monetarily dependent, but as explained further in the following section, extrinsic motivation can sometimes be non-financial as well, furthermore, it cannot be stated that non-financial and intrinsic motivation can be used interchangeably.

As the previous studies have argued, intrinsic motivation plays a significant role in nurses’ work and it is also considered to be more important to them than extrinsic motivation. This provides the foundation for this study and helps to understand the theme better. To understand the other side as well, the extrinsic motivation is introduced on the next chapter to be able to provide a broad understanding of the subject to the reader.

3.3 Extrinsic motivation

Ryan & Deci (2000a, p. 60) defined extrinsic motivation as doing something to reach a wanted consequence. As mentioned earlier in the Background chapter, extrinsic motivation could be an act of doing something because of the result of the doing, such as a scholarship or a prize. This is what distinguishes it from the intrinsic motivation, as the motivation is based on different understanding of why the activity is done. As Herzberg (1987, p. 113) argued, extrinsic motivation was connected to dissatisfied employees. He
also mentions factors such as interpersonal relationships and supervision as extrinsic motivation (Herzberg, 1987, p. 113), which are factors that has been described as effective in motivating the nurses (Brady Germain & Cummings, 2010, p. 438) non-financially. Based on this, it cannot be said that the extrinsic factors are only affecting to the satisfaction negatively as referred in Herzberg (1987, p. 113). When conducting this study and learning more about non-financial motivation and preferred leadership characteristics and other factors, it will be interesting to see in which extent the motivational factors appreciated by nurses and managers are extrinsic and in which extent intrinsic. This will give more understanding on if the Herzberg’s theory is still applicable.

Extrinsic motivation is also often connected to financial rewards, such as salaries, yet external benefits in general are common factors in motivation (Dill et al., 2016, p. 105), and in that way it could be considered to not fit to this study limits as the focus will be on non-financial factors. Although, some of the Herzberg’s extrinsic factors can be understood as non-financial motivation factors, which is why it is important to explain the concept of extrinsic motivation as well. The difficulty in the interpretation arises when comparing different theories, as like mentioned in Herzberg, he sees supervision as a hygiene factor, and so, extrinsic motivation. Although, in many studies the motivational factor recognition is seen as an intrinsic motivation, even though it often comes from a human side, and thus could be interpreted as extrinsic. Furthermore, as delimitations must be made, the extrinsic motivation will not be examined in larger meaning, but it will be taken into consideration when analysing the acquired data.

3.4 Job characteristics theory
The Job characteristics theory focuses on how to motivate people through the design of their work (Hackman & Oldham, 1980, p. 71). This is a theory which over time has been evolved with multiple theories, including the Two-factor theory, as an inspiration (Hackman & Oldham, 2010, p. 464), and just as Herzberg’s theory, the Job characteristics theory recognise that a person must have certain factors fulfilled in order to be able to be motivated (Hackman & Oldham, 1980, p. 86).

This proposes three key variables for internal motivation to arise and to persist in the workplace, as well as having a generally high job satisfaction and working more effectively. Namely, that the person in question has to have knowledge of their result, they need to experience responsibility, and they need to experience their work as being meaningful (Hackman & Oldham, 1980, p. 72-73). To break these variables down a bit, it can be said that the experienced meaningfulness of a job requires a mix of skill variety, task identity and task significances, for the experienced responsibility it is important with autonomy, and for the knowledge of the results it is key to get feedback from the job (Hackman & Oldham, 1980, p. 77). Hackman & Oldham (2010, p. 464) have explained the characteristics as following; skill variety refers on how multifunctional the job is, such as what kind of different abilities are needed. Task identity measures the in what extent the job requires the worker to perform a task from start until the completion. The third characteristics, task significance measures the effect of the job towards other people, this includes the people working in the company as well as outside of it. When measuring autonomy, it includes factors such as possibilities to affect to the way of working as well as affecting to the work schedule whereas feedback refers to the comments regarding the completed tasks (Hackman & Oldham, 2010, p. 464).
These five can also be called Core Job Characteristics. It is however important to know that these variables are not necessarily ideal for all people, as motivation can be highly individual (Hackman & Oldham, 1980, p. 83).

Table 2. Core Job Characteristics.

<table>
<thead>
<tr>
<th>Core job characteristics</th>
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<tbody>
<tr>
<td>Skill variety</td>
</tr>
<tr>
<td>Task Identity</td>
</tr>
<tr>
<td>Task significance</td>
</tr>
<tr>
<td>Autonomy</td>
</tr>
<tr>
<td>Feedback</td>
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Job Characteristics theory was influenced by work commitment when it comes to turnover (Wan et al., 2018, p. 1338). Although, the job characteristics were indirectly influenced via engagement, which means that the nurses need to feel committed to the job characteristics in order to feel that they want to stay (Wan et al., 2018, p. 1339). In order for nurses to move the positive sides of motivating work features towards an aim of staying in their workplace, it is essential for them to be committed and to be engaged in their work (Wan et al., 2018, p. 1338). They also suggest that leaders in the hospital should have specific plans on how to make the atmosphere in the hospital better as well as increase the commitment of the nurses and make the factors of Job characteristics more easily motivating and thus increase the retention rate in the hospital (Wan et al., 2018, p. 1339). Nurses should be provided chances for developing and acquiring new information by getting new work tasks to keep them motivated as well as provide them a chance to be more independent in their work so that they can feel appreciated and recognized. They also conclude in their study that supportive work setting can help the nurses to stay committed to their job (Wan et al., 2018, p. 1339-1340). This is useful information in this study, as it could be used to interpret the data gathered and this way understand the important motivation factors in nursing job and how they affect to everyday motivation.

The Job characteristics theory is important for this thesis because of the relation to different kinds of motivation and how it talks about the importance of managers to design the work for the employees in a motivational way. Wan et al. (2018, p. 1334), mention that Job characteristics theory has not been used enormously in nursing studies, which makes it an interesting theory and by using it, it might provide new information around the study field. Although, it contributes to the other previous studies when it comes to nurse motivation and satisfaction and this way fits to the foundation for this thesis.

3.5 Transformational leadership

Transformational leadership as a concept was developed in the late 1970’s when Burns defined the new leadership theory and named it to transformational leadership (Eagly et al., 2003 p. 570; B. Bass & R. Bass, 2008, p. 618). According to Bass (1990, p. 21), leaders using transformational leadership strategy have some specific manners on how they motivate the staff to aim for the wanted goal:
“they may be charismatic to their followers and thus inspire them; they may meet the emotional needs of each employee; and/or they may intellectually stimulate employees”.

Bass (1999, p. 11) has classified the characteristics of transformational leadership to different ways of affecting to the followers.

- **Idealized influence and inspirational leadership** reflect to the leader’s actions of showing the subordinates the aspired way of acting at the workplace and showing example and this way inspiring the subordinates to aiming for the same.
- **Intellectual stimulation** reflects the behaviour of encouraging the subordinates of thinking outside the box.
- **Individualised orientation** is shown in the leader’s behaviour when is an additional guidance or help is needed to establish the individual progress of the follower.

By using these strategies, the leader will contribute to developing the subordinates in the workplace (Bass, 1999, p. 11) When using motivation and inspiration, these transformational leaders are likely to affect to the workers’ motivation beneficially (Enwereuzor et al., 2018, p. 350).

Transformational leadership is described as a process where the manager has an idea on how to act and the staff is then allowed to tell their opinion on the plan (Robbins & Davidhizar, 2007, p. 235). Robbins and Davidhizar (2007, p. 235) also state, this way the workers can feel as they are part of the process and that the manager listens to them, something which creates a feeling of togetherness and helps to accomplish the targeted goals. In organisations where transformational leadership is used the level of performance is also high (Bass, 1999, p. 11).

Transformational and transactional leadership terms were defined already in 1978 by Burns (Bass, 1999, p. 9) and even though the time has passed, it can be assumed that the base definition of the term has still a valid meaning. To be able to compare and use these theories, the nowadays perspective has to be taken into account. The authors state, that it could mean that the transformational leadership style helps to make nurses to stay in their jobs and also decrease turnover (Medley & Larochelle, 1995, p. 64N).

According to a study made by Medley & Larochelle, (1995, p. 64NN) nurses who were in a managerial position and used transformational leadership style instead of transactional style, seemed to have a more satisfied nurses working. Transactional leadership style refers, as the name reveals, transaction between the superior and subordinate (Bass, 1990, p. 20). The leadership style is based on rewarding employees who do their work well, and on the other hand penalizing employees who do not. According to B. Bass & R. Bass (2008, p. 618) when the employee performs according to the set goals, she/he will find it valuable on psychological and material level, yet when the performance is not satisfactory, it will be experienced as negative through adversity and sanctions.

There has been proved to be a link between employee satisfaction and the leadership strategies used in hospital environment, and that again has an effect to how satisfied the patients are (Robbins & Davidhizar, 2007, p. 234). According to Enwereuzor et al. (2018, p. 348), the nurse manager should use a leadership strategy that has an inspirational effect
to the nursing staff’s work motivation. According to the studies, leaders who provide a supporting and motivational environment make the subordinate nurses see their job as more engaging and interesting, and in this way make them more committed to their work (Enwereuzor et al., 2018, p. 350). Several studies have provided evidence for transformational leadership being effective when it comes to managing nurses and their intention to stay at the workplace (Cowden et al., 2011, p. 472; B. Bass & R. Bass, 2008, p. 647). This again has an impact on the turnover and staff retention rate.

In a study conducted by Echevarria et al. (2017, p. 173), transformational leadership is also recognised as the preferred leadership style on the viewpoint of nurse managers. According to their study, using transformational leadership in managing nurses can lead to better staff performance and wanted results in hospital setting. Echevarria et al. (2017, p. 172) have also found out in their study, that emotional intelligence plays a role when it comes to transformational leadership. Thus, they suggest nurses in the managerial level should develop their understanding on emotional intelligence in order to being able to understand it and knowing what it means. Emotional intelligence is defined as following

“the ability to perceive emotions; to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth”

(Mayer & Salovey, 1997, p. 5).

According to Vitello-Cicciu (2002, p. 209) emotionally intelligent nurse managers are able to understand others’ feelings as well as communicate their own feelings truthfully. Continuing, this kind of leaders are also able to acknowledge if the feelings are true or fake. This helps the managers to better understanding the subordinates and how they feel at work (Vitello-Cicciu, 2002, p. 209).

That is why this aspect is further researched in this thesis, to find out, if the characteristics of transformational leadership style are commonly used among manager nurses to use to motivate the staff. This thesis studies the factors which the nurse managers are finding relevant in their work to be able to motivate the subordinate nurses. When conducting the interviews, transformational leadership as a theory will be taken into consideration to see, if the study in NUS supports the earlier results of the position of the transformational leadership as an effective leadership style on nurses.

3.6 Summary of the Theoretical Framework

The theoretical framework was studied in order to understand the subject from the viewpoint of the earlier research and theories as well as to show the position of this thesis in the study field. As seen, there has been earlier studies in the nurse motivation field, but not a straight connection to the non-financial aspect from the managerial side, which is thus further developed in this thesis. Together with the view of the nurses, it could provide more information on the possible similarities or differences in the ER environment. The theories provided guidelines for what has found to be effective in the nurse motivation and how this could be useful for the managers. According to Gaki et al. (2013, p. 489), it is possible to enhance the health care system’s functions by paying more attention to nurses’ performance and that they feel good in their workplace. That is why it is important to research the subject more.
Intrinsic and extrinsic motivation were defined by Ryan & Deci (2000b, p. 71) and further, Herzberg’s Two-factor theory presents the motivational and the hygiene factors in the workplace which are linked to workers’ motivation (Herzberg, 1987, p. 113). Intrinsic motivation has been further introduced as well as its link to non-financial motivation and how these both are connected to job satisfaction (Snir, 2014, p. 47-50). In the chapter for the Job characteristics theory, the different core characteristics were introduced and their effect on the employees’ commitment and retention. In the last theory chapter about transformational leadership the concept was explained, and the earlier research was presented concerning the subject. In general, a connection between the right leadership style and employees in the hospital environment has been recognised (Robbins & Davidhizar, 2007, p. 234).

3.7 Literature search
Sources used in this thesis are found from Umeå University Library and their article database as well as the Google Scholar database. By using these databases, it has been possible to find relevant articles and books to strengthen the arguments for this thesis and to provide an extensive background for the subject. As a limiting factor in the article search it was chosen to only use peer-reviewed and articles that could be use in the respective native languages, to avoid irrelevant or false information as well as avoiding issues raising when translating text from foreign languages. In a case where the original source could not be found, secondary references were used in the text, although, this was avoided as far as possible, in order to try to find the original references and original meaning, therefore limiting misunderstandings and misinterpretations.

During the literature review, key words were used to be able to find the relevant literature. In the beginning, simple words such as “motivation”, “non-financial motivation”, “nurse” and “nurse manager” were used. These words were combined in different orders, to see the results the different combinations provide. After acquiring the foundation literature for the study, additional words were added to the key word combinations, to found more connections to the used theories, such as “intrinsic motivation” and “transformational leadership”. This way, the relevant literature and further, the theoretical concepts were able to be found and this way for the base for the study.

Some of the sources used in the thesis can be considered to be rather old, with some of them going back to the 1950’s. It needs to be taken into consideration that new theories are constantly developed, but for this thesis all the sources have been analysed and found relevant. For example, Herzberg’s Two-factor theory, which is a highly relevant and classical work, where it has been chosen to use the original author to explain the concepts in an edited book originally published in 1959, as it provides the most accurate information about the topic at hand. This is a theory which is still widely used and highly relevant for the topic of this thesis.

As an addition to articles and books, data from the NUS was used as background information about nurses and their turnover.

As an addition to articles and books, data from the NUS was used as background information about nurses and their turnover.

After reviewing the literature, it has been useful to make a division into different aspects. As some of the characteristics in the previous literature give support specifically to leadership characteristics, are they from now own considered as a separate concept. Further the other concepts from the literature are forming a more diverse classification of motivation factors, which is why the a considered as a one separate group, work related
factors. This division is done, in order to better understand the different concepts affecting non-financial motivation, and to measure them better. This is also done due to make the interview guide clearer.
4 Research Methodology and Method

The research methodology and method chapter will present the different methods which have been used in the data collection as well as in the analysis of the data. It will provide a motivation of these with positive and negative aspects which can be seen from both a theoretical and a practical standpoint. This is done in order to critically evaluate the selected methods as well as connect the theoretical and practical approaches together.

4.1 Philosophical considerations

In this part the research philosophy regarding the study will be defined and explained. According to Saunders et al. (2007, p. 101), it means “the development of knowledge and the nature of that knowledge”. The comparison between the best research approaches are irrelevant to make, instead the best approaches for the study should be chosen (Saunders et al., 2007, p. 116).

4.1.1 Ontology

As Long et al. (2000, p. 190), defines, “social ontology refers to assumptions held about the nature of social reality”, meaning, what kind of beliefs the researchers have concerning the world’s functioning (Saunders et al., 2007, p. 108). Ontology focuses on the understanding of social objects’ attributes and is trying to understand, if these social objects are existing independent from social effect or whether they are created through the effect from social factors. These two dimensions are called objectivism and constructionism. (Bryman & Bell, 2011, p. 20, p. 386).

Objectivism focuses on the claim that “social phenomena and their meanings have an existence that is independent of social actors” (Bryman & Bell, 2011, p. 21). In other words, social actors and the social phenomena are existing in different dimensions and thus, with the knowledge of this, it is possible to limit the effect of the phenomena (Bryman & Bell, 2011, p. 21). Bryman & Bell (2011, p. 21) describe objectivism as an organisation, where the rules are determining the standard practises and actions that the people follow.

As this thesis is focusing on the hospital environment, it would be most relevant to take the constructionism as a position. In constructionism social factors are building and affecting the social environment constantly (Bryman & Bell, 2011, p. 22; Saunders et al., 2007, p. 108). In a hospital setting where the situations are constantly changing and the time for pre-scheduled actions is limited, it can be said that the social actors and the social phenomena are constantly interacting. When a patient is brought to the ER, it most often is not standardized actions which are needed, but instead adapting to the situation where many factors are affecting at the same time. This is why the constructivism as an approach is the most suitable for this study.

4.1.2 Epistemology

According to Long et al. (2000, p. 190), epistemology is explaining the foundation of which knowledge is based upon, as well as how this can be communicated. Bryman & Bell (2011, p. 15) in turn describe that epistemology focuses on finding out what can be considered as valid knowledge.

Epistemology includes two different views, positivism and interpretivism (Bryman & Bell, 2011, p. 15-16). They describe positivism as “position that advocates the
application of the methods of the natural sciences to the study of social reality and beyond” (Bryman & Bell, 2011, p. 15). Positivism has some special characteristics which defines it, and Bryman & Bell mention the following as the foundation to positivism: what can be understood as a real knowledge, must be able to experience by senses (Bryman & Bell, 2011, p. 15). In other words, it is only possible to produce actual data when the phenomena can be observed (Saunders et al., 2007, p. 103).

Another aspect of epistemology is called interpretivism. It has a different viewpoint compared to positivism and takes into consideration the people and the difference between them as social actors compared to objects (Saunders et al., 2007, p. 106). Interpretivism can be said to focus on how to, through examining an actors’ view of the world, understand the social world (Bryman & Bell, 2011, p. 386). In interpretivism, the researchers think, that when conducting a study which concerns social sciences, it must be conducted using different strategies so that it takes into consideration the human aspect (Bryman & Bell, 2011, p. 16), and then it is important that the ones conducting the study have an empathetic viewpoint (Saunders et al., 2007, p. 107).

Bearing in mind the descriptions between the two different epistemological aspect, the interpretivist view is chosen to this study, as it is more suitable considering the study of this thesis is precisely concerning the relations between people, and the human aspect is in the spotlight of the study. As an environment, a hospital is a place where the humans are interacting constantly, and when conducting a study there, the human aspect is critical to take into the consideration. That is why, when conducting this study, the interpretivist approach provides the right aspect on the knowledge understanding and interpreting the acquired data. When studying about non-financial motivation, it is noticed to very often be connected to the relationships and interactions between the people. That is why it would be impossible to conduct a study and find relevant data, without taking the human aspect into consideration, as it is the foundation for the phenomenon.

4.1.3 Axiology
Saunders et al. (2007, p. 110) define axiology as a “philosophy that studies judgements about value”. Axiology represents the values of the writers of this thesis, which can be shown through the chosen subject as well as the philosophical positions (Saunders et al., 2007, p. 110). In axiology the acquired data from the research is compared to the values of the culture through different aspects, such as consideration, assessment and rationalisation (Carter & Little, 2007, p. 1322-1323). According to Collis & Hussey (2014, p. 48) when conducting a positivist research, the values of the researchers are not acknowledged, furthermore, in an interpretivist study the values are recognised, and they are of use when trying to understand the phenomenon.

As this study is taking an interpretivist viewpoint, the values of the authors are taken into consideration. To be able to conduct this study, a human perspective is crucial to understand, which further requires a human to interpret these perspectives. The results from this study could be biased (Collis & Hussey, 2014, p. 47), as they are being interpreted by the understanding of the authors, rather than as facts, that have no room for interpretations. Although, mostly, the values of the authors in this study can be seen through the chosen data collection method as well as the qualitative research method. The human perspective of the study is implemented in this thesis and the semi-structured interview style was therefore chosen, in order to understand the human interaction and its effects to the work environment.
4.2 Research Approach
A deductive approach is described as a familiar way of understanding the connection between theory and research, where the already known information is used to create a hypothesis which is then tested with an analysis (Bryman & Bell, 2011, p. 11). The deductive approach is commonly linked to the quantitative study, and as the purpose is to acquire information that can be generalised, a significant amount of numerical data is needed (Saunders et al., 2007, p. 117-118).

An inductive approach, on the other hand, puts its focus on creating a theory from the results of the study (Bryman & Bell, 2011, p. 13). Therefore, the process goes the other way around compared to a deductive approach. According to Saunders et al. (2007, p. 119), a smaller sample in the research is preferred in the inductive study, as compared to deductive study, where the sample is often bigger.

As the aim of this thesis has been to understand and synthesise the non-financial motivational attributes from nurse and manager viewpoint in a specific setting, an inductive approach will be most relevant. This can be used as there is a lack of research within the area, and an inductive approach can aid in the work of understanding the situation better from different angles, as well as drawing conclusions in the area. Saunders et al. (2007, p. 119), also state, that an inductive approach tends to focus especially on the setting of the study, in this case the hospital and moreover the ER, which further supports the chosen approach.

4.3 Research Method
There are two different approaches on how to conduct a study, namely, qualitative or quantitative (Bryman & Bell, 2011).

Quantitative research measures the data based on the quantity of the data collection as well as in the analysis and focuses on theory testing through a deductive approach (Bryman & Bell, 2011, p. 27). Quantitative research has a focus on numerical methods and large samples, for example through surveys and questionnaires (Bryman & Bell, 2011 p. 150, p. 152). As quantitative research has a numerical focus, the opposite is qualitative research, which focuses on words (Bryman & Bell, 2011, p. 386). Qualitative research method uses an inductive approach and focuses on finding a theory, rather than testing one (Bryman & Bell, 2011, p. 386). Some of the commonly used methods in qualitative research include ethnography or participant observation, qualitative interviews and focus groups (Bryman & Bell, 2011, p. 389).

There is a significant difference when comparing the quantitative and the qualitative research regarding the level of the structure in the studies (Bryman & Bell, 2011, p. 411). As quantitative research often is quite strict in its structure, it makes it possible to research the exact wanted viewpoint. This is different compared to qualitative research, which tends to have an open structure, and, in this way, it can improve the chances of acquiring the needed knowledge (Bryman & Bell, 2011, p. 411). This is a reason for why the qualitative research approach has been the chosen method for this thesis, as the aim is to get in-depth information about the motivational factors and therefore qualitative interviews are better option to this compared to survey, were the questions are more structured. Another factor which can support the qualitative study from the viewpoint of understanding, is the fact that qualitative study aims to understand the people in their natural environment as well as their importance and meaning, and in the setting where
the research is actually focusing whereas quantitative research has its focus on general information which can be applied to a large population and also, the research is often done in an unnatural and restricted setting (Bryman & Bell, 2011, p. 411-412; Ghauri & Grønhaug, 2010, p. 105). This research is focusing on specific setting, the ER, where the research is based on the specific location and aiming to gain understanding of the employees in the ER, not everywhere in the hospital. This gives support on the choice of qualitative method to be used in this study.

4.4 Research Design & Strategy
The research in this thesis has an exploratory approach, as it considers an issue where there is not sufficient amount of literature yet (Collis & Hussey, 2014, p. 4). As the research is of a qualitative nature, the aim will be to create new information of the subject at hand (Collis & Hussey, 2014, p. 4). This thesis aims to gain more understanding in the area of non-financial motivation and how it is assessed by nurses and managers in the hospital environment, specifically in the ER. Further, the aim is to investigate how this data could be synthesised. According to Saunders et al. (2007, p. 133), an explorative study is a good choice when trying to interpret the chosen research. By choosing exploratory approach, it is possible to increase the knowledge in the field of study and contribute to the existing literature with more data and by providing new aspects. Collis & Hussey (2014, p. 4) also describe exploratory study as:

“gaining insights and familiarity with the subject area for more rigorous investigation at a later stage”,

which represents the aim in this study as well. Even more studies in the field are needed after this to gain more understanding on the subject on a larger scale. This can for example be what kind of effects the similar or different assessment towards non-financial motivation can create, which represents the aim in this study as well.

Exploratory study is therefore suitable for the study in this thesis, as the aim is to gain insights on the non-financial motivation factors from the nurse and manager viewpoint in the ER. The goal is to understand the reasoning behind the views and how these factors are preferred by the subordinates, and this way create new information on the subject.

4.4.1 Case study
According to Saunders et al. (2007, p. 135), there cannot be made any comparison based on the superiority of one strategy, but the focus should be on what works the best for the study. A comparison between different research strategies was made, and based on the information, the case study was selected to be the most suitable.

Bryman & Bell (2011, p. 60), writes in their study that a case study can be linked to a specific site, for example to an office, or in this case, a hospital department. As the study in this thesis concerns NUS, the most accurate and relevant research strategy would be a case study. To differentiate a case study from other studies, Bryman & Bell (2011, p. 60) define it to have: “the focus on a bounded situation or system, an entity with a purpose and functioning parts”.

They also describe that in a case study, it is the case itself, which is the factor of interest, where the study is contributing to find a deeper understanding of it. All of which suits this thesis and therefore a holistic single case study (Yin, 2009, p. 46) was decided to conduct.
According to Yin (2009, p. 48), single case can be used when the case is representative. The ER at NUS is thus in this study considered as a representative for emergency rooms. When conducting a qualitative research where less-structured interviews are used and the goal is to acquire in-depth data, case study is especially useful (Bryman & Bell, 2011, p. 60). They also mention that inductive position for the study is often taken when conducting a qualitative study, which also supports the decisions made regarding this study.

Ethnography was considered as another suitable strategy for the study because it is found useful when studying a specific setting from the viewpoint of the research participants with an aim to in-depth knowledge (Saunders et al., 2007, p. 143). Although, this was left out, as ethnographic studies often take a significant amount of time (Saunders et al., 2007, p. 142). This is another reason to why the case study was chosen, as it does not necessarily have to be very time consuming (Yin, 2010, p. 15), which with the limited time and resources would not have been possible for this thesis.

4.4.2 Emergency room at NUS

The location of this case study is, as mentioned earlier, NUS. It is a rather large hospital in northern Sweden with around 400 departments all over the region⁵ (personal communication, April 29, 2019) and has about 2800 registered nurses on site in Umeå⁶ (personal communication, March 26, 2019). It has been voted to be Sweden’s best university hospital for three years (Dagens Medicin, 2019). As the external turnover rate is at a level of 8%⁶ there is still a lot of work needed to be done in order to create a more sustainable turnover rate. This makes NUS interesting to investigate as there has been the ranking for being the best university hospital and there can therefore be an incentive to keep the good ranking. While writing this thesis it was difficult not to take the opportunity to research this hospital when the chance arose, and to be able to be part of possible improvements within the health care sector.

In this study the focus is aimed on the ER, as it was necessary to limit it to a smaller segment. The ER was chosen as the study object due to its hectic environment, where the motivation is important to keep up with the challenging work. ER is an interesting department, where every workday is different. This provides an interesting viewpoint into the employee motivation as the work tasks are varying. For the nurses as well as the managers, this can mean that factors such as having to be able to be flexible, to prioritise and to make fast decisions are highly important. Therefore, the ER can be seen as a department where there are no specified tasks that one nurse does every day, but rather the daily schedule is differing, which makes it important to be motivated no matter what the work task might be.

When arriving to the NUS, the ER was not difficult not find, as there are signs pointing out the direction, all over the hospital. The ER is the place where the patients are brought in during acute situations, where they receive the first-hand treatment, and after that are further moved to the other departments of the hospital depending on the care needed for the specific case. As described during the interviews, no day is like the other when working in the ER, and the situations are changing constantly. Evenings and weekends are often the high-peak periods and early mid-days are calmer. In the ER there are 137

⁵From email conversation with HR assistant at Region Västerbotten, 29th of April 2019.
⁶From email conversation with HR assistant at Region Västerbotten, 26th of March 2019.
employees working, from which 45 are registered nurses and 34 assistant nurses\(^6\) (personal communication, April 29, 2019). The nurses work in three shifts, which means that day, evening as well as night shifts are included in the work schedule. The work tasks in the ER nurses’ job included responsibilities such as taking blood samples, examining to see if the patient is at the right department or if they would receive more appropriate help somewhere else, etc.

The managers in the ER are dividing the different responsibilities when it comes to personnel related questions and supervision. They perform both office tasks as well as working along the nurses on the ER. Recently, there has been a change in the manager positions at ER, which has resulted with three new managers within less than a year. This fact is taken into consideration, when analysing the acquired data.

The figure below represents the different positions at the ER. The nurses are forming the base unit, where of the senior nurses that have a longer work experience are having more responsibilities, and they usually help the other nurses as well. There is also always a nurse that is working as a shift manager. A section leader is responsible for delegating the tasks in the department and working as a responsible. Nurse managers are not working in the floor level the same way as the nurses do but are rather having other tasks in the office such as personnel related questions. Department manager works with similar duties, but is the responsible for the whole department, and the nurse managers mentioned earlier are also sub managers to the department manager. Regional manager is the responsible for the emergency care in Västerbotten county.

![Figure 1. Different positions in the ER.](image)

To find respondents and to acquire the access of the ER, a hospital co-ordinator was contacted with a brief description about the thesis and who the study would benefit from interviewing. The co-ordinator provided direct contact information to the department manager at the ER and through this it was possible to plan and schedule the interviews. Finding the interviewees was not the easiest of processes, and multiple emails were required to change in order to book the interviews with the respondents. Also, the interview invitation was first forwarded to nurses’ emails, which, considering afterwards, was not the most suitable way, as many of the nurses had not even notice the invitation, but rather heard about that when the manager was taking it up during morning meeting. This obstacle was further overcome by continuous interacting with the department and scheduling the first interviews also resulted in additional respondents wanting to participate.

### 4.5 Data collection

For this thesis the chosen data collection method has been interviews. These have been conducted in a semi-structured way, in order to collect the type of information needed to answer the research question at hand (Saunders et al., 2007, p. 314). It can provide a personal contact with the interviewee and gives the opportunity to go in-depth on certain themes, all depending on the interviewee. It has also been found that, in general, managers tend to agree on participating in interviews rather than answering questionnaires, as it gives them a chance to reflect on their situation without the need of writing it down and
putting extra effort in it (Saunders et al., 2007, p. 316). This is something which has been taken into consideration when deciding between the different methods of data collecting. In order to provide a solid base for this study, there has also been an analysis of various relevant, previous research and theories within the area of non-financial motivation.

4.5.1 Sampling
NUS is constructed by around 400 departments all over the region\(^7\) (personal communication, April 29, 2019). Considering the time frame, focusing on the whole hospital’s non-financial motivation would not have been possible. When there is no possibility to include the whole population as research participants, sampling is used (Saunders et al., 2007, p. 206). Based on the interests of the authors, a sample was selected from the hospital nurses and their managers in the ER, as it is a place where quick decisions are needed and there is no space for unmotivated staff. Assistant nurses were left out from this study, as the previous literature was mainly focusing on nurses and as the work tasks between nurses and assistant nurses are in some point differing, the results would be better by only looking at registered nurses.

The sampling method used in this thesis is self-selection sampling, which according to Saunders et al. (2007, p. 223), refers to a way of sampling where the participants themselves decide if they want to participate. Contact was made with the hospital personnel who were responsible of nurses, who then further messaged the interview invitation (see appendix 1&2) to the nurses and their managers in the ER.

The sample was chosen to only consist of the ER employees, as it would contribute better to the study and making the research more focused. Interviewing nurses and managers from different departments to use as a common base for the analysis would not have given as reliable data because of the possible differences between the departments. Furthermore, it would not have been relevant to compare the opinions of the nurses and nurse managers in different departments, because of this. By focusing on one department, a more in-depth focus on how the motivation is appearing in the department and how big effect the non-financial motivation has in that department, can be acquired. Henceforth, it can also provide useful information to the ER about nurses’ motivation and how the managers are contributing to it.

In the following table, the ER employees in numbers, at NUS is presented. The number of interviewees by position is stated, as well as the percentage of which the respondents are presenting from that position. Further, the total percentages of the whole ER population as well as of the targeted sample are presented.

Table 3. ER statistics: Umeå.

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of employees</th>
<th>Number of interviews</th>
<th>Percentage of interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant nurses</td>
<td>34</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>45</td>
<td>5</td>
<td>11,11%</td>
</tr>
</tbody>
</table>

\(^7\)From email conversation with HR assistant at Region Västerbotten, 29\(^{th}\) of April 2019.
4.5.2 Selection criteria and participants

The participants in this study have been chosen from the group of people working at NUS. The interviewees have their work position in the ER and the interview process included both registered nurses, as well as the managers of these nurses, in order to get a broad understanding of the subject. Hence, to be able to get the full view and data from all different parties regarding the issue. This aids in the quest to fully understand the situation at hand. An addition to the managers at the ER at NUS, a reflective interview was conducted with a manager from an ER department in another hospital belonging to the same region to gain more insights to the issue at hand and for deeper knowledge as well as possible reflections.

There are altogether 45 registered nurses who work in the ER and which received the interview invitation to their email. After sending the interview invitation, one positive answer to participate to the interview was received. In order to find more people to interview, the nurse manager at NUS was approached and asked again to see if there would be more nurses willing to participate in this study. By re-approaching the manager, four more nurses were found to interview for the study, which of one had experience about managerial tasks and was able to contribute to the study from managerial perspective as well as a nurse perspective.

In the ER at NUS there are altogether four managers. One manager works as a regional manager for the emergency care in Västerbotten county, one as a department manager and two as sub-managers to the department manager. Out of these four managers, there was two positive answers to participate in an interview. Even though the manager sample is small, it still covers 50% of the possible managers to be interviewed, which can be considered sufficient. The third manager who was interviewed came from the ER at the hospital in another municipality within Västerbotten county. This manager was interviewed for gaining a deeper understanding of the ER non-financial motivation preferences, and to compare with the data gathered from NUS at the same time as maintaining the similar setting by still being located in Västerbotten county. The data from the reflective interviewee will not be used to draw main conclusions concerning the study, but it provides additional viewpoints to the issue at hand and can provide a reflection in synthesis.

This number of interviewees was determined to be enough in order to be confident that sufficient amount of data was retrieved, as well as it was a fair portion of the staff at the selected ER. A table to summaries the interviews has been conducted and can be found in appendix 3. It contains information regarding the title of the interviewees, the length of the interviews, and also the location used.
Focusing only on one department in this study was found to be slightly challenging, as all the interviewees would need to be found from a small segment and the number of managers in one department was rather limited. The combination with that the ER often is busy and unpredictable, made it hard to find time to conduct the interviews. At the same time, it made the thesis project more interesting, as a specific location was studied and the possibility to gain understanding of the bigger picture was provided.

4.5.3 Interviews
According to Bryman & Bell (2011, p. 466) there are significant differences in between the various interview styles used in qualitative and quantitative research. In general, qualitative interviews can be seen as more open and unstructured compared to those used in quantitative interviews. This is because of the qualitative research wanting to understand the persons interviewed more in-depth whereas in quantitative research the aim is more towards explaining the interests the researchers have. (Bryman & Bell, 2011, p. 466).

When it comes to qualitative research, there are considered to be two different ways of conducting an interview; unstructured interview, and semi-structured interview (Bryman & Bell, 2011, p. 465). The qualitative interview methods are usually more adjustable than quantitative interviews, which makes it easier for the researchers to extend the interviews towards a subject, which may come up during interview, or add additional questions to the interviewee to get more in-depth information and a better understanding about the topic at hand (Bryman & Bell, 2011, p. 467). Unstructured interviews are usually only based on a couple of ready-made questions and the interviewer allows the interviewee to talk openly, only interrupting when asking some specific questions important enough to understand better (Bryman & Bell, 2011, p. 467). Unstructured interviews were considered unsuitable because of the lack of time and resources, and therefore the risk of not gathering relevant data was creating possible obstacle.

Another interview strategy used in qualitative research is the semi-structured interview. In this type of interview strategy, the researcher will stick in ready thought themes (Saunders et al., 2007, p. 312) and an interview guide is used in order to guide the interviewer and the interviewee through the topic at hand, making sure they both stay on track while allowing the interviewee to speak freely about the topic (Bryman & Bell, 2011, p. 467). Here the interviewer can raise up additional questions based on the interviewees’ comments and build the coming questions on this (Bryman & Bell, 2011, p. 467).

The chosen method for the interviews conducted during the study is the semi-structured interviews, as it can be considered most suitable for this study. Semi-structured interviews are also seen as a useful strategy in qualitative case studies (Saunders et al., 2007, p. 313). By conducting the interviews in a semi-structured manner, the study has been able to cover all the factors needed to answer the research question, without ending up on the wrong path. Using semi-structured interviews also brings a sense of control in that all interviews has been conducted in a similar way, as well as gathered enough data for the analysis, and that the interviews would not differentiate too much compared to each other. Semi-structured interviews are also useful when an interpretivist approach is adopted as it is able to provide more in-depth information about the situation, as the participants can more freely add additional comments during the interview (Saunders et al., 2007, p. 315). This is highly preferable in this study, as the aim is to make the interviewees feel
comfortable and talk freely about their feelings and opinions regarding the work itself and the work environment. This way there is a hope to acquire information outside the interview guide, which would broaden the understanding concerning the subject. By having the possibility to adjust the interview based on the interviewees character and personality it was found to be more useful when it came to data collection, for example, to let the person who is talkative to talk longer and more, and the ones who did not felt as comfortable, just answer on the questions stated and give them time to think about the answers and what they want to say.

To create a better flexibility when it comes to interviewing people, another option presented to the interviewees was to answer questions via email or over telephone. This has several positive outcomes as for example, email interviews do not require any extra recording, also limiting any risks associated with transcribing (Saunders et al., 2007, p. 342). This type of interview also has the benefit of removing some issues which could be related to accuracy, as well as the apprehension of the interviewees (Saunders et al., 2007, p. 343). On the other hand, a negative aspect of this compared to an interview conducted face-to-face is the lack of human interaction (Saunders et al., 2007, p. 342). These aspects could in a way influence the result of the study, both in a positive or a negative manner. For instance, an interviewee who has the time to properly think about what to answer a question and how to word it, would probably not have the same answer compared to if they had to just say when it comes to mind at the moment. This can lead to the answers being either more or less accurate. After close consideration of the positive and negative aspects, it was decided that this option would be presented when interviewees did not have the possibility to meet in person, in order to have a bigger sample for the analysis.

4.5.4 Conducting the interviews
In total, five nurses and three managers were interviewed for this study. The interviews were conducted face-to-face at NUS as well as two of them via email and telephone. The locations were chosen based on the interviewees’ preferences, so they would feel as comfortable as possible, as well as making it easier for them to take a break from their work tasks in order to participate in the study. All the interviews with the ER nurses for example, were held in a conference room at their department. This arrangement was beneficial considering several of the nurses would not have had the time to come to the interview if it would have been held elsewhere, and therefore it provided the study with a higher number of views on the topic than what would have been possible otherwise.

Before each interview, the interviewees got a brief presentation concerning the content and the overall aim of the thesis, as well as an opportunity to read a cover letter containing useful information in either English or Swedish (see appendix 4 and 5), about confidentiality and other important aspects. All the persons interviewed gave their permission for using audio recording as well as taking notes. After the interviews, the recordings were transcribed and then translated into English before the coding of the results and the beginning of the analysis could start.

An interview guide (see appendix 6) was created to use as a guidance during the interviews and it was divided between the interviewees so there were specific questions for the nurses and specific questions for the nurse managers, as it was seen that by asking different questions based on the position would benefit the research the most. Additional questions were asked during the interview, to build up on top of the earlier questions and this way learn more about the subject and acquire more in-depth knowledge. The
interviews were mostly conducted in Swedish, with the helpful comments in English, based on the preference of the interviewee and thus the interview guide was made both in English and in Swedish (see appendix 6 and 7). Herzberg et al. (1993, p. 5) have mentioned, that when it comes to investigating the feelings of an interviewee, it is important to not only gather different experiences. There must be some explicit questions, such as specifying attitudes towards people at work, what are the reasons for this, and finally, looking at the consequences of this (Herzberg et al., 1993, p. 5). These questions have been taken into consideration while constructing the interview guide.

Each interview ended with the interviewee being able to ask questions from the interviewer, as well as having the possibility of adding anything which would have come to mind during the interview. An average interview took 25.50 minutes, varying from 16.30 to 31.33 minutes.

4.5.5 Conducting the analysis
The analysis process was conducted through first transcribing and translating the interviews. It was decided to divide the process the following way: researcher 1 (R1) first transcribed five of the interviews, which after researcher 2 (R2) translated the transcribed interviews. R2 transcribed one interview, which after R1 translated the interview. This decision was made due to the different level of language skills in Swedish. As R2 is a non-native speaker, after the transcription of an interview that R2 made, R1 went through the same interview to make sure everything was understood correctly. After all the interviews were translated, R1 made a check to make sure, that all the translations were correctly translated in English.

After transcribing and translating the interviews, the findings from the data were coded in order to identify the main themes from the interviews. By coding the empirical findings, it helps to classify the information into different clusters and this way understanding the themes of the acquired data (Collis & Hussey, 2014, p. 164). These codes can be further used as a connection between the empirical findings and when the analysing the data (Collis & Hussey, 2014, p. 162). From this process leadership characteristics, work conditions and inner motivations were identified to be covering most parts of the data.

After presenting the empirical findings from the data gathered the next step was to analyse the data (see appendix 8) and finding out what it actually means concerning the study, and to answer the research question. R1 and R2 were both reading and analysing the data concerning the interviews with nurses and with managers. After making an own analysis, the researchers were discussing the findings together and based on the discussion the final analysis was made. Following the analysis, a discussion based on the findings and discoveries was made to be able to answer to the research question.

The data analysis has been conducted through a perspective inspired by Grounded Theory (Charmaz, 2014). It has been divided into different categories (see appendix 8), starting with First order concepts. Here are concepts derived from the interviews, such as communicative, responsive, clear, humble, supportive, etc. These has then been divided into Second order themes, in this case communication-oriented and empathy-oriented. These themes can in turn be categorised in the Aggregated dimension, in this case Motivational leadership characteristics. The fourth category, Theories/concepts, was
added, where this example will be placed within Emotional intelligence. The rest of the data from the interviews has been sorted and analysed using the same procedure.

4.6 Ethical aspects
When conducting an academic research, the ethical aspects are crucial to take into consideration. Saunders et al. (2007, p. 178) defines ethics as how suitable the researchers’ behaviour is towards the rights of the participants in the study. Further, they explain research ethics as referring to how to morally and responsibly conduct a research. This thesis has been written following the Faculty guidelines published in the USBE Thesis Manual (2018), in an important mission to be as trustworthy, accurate, and transparent as possible.

The interviews were conducted following the ethical guidelines. Before the interviews, the participants received a cover letter explaining the purpose of the study, together with how the interviews would be conducted. The anonymity and confidentiality (Saunders et al., 2007, p. 187) of the interviewees was also secured by coding the participants by numbers and not using the participants names in the interview material. Bell & Bryman (2007, p. 69) define confidentiality and anonymity as following:

“confidentiality relates to the protection of information supplied by research participants from other parties whereas anonymity involves protecting the identity of an individual or organization by concealing their names or other identifying information”.

The interviewees were informed that they can, in any point, discontinue the interview and they have the right to deny answering presented questions, if they wish to do so. The interview participants also had a possibility to receive information about the research and the results afterwards. Publicity of the final thesis was made understood to the participants as the final Degree Project will be published in Digitala Vetenskapliga Arkivet (DiVa). The interviewees were also asked permission for recording the interviews (Saunders et al., 2007, p. 324) in order to be able to better analyse the gathered data later on.

It is important to take into consideration that the answers of the interviewees can be affected by different factors. For example, they might get nervous knowing the interview is being recorded, or perhaps them knowing what the interviewer are looking for within their topic, might change the answers they provide, trying to please the researchers. To prohibit this, it was highlighted that the study aims to understand the different thoughts and opinions of the respondents, and that there is no right or wrong answers. The interview facilities were tried to be made as comfortable as possible, so that the interviewee would feel relaxed in the situation.

When analysing the material, it is highly important to make sure that the objectivity is conserved during the data interpretation (Saunders et al., 2007, p. 192). This way the data analysis is possible to be completed without interpreting the results based on own opinions or thoughts. This is important, so that the results will not be biased based on the authors personal beliefs. To conserve the objectivity, all interviews were transcribed to text files, to be able to have all the information gathered available in the analysis. To get even more understanding, notes were taken by the interviewer who was not asking questions, during the interviews.
5 Empirical findings

This chapter will present the empirical findings of the study and it provides data from the conducted interviews. The chapter will be divided in sections between the nurses and managers, so that it will be clear for the reader to understand how these two differ from each other. After this a summarising chapter is included to gather the most important findings.

After interviewing the employees in the ER at NUS, as well as the reflective interviewee, the data was consisting of interviews with eight persons. Due to reasons of anonymity and confidentiality, genders of the interviewees will not be specified, nor any other personal information at all. The interviewees will be referred to with the names Nurse 1, Nurse 2, Nurse 3, Nurse 4, Nurse 5, Manager 1, Manager 2, and finally Manager 3 who is from another ER in Västerbotten county. As mentioned, Nurse 4 also has a managerial position in the ER, which will be taken into consideration regardless of the naming Nurse 4 used in this thesis. Further on, these codenames will be abbreviated to N1, N2, N3, N4, N5, M1, M2 and M3 to avoid repetitive text.

5.1 General observations about emergency room

The nursing staff at the ER consists of a variety from recently graduated nurses to the ones who have been doing nursing their entire life. When it comes to different roles, Nurse 5 describes the hierarchy in the ER to be based on the experience the nurses have where the ones with more experience are often helping and guiding the others. As Wan et al. (2018, p. 1333) mention, nurses who have been working for a longer time, so called senior nurses, often have more abilities and are playing a significant role by showing an example for the newer nurses as well as teaching them what they know.

A lack of nurses was raised up and a common opinion among the personnel in the ER was that there are not enough people working. A majority of the nurses interviewed has found working at the ER sometimes tough, because there is a lack of personnel. N4, who also works in a managerial position, has noticed that the employees are tired and unmotivated because of this lack of personnel. It has been seen as a demotivating factor, as it forces the employees to sometimes work alone in some tasks that would rather require more personnel, because there is not enough staff. Many of the interviewees would choose to increase the amount of staff, if they could be able to change something in their workplace.

The ER at NUS has recently experienced changes in their manager positions and from previous two managers it has now been a shift to three new managers within less than a year. When asking the interviewees about their relations to the managers, many considered it to still be a little undeveloped, as the time to get to know them has not yet been sufficient, but it was understood that they are slowly getting there. It was commonly felt, that if there is not any specific issue to go and talk to them about, the creation of the relationship requires more interaction over a longer time. It was also felt that sometimes it is not easy to reach the managers as they are working during the daytime, and sometimes, if the nurses are having a longer period of evening- and night shifts it is not possible to see the managers at the workplace. Thus, it would be good, if there would be a possibility to meet them more often, so that the things the nurses want to discuss do not get build up during the weeks. N5 found it slightly inconvenient with different working
times, as it there is something the nurses would like to go and talk with the manager, they might not be there. N5 stated that:

“we are working a lot of evenings and even nights, then you never see them”.

Although, it was found positive that when working in a day shift the nurses are able to have lunch with the managers and in this way, they have the opportunity to get to know them better. Overall, the interviewees described the relation to the managers good, and acknowledged the fact that it takes time for the managers to get to know all the workers in the department, but the sudden change of every manager has been found difficult.

The nurses also mentioned the department having a coordinating nurse, SAM. This was seen as a positive factor in the daily work as the SAM is a senior nurse and someone who is decided on for each shift, in order for the rest of the staff to have someone to lead the work and to ask questions to when the manager is not available. It was also mentioned that a major difference between this person and the manager is that the SAM does not interfere in the daily work in the same way as the manager might. It was then mentioned that the SAM was someone who has a lot of experience and who is comfortable in their position. It is brought forward that it is a positive feeling to know that no matter what hour of the day, there is always someone to talk to if needed.

As experienced from the nurses’ side, the similar reactions were discovered from manager side when it comes to getting to know new people at work. The differing working hours were mentioned as affecting to the possibilities to meet the staff. M1 felt that it would be important to be more in the department with the nurses, rather than only in the office. Moreover, the relation to nurses was described good in general and the managers are visiting and at times working in the department, regardless of the managerial position. For example, M2 does clinical days in the department during summers. This is done to be able to keep the connection between the managerial and the staff level. M1 mentions that the aim has been to have as many personnel discussions as possible, but regardless it takes a long time to get to know everyone properly, as the unit is rather large, but M1 thinks that they are slowly getting to know each other.

In the following section the main empirical findings will be presented. The findings have been divided into themes following the data gathered from the interviews. This is done in order to be able to ease the understanding of the subject, as well as add clarity. The empirical findings are also divided between nurses and managers in order to understand the views from both sides. After going through the findings individually between the two different positions, a summarising chapter is added in order to gather the main findings together.

5.2 What motivates nurses?
5.2.1 Nurses’ perspectives on leadership
The interviewees were asked to describe characteristics which they found suitable for managers in the ER setting. The answers were diversified, but common themes were identified from the collected data.

Characteristics which were most commonly seen as important in a manager were clarity and communication. The manager was also preferred to be responsive and direct. These characteristics could all be classified into the same group, as they all concern an effective
style of leading, and someone who interacts with subordinates. N2 feels that the manager should be visible at the workplace, so that it is possible to get to know them, rather than them sitting only in their offices, and in this way strengthen the relationship. N3 describes these characteristics the following:

“They have to be clear, communicate a lot, tell what they think, and it should be completely open and responsive, take time and so. And have the ability to delegate and so on.”

A clear, straight-forward and leading manager was appreciated in the ER as there are a lot of staff and everything has to be kept in order. This is for everyone to be able to work efficiently. It was seen as important that the leader stands up and is clear in communicating. A manager who is driven, and that way contributes to the department, was also preferred. Having a little spirit to fight was also wished to be seen in a leader. Managers are also the nurses’ connection to the upper levels, so it was considered important that the managers would dare to further forward their concerns to the upper levels in the management and also keep the nurses updated in the situation.

Other characteristics which the nurses were preferring were focused more on the emotional side of the manager. Characteristics such as being humble, a good listener and supportive were found as important for a manager at the ER. According to N1 the manager should motivate the employees through being understanding and giving recognition by telling the employees if they have done something good, and through this way encourage them in their work. A suitable manager was rather seen as sympathetic than skilled, which highlights the importance of an understanding behaviour.

The interviewees were then asked if they feel as if they are being listened to in their work. A common opinion among the nurses was that they were being listened to. N1 even listed the listening skills as important characteristics to a manager, and states:

“Who listens and tries to do something for you anyway, if you need, for example, or want to tell something or whatever it is. And not just sweep it under the carpet”.

Although, N1 felt that even if the managers are listening, they do not have much power to make major changes, as they themselves have to answer to their own managers and have to stay in the budget. As N5 mentions, it is also highly important to receive feedback, as it is not enough for the manager to just listen, but also to know that the manager has acted on the information.

As a combination of previously mentioned characteristics, the nurses were also describing the suitable manager to both display kind, as well as strict features. Kindness was raised above strictness among the nurses, as the job was described tough, which is why a kind manager was found more important. It was also found that a manager who understand the nurses and their work situation was preferred over others. This was something which the interviewees could see in the managers who not only had a background in nursing, but specifically nursing in the ER.

“That you don’t just look at the paper… Like this we will do with staff, this is how much it will cost… you have to see how it would work in practise also.” (N2).
Some characteristics which were found unsuitable to a manager were also brought up. An unsuitable manager was described as a person who focuses too much on ruling and commanding people. Being inflexible in their way of leading was also considered as a demotivating factor at work. It was felt that this could cause stress in the work environment, for example if the manager does not let the staff have any say in their work schedules, and for example demands them to cover a shift because there is a lack of staff, even though the worker was not originally meant to work then.

5.2.2 Nurses’ perspectives on working conditions
Working conditions are including a large scale of different factors, which can affect to motivation. Next, factors which were particularly found to influence non-financial motivation under this theme are being presented.

Support
To acquire more understanding of this aspect, the interviewees were asked if they feel they get enough support in their workplace. In general, the respondents said they were feeling they received enough support, but as the ER is a place where the situations are constantly changing, and the workload can increase from one to ten in a blink of an eye, the amount of sufficient support might be difficult to measure, as well as the way of needing support being an individual factor. As N2 stated:

“you can’t control the amount of work and sometimes you end up working alone even if more would have been needed, but then others are also alone in other situations. But I would say that when it is possible, you will get very good support from each other”.

The amount of support was considered sufficient from the nurses’ side. According to N3 the staff is good at taking care of each other, and the managers are available, when there is a situation that concerns them. The support from the colleague side was seen especially sufficient, and as N5 describes:

“Yes, that we are really, really good at, to support one another, and to brace and praise each other. We hold a very good tone I would say. You make sure you remember to tell someone when they do something good and so.”

N4 describes the support at work as caring and mentions an example where the nurses take care of each other even outside of work, for example by bringing flowers to take home during difficult times.

When asking about a negative experience, N3 felt that there has been a lack of support from the skilled employee side, as there are not enough senior colleagues, who have more experience from nursing tasks than most other nurses. According to N3 this shows in the daily work as there is a lot of special skills and knowledge that is needed but is lacking and this is why the nurses can feel that they are not completely confident or that a backup would be preferred for the tasks, which at the moment is not possible, because of the lack of employees. Some of the nurses also mentioned situations where they were not being able to help the patient or had enough time for them, for example to spend time with a patient in order to make them feel less scared or helping them to the toilet straight away, when asked.

Colleagues
Another important motivational factor for the nurses were the colleagues at work. N3 considered being part of the team as a positive thing in the workplace. Moreover, many of the interviewees commented on the good atmosphere and good relation to colleagues at work. According to the interviewees, the colleagues were experienced as caring, supporting and helpful. N2 describes the relationship to colleagues as that they are always there to answer your question if you are insecure about something.

The colleagues in the ER have also been described as the following: positive, alert, defending each other and help each other out. There is no prestige between the colleagues and they rather team up and do not question each other. Being a team was raised up in many of the interviews and team spirit actually was one of the most important motivation factors for the nurses. According to N1, to be a team is very important and helps a lot, when you understand each other. That way you can collaborate and get a lot of information from each other. N1 also thinks that this makes the working much nicer as well and motivates, and during though times the colleagues can be one of the major factors to what makes you want to stay at the job.

N3 finds the relationships with the colleagues very close due to the sensitive working environment. According to N3 this makes you feel that you are good in your work so that you feel important and that the others are important as well. This atmosphere and relationship were described by N5 to be like nothing the nurse had experienced before and something which is aiding the team to function together as a group. This was also emphasised by the debriefings held after various events, where the nurse felt the group got to know each other on a deeper level, helping them to understand their colleagues in a positive way, as well as building trust. It was mentioned during the interviews, that even though people are stressed and serious sometimes, they are still able to laugh and have fun. According to N4, the atmosphere at the workplace allows the colleagues to say both positive and negative comments to each other.

N3 describes the colleague relationships in the ER as very dependent on each other. It was found strengthening to work close to each other and that the colleagues are completing and trusting each other, something which can be described as rather uplifting. The situation was described as following:

“We see a lot of tragical situations and other things like that and you expose a lot of yourself and your feelings ... so I think that it brings you closer to each other” (N3).

Although, according to N3 the dependency on each other can raise some problems as well, if the colleagues disagree on something, or if the thoughts are not met. Another factor that can cause friction between the colleagues is the fact that the nurses are always working with the 3rd party who is the patient. It was also brought up that as the patient is dependent on the nurses, the collaboration between them affects them also, especially if the colleagues have not done the job as properly as would have been hoped for. One nurse mentioned that the personality plays a big role in this and that it can sometimes cause friction.

**Recognition**
Recognition was considered raising the motivation in the workplace and when asking about the possibility for achieving recognition at work the answers were in line with each other. All of the nurse interviewees were feeling that they get recognition for what they
do at work, but mainly from their colleagues and from the patient side. Many of the interviewees were experiencing that the colleagues were providing most of the recognition at work. As N1 expressed:

“We are very good in that at the ER, we give praise, or yes... give positive feedback”.

Patients were mentioned as source where it is common to receive recognition, for example if they have been satisfied to the treatment. Although, the recognition from the manager side was seen insufficient, and the nurses mentioned that it would be appreciated to receive more recognition from the upper levels as well.

The interviewees were also asked about the relationship with the doctors at the department. As there has been a recent shift at the ER, where they have gotten permanent doctors, instead of those only doing a few weeks there at a time, this was considered as a positive change. The nurses answered that the relationship was mostly good, and to a big part there was sufficient recognition coming from the doctors. However, several of the nurses mentioned that this relationship often depends on the specific individual.

**Education**

The increase of education of the personnel was raised up as a factor that would need a change in order to raise motivation. N1 mentions that education would be very beneficial for nurses, as they would feel more comfortable in what they are doing, and practising actions they do not perform very often. This would make them feel more confident, when a situation where the skill is needed is at hand. N1 considered mandatory educations as motivation raising and described it as following:

“yes, how fun! Now I can do this, now I have practiced, now I will go to work and feel secure”.

Many of the nurses were highlighting the importance of competence building, so that they would feel more secure in the job, when they know that they have sufficient skills for what they have to do. N3 found this important to be able to improve the quality of your own skills. New challenges as well as practical practises were also mentioned as important to the work motivation. This way the nurses would not have to be concerned, if their skills are sufficient in a special situation.

5.2.3 Nurses perspectives on inner motivation

Factors which were rising from the nurses themselves were mentioned as motivating factors and the nurses described the joy of working to cause them to feel more motivated in their workplace.

N3 considered the daily meetings with different people as well as the development it causes as the most important thing in the job. This was further established and one of the most popular motivators for the nurses was to be able to help others, and all of the interviewed nurses mentioned that they are motivated by helping, meeting, and caring for patients. N1 describes the inner motivation as following:

“You get a thank you, you do something to someone, you get a satisfaction that you manage to help other person, whatever it is about actually, but in health care you get to help people all the time, every day.”
As another important motivation factor the nurses found the inner boost, that was caused by helping the patients, and to be able to make them to feel better. N3 experienced as a boosting factor to be able to have the skills and knowledge which can help a patient to feel better. When the interviewees were asked to describe a situation that has made them to feel good in their work, many reflected towards a situation where they were able to help the patients to feel better. N3 was describing the situation as following:

“That I have my role and that I then with my knowledge and skills and to be able to do this better and that in the end to be able to have a big effect to that a person feels better”.

When asking about a negative experience, the nurses mentioned situations where they were not being able to help the patient or had enough time for them, for example spending time with the patient to make them less scared or helping them to the toilet straight away. This was considered causing stress from the nurses’ side and making them feel more stressed. Thus, the ability to have enough time for taking care of all the patients was affecting on how the nurses felt in their work.

5.3 What demotivates nurses?

Schedule
In the ER, a 3-3 work schedule model is used, which refers to a model where the employees work in six-week periods, in three shifts. The interviewees were asked about the work schedule and how they find it to be. The response was unanimous: most of the nurses felt that it is difficult to affect to the work schedule, as the work shifts are constantly running the 6-week circle and then starting again. In order to be able to change a shift the wishes for days off should be made already three months in advance. Although, the respondents felt, that even then it might not be possible to get the wished days off due to the constant lack of personnel.

This was considered to be hard as the nurses described to be difficult to change a shift if something unexpected would happen. According to N1:

“we can change shifts with each other sometimes, if you want to be off from work some time for a day or two, so you can change ... but it is a process also”.

Moreover, it was experienced easier to change a shift with colleagues as this was found less complicated and by changing a shift with someone, the employee could then change with that person another time. As N3 described, sometimes it is possible to change a shift with each other, but otherwise it is quite strict. Some of the nurses had not experienced the situation themselves but were contributing to the feelings of their colleagues.

The inability to get the applied days off was considered as disappointing and causing frustration, sadness and anger, as the days that the nurses have been asking off have had an important purpose. Although, possibility to get wished days off was still not considered fully impossible. In general, the lack of nurses was understood as a reasonable issue affecting to the reduced possibilities to change the schedule, but to an individual motivation it was considered to affect negatively.

Facilities
The working facilities were raised up as another factor which causes a loss of motivation. Both the facilities and the equipment at the ER were considered to mostly be old, and in need of improvement. Nurses found the improvement of facilities important, especially when working with health care. N1 found it sometimes even embarrassing to take in the patient as the facilities are not in the best condition and found that to affect further to the work mood.

There are two rooms at the ER at NUS that are already renovated, which has found to have a positive effect to the working. N5 describes it as following:

"it feels kind of good, especially when working with caring for people and there is an importance to have good hygiene and stuff".

Nurses felt that it would make a big impact, by making work easier and creating more space to work in, as well as make it feel better to work. By renovating the facilities, it was also considered to increase the safety of the patients.

**5.4 What managers find to be motivating for nurses?**

When conducting the interviews for the ones working in a managerial position, the aim was to understand how the managers view non-financial motivation focusing on the nurses’ side. In the interviews the focus was on understanding how they assess to it, without focusing on what has found to be preferred from the nurse side in the previous literature. This was done in order to acquire honest opinions and preferences and to be able to understand the managerial perspective on the concept of non-financial motivation.

5.4.1 Managers’ perspectives on leadership

When conducting the interviews from the manager side, they were asked to reflect upon what characteristics they find important for a manager in the ER. The managers’ answers were found to be quite much in line with each other even though the respondents represent different positions in the managerial level.

Characteristics such as direct and clear as were seen suitable for a manager working in the ER. N4, who also have responsibilities when it comes to managerial tasks, was describing a good leadership style as strict, but with humour included. N4 describes the ER as a place where rules must be followed and freestyling is not acceptable, as there are clear procedures on the different tasks. M1 agrees on this and describes the used leadership style as kind, but when needed, quite strict. Manager was considered useful to be communicative and responsive, but also direct, so that when things are starting to get out of hands, that can to be stopped. M1 does not find it as efficient to be unfriendly, and considers it not helpful, but rather emphasizes the leader to be clear. By telling the employee that:

"this is not okay; this you cannot do or this you have to change”.

M1 finds the best approach is to be clear but still friendly to the subordinate. M1 considers that to be necessary if someone has done something non-suitable at the workplace.

From a viewpoint of a manager, who works closer to the nurses, characteristics as trustworthy and empathetic were described as important characteristics in the ER. It is also important to be good at handling people, something which can go hand in hand with
being empathetic. M2, who works in the upper managerial position, was finding soft characteristics important. Characteristics such as being respectful and understanding towards people as important traits in the ER.

M3, the reflective respondent from another ER in Västerbotten county, found characteristics such as decision-maker, service-minded, solution-oriented and professional important in the job at the ER. M3 also mentions that it is important to know how to handle stress and be flexible. These characteristics differ slightly from the ones found suitable in the ER at NUS and reflect more on completing tasks. As an addition to the factors that were found differing, M3 was also providing similar suitable characteristics as the managers working at ER at NUS. According to M3 it is suitable for a leader to be humble and to be someone who is good at dealing with people in general as well as being confident, but also acknowledging the own limits in other words, be self-aware.

All in all, the characteristics the managers have found to be suitable for the ER are representing different themes, such as the softer, emotional side of the manager, as well as the communicative side. From the reflective side, more task-oriented characteristics were identified as addition to the already identified ones.

5.4.2 Managers perspectives on work conditions
Several factors which managers found important on non-financial motivation could be identified in the empirical findings, which can be classified to be related to work conditions. These are further divided on different themes to make it clearer.

Support
During the interviews with the managers, several of thoughts regarding support surfaced. For example, M1 found it personally motivating to meet different people and to hear about others engagement, as well as finding it motivating to be able to support and guide people. As support being an important part of the job as a manager, M1 reflected on different ways of supporting the nurses at the department. One idea about increasing the support in the future was to implement a new channel with a professional person, who can help and support the nurses, both regarding how to deal with difficult situations, and with potential stress. This is something which M1 believes can improve the wellbeing of the nurses and would also be a better alternative compared to the options available at the moment.

N4 found it important that the nurses are not assigned to tasks they are not yet ready for. N4 felt that the lack of nurses has caused an issue where there are not enough skilled personnel to perform the specialised tasks, which has led to the ones with more skills only doing those, which may cause boredom, as they do not get variation in their daily work. Thus, N4 has tried to explain and apologise this to the nurses, so that they would understand the situation. Also, to give praise to each other, N4 mentions them saying phrases such as “good work” and “thank you for today” at the end of every shift.

Colleagues
One major factor for the nurses’ motivation recognised by the managers, were the colleagues at work. The importance of a good relationship with their colleagues was highlighted in the interview with M2. N4 considers the work group important, that it
should consist of people that fit in to the group as well as to the job itself. Otherwise there could raise problems.

*Work itself*

Another important factor brought up during the interviews with the managers was the work itself. It was mentioned that both factors such as the work tasks, and also the context to work within, can have a major effect on the nurses’ motivation. This is important in order to have a good feeling about work, and combined with a good relationship with work colleagues, can have a major impact in the overall work environment.

*Education*

During the interviews, education was brought up as something that was found important for the nurses from the motivational side. Competence development was considered as something which can affect the nurses’ motivation, also from the viewpoint of the reflective interviewee, M3. To further develop the importance of competence development, M1 was highlighting the importance of health and how to pay attention to that. In a job which is tough, physically and emotionally, M1 finds it crucial to focus on health, and to pay attention to eat and sleep so that there will not appear any damages to the body or mind. If possible, M1 would gladly provide the employees education on health, to make sure that they have enough energy to do their job.

As the situation at the ER at NUS is still settling down when it comes to the recent manager shifts, it was felt that it is not smart to make too many changes in a short time period but rather wait and let everyone become comfortable with new managers. Thus, later on, there was raised interest to look into the possibilities for planning the competence development more.

*Schedule*

The interviewees who are working in a managerial position have also been asked about the work schedule and what are their opinions regarding that. M1 sees a lot of benefits in the 3-3 schedule which is used in the ER, although a model that this manager has been using previously provides a lot of benefits as well. According to M1 the different schedule models have different benefits, where for example the 3-3 model gives more free time to the workers, which then can be healthier for them. The other one instead, gives the employees more freedom of choice to decide what work shifts they want to work. M2 describes the 3-3 model as part-time working with full-time salary where the employees have more recovery time between their work shifts. For this kind of model to be able to function, a 75% participation rate from the employees’ side is needed, even though the model is voluntary. M2 describes the work in the ER tough, which is why M2 believes, that the employees appreciate the schedule model that is used, as it gives the nurses more spare time.

M1 acknowledges that in the model used in the ER in NUS, the possibilities to change shifts are limited and hopes that later there is a possibility to improve the work schedule system, which would make it easier for the staff to decide when they are working. That way the ones who have a limited ability to work in specific times, could also be able to be kept in the workplace, and this way lower the current turnover rate.

According to M3, as the ER is running all hours of every day, there is always a need to have someone working, but sees that there is a possibility to affect the schedule to some
degree. M3 also mentions that as there is a new generation starting to work at the ER, they will most likely have other ideas of what constitutes a good work schedule, and therefore there will be some changes needed within the near future to be able to meet the needs.

5.5 What managers find to be demotivating for nurses?

Monotone tasks
Due to the turnover of nurses, there is constantly new staff introduced at the department which has to be trained for the work. As mentioned earlier, there are lots of special procedures and tasks that can arise during the work in the ER, which is why the special knowledge, skills, and experience are needed. As the training takes time, it was considered that the nurses who have been working there longer, are assigned to only the tasks needing more experience. Therefore, they may find these tasks a bit monotone and boring, which ends up being demotivating in the long run.

As mentioned earlier when talking about education, this was acknowledged by the managers, and they felt powerless due to the need of assigning skilled employees to the same tasks over and over again, not giving them the variation they might need to feel good in their work.

Lack of education
M2 mentions the possibility for competence development at the hospital, although also bringing up the importance of not forgetting that the organisation is based on tax money, and therefore it might be difficult to attend to all the expensive, external courses which might be desired from the nurses’ viewpoint. M2 also mentions that this leads to a feeling of always being one step behind, as the medical development and the digitalisation move on, but there is no money for the nurses to stay up to date with this.

Due to the limitations in the possibilities to arrange additional educations, managers thought that this could lead to a loss of motivation among nurses, as they do not get to attend all the education which they feel they would need.

5.6 Summary of the empirical findings
Based on the empirical findings, motivating as well as demotivating factors at ER were able to be identified, which of the most mentioned are now summarised.

5.6.1 Perspectives on leadership
Among the important managerial characteristics mentioned during the different interviews, a few characteristics came up more often than others. Some of the most popular traits were the following, both from nurses and managers perspective.

Table 4. Nurses and managers' perspectives on leadership.

<table>
<thead>
<tr>
<th></th>
<th>Nurses</th>
<th>Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication-oriented</td>
<td>Communicative</td>
<td>Communicative</td>
</tr>
<tr>
<td></td>
<td>Responsive</td>
<td>Responsive</td>
</tr>
<tr>
<td></td>
<td>Direct</td>
<td>Direct</td>
</tr>
<tr>
<td></td>
<td>Clear</td>
<td>Clear</td>
</tr>
</tbody>
</table>
These listed traits represent the characteristics which were mentioned by several nurses. They were found to be the most important for both the nurses and the managers, as suitable managerial characteristics in the ER. One of the managers interviewed does not have a straight connection to the ER at NUS, although, the characteristics M3 preferred has been added to the schedule anyhow. Those factors which are differing compared to the ones from the other managers in the ER at NUS, are written with cursive text. This is to understand the different thoughts from a person in a managerial position in a different ER, as well as to have more data to compare with the managers in the ER at NUS.

When comparing the preferred characteristics between the nurses and the managers, some similarities can be found. Common characteristic such as communicative, responsive, direct, clear were identified. Many of the preferred characteristics were referring to a communicative and direct leader which after the softer, empathy-oriented traits were preferred. A common preference for a leader was to combine these different characteristics, thus, to be strict but kind at the same time.

5.6.2 Perspectives on work conditions & inner motivation

In the earlier chapters, attributes which the nurses and managers found important for non-financial motivation, other than leadership characteristics, were identified. The answers were slightly differing from each other, although some of the characteristics could be interpreted belonging to similar concepts. As the wording differed between the interviews, it might give the wrong results if making generalisations from the wording. In the following table the most important, and mentioned factors within the categories work conditions and inner motivation, are listed:

<table>
<thead>
<tr>
<th>Work conditions</th>
<th>Motivating</th>
<th>Nurses</th>
<th>Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivating</td>
<td>Support Colleagues</td>
<td>Support Colleagues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognition Education</td>
<td>Work itself</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Schedule Facilities</td>
<td>Schedule</td>
<td>Monotone tasks</td>
</tr>
<tr>
<td>Demotivating</td>
<td>Schedule Facilities</td>
<td>Monotone tasks</td>
<td>Lack of education</td>
</tr>
<tr>
<td>Inner motivation</td>
<td>Motivating</td>
<td>Joy of working</td>
<td>No data identified</td>
</tr>
<tr>
<td></td>
<td>Helping others</td>
<td>Helping others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inner boost</td>
<td>Inner boost</td>
<td></td>
</tr>
</tbody>
</table>

Table 5. Views on motivation concerning work conditions and inner motivation.
The nurses defined the mentioned factors as the most important aspects which motivates them in their work, namely, support, colleagues, recognition, education, the joy of working, helping others, and the inner boost. Moreover, meeting people in general was considered as motivating, which makes the interaction with people in general motivating. Managers’ answers were more diversified than the nurses’, yet as the most common factors which managers were thinking would be motivating for the nurses were support, colleagues, work itself, education, and the schedule. These were mentioned by a majority of the managers. Furthermore, after going through the data, a couple of commonly preferred factors which were found to have an effect in non-financial motivation were identified between the nurses and the managers which were, support, colleagues and education.

Some of the preferred factors were differing between the two positions, even though with more generalised interpretation some of the characteristics could be classified into meaning the same thing. Although, this was kept to a minimum, due to keeping the data relevant and accurate.

Regarding the schedule and possibilities to effect it, the nurses formed a concerted opinion that it is not easy to affect the work schedule. Changing shifts with colleagues was found as the easiest way to get time off in both a short notice, as well as longer notice. The challenges in the work schedule are partly based on the lack of nurses which the ER is experiencing at the moment, and as N3 stated:

“we are not completely expendable, always, because you have different functions and so”,

which also effects to the possibilities of affecting the amount of days off. Managers interviewed, on the other hand, considered the 3-3 model good for the employees, as it gives them more recovery time between the work shifts. Although, M1 was acknowledging the issue with difficulties to affect to the work schedule. M2 was hoping that the workers would appreciate the existing work schedule system, but the finding was the opposite.

The common factors from the empirical findings have been summarised in the following Table 6 (next page). In this, the *italics* has been used in order to describe the demotivational factors of each section.
Table 6. Summary table of views on motivation.

<table>
<thead>
<tr>
<th></th>
<th>Nurses</th>
<th>Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership traits</strong></td>
<td>- Communication-oriented</td>
<td>- Communication oriented</td>
</tr>
<tr>
<td></td>
<td>- Empathy-oriented</td>
<td>- Empathy-oriented</td>
</tr>
<tr>
<td></td>
<td>- Task-oriented (M3)</td>
<td>- Task-oriented</td>
</tr>
<tr>
<td><strong>Work conditions</strong></td>
<td>- Support</td>
<td>- Support</td>
</tr>
<tr>
<td></td>
<td>- Colleagues</td>
<td>- Colleagues</td>
</tr>
<tr>
<td></td>
<td>- Recognition</td>
<td>- Work itself</td>
</tr>
<tr>
<td></td>
<td>- Education</td>
<td>- Education</td>
</tr>
<tr>
<td></td>
<td>- <em>Schedule</em></td>
<td>- Schedule</td>
</tr>
<tr>
<td></td>
<td>- <em>Facilities</em></td>
<td>- <em>Monotone tasks</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- <em>Lack of education</em></td>
</tr>
<tr>
<td><strong>Inner motivation</strong></td>
<td>- Joy of working</td>
<td>- Joy of working</td>
</tr>
<tr>
<td></td>
<td>- Helping others</td>
<td>- Helping others</td>
</tr>
<tr>
<td></td>
<td>- Inner boost</td>
<td>- Inner boost</td>
</tr>
<tr>
<td></td>
<td>- <em>Lack of time</em></td>
<td>- <em>Lack of time</em></td>
</tr>
<tr>
<td></td>
<td>- <em>Inability to help</em></td>
<td>- <em>Inability to help</em></td>
</tr>
</tbody>
</table>
6 Analysis

The analysis chapter of this thesis will look at how the findings of the study relate to the research question itself as well as in comparison to the existing theories. It will present the different thoughts and stand points from both the nurses and the managers at the department and further provide more understanding on the researched subject. Lastly, a synthesis between the nurses and managers' views has been conducted.

The main purpose of the analysis is to answer the research question, with the help of thoroughly working with the gathered data.

**How do nurses and their managers in the emergency room assess non-financial motivation factors?**

The different perspectives from the managerial and the personnel side were analysed in order to learn more about the importance of non-financial motivation. By interviewing the nurses, it was possible to understand what is expected from the managers in a workplace such as the ER. To understand the other side of the story, employees working in a managerial position in the ER were also interviewed. This was done to see what kind of non-financial motivation factors are considered important from their side. As the research was conducted in a department where all the managerial positions had been changed within the last year, it has to be considered a major factor which has an effect on the result of the study, compared to if the managers in their positions would have been working there for several years. This is due to the social aspect, where the different positions at the department had not yet had time to get to know each other, and therefore it can be assumed that if comparing two departments with different length of working time the results will differ, as the relationships have more time to develop and deepen. The limitation is taken into consideration when analysing the data, and when giving recommendations for further studies. Moreover, given the staff turnover and the hectic schedule of the ER staff, the amount of the acquired data can be considered sufficient and satisfactory in order to answer the research question.

6.1 Nurses assessment

6.1.1 Perspectives on leadership

Here the data acquired from nurses’ viewpoints on leadership characteristics in a manager at the ER setting are being analysed and the impact of different characteristics is compared to the nurses’ motivation. The commonly preferred leadership characteristics which were found suitable to a leader in the ER, were further divided into characteristic themes based on the answers. Three themes were identified to be a communication-oriented, empathy-oriented and task-oriented leader.

The first identified theme regarding the preferred leadership characteristics in the ER, is a communication-oriented leader. Previous studies within the field have pointed out the importance of a leader to initiate a structure for how communication can be conducted within the organisation (Judge et al., 2004, p. 36), or in this case, between the manager and the nurses at the department. As Van Osch et al. (2018, p. 1212) mentions, it is highly important to have a leader who is good at communicating, as well as not being afraid to work close to their subordinates, something which can lead to more nurses staying in their workplaces. The findings in this study indicate similar preferences in the ER at NUS and, where communication-oriented characteristics were the most preferred trait among
nurses, for a leader. Regarding the other characteristics’ nurses mentioned, which can be identified under the same theme, responsive leader was considered as suitable for ER. This was also recognised in the study by Van Osch et al (2018, p. 1212), where a leader who was engaging, solved problems and provided feedback was preferred by subordinates. Based on the comparison to the theories from previous literature and the empirical findings, it gives reflection that the communicative characteristics, that the nurses have found most suitable for a leader to have, correspond with the previous literature.

As an addition to the findings from the previous theories used, a leader who was direct and clear was identified to belong in the communication-oriented theme of characteristics. As mentioned in the empirical findings, there is a clear structure on what to do in the ER and freestyling is not acceptable. Therefore, this could reflect on why a direct and clear leader is preferred in the ER. The characteristics also present the leader more from a strict side and as mentioned before, nurses found a strict leader to be suitable to an ER, as long as the kind side was present as well. This reflects on an observation, that in an environment where the rules must be followed, a direct characteristic is needed to be able to manage effectively.

A leader with empathetic characteristics was also identified as suitable during the interviews, and for example humbleness was considered by several nurses to be a good characteristic for a leader in the ER setting. Based on this, empathy-oriented category was identified. A leader who is supportive was also found as commonly preferred from the nurses’ side. These finding goes along with Cummings et al. (2010, p. 381), who states, that creating a good relationship between a manager and the staff is one of the most effective ways of making the nurses feel good about their work and, in the long run this can lead to better and more efficient caring for the patients. This contributes to the empirical findings and gives support to the consideration that a leader in the ER should have empathetic characteristics. It has also been shown that creating a bond, in an emotional sense, can have a positive effect on the performance among the nurses, which also contributes to a better care for the patients (Cummings et al., 2010 p. 378). A leader who pays attention to the staff, can be connected back to the findings from the interviews, which contributes as a support to the Cummings et al. (2010, p. 378) claim.

Continuing with empathy-orientation, another factor which has been found important as a manager characteristic when working with nurses is listening (Toode et al., 2011, p. 255; Van Osch et al., 2018, p. 1212). This was considered to a preferred leadership trait among nurses in the ER at NUS as well. Nurses found it important to have a manager, who listens to their worries and actually tries to help rather than ignoring the problems. By listening to the worries and issues of the nurses, the managers could gain valuable information on the thoughts going on the department and this way take actions. According to (Vitello-Cicciu, 2002, p. 209), having emotional intelligence can help managers to understand how the nurses feel. As a listening and supporting manager was preferred, it could give reflection on the similar preferences compared to earlier studies when it comes to the usefulness of the transformational leadership. Although, the typical characteristics of transformational leadership, such as being inspirational and encouraging the employees to be visionary (Bass 1999, p. 11) were not identified from the nurses’ answers.
An interesting observation from the preferred empathy-oriented characteristics was humbleness, as it could be identified more as a personal trait rather than a leadership characteristic. Being humble by character does not necessarily have an effect to the nurses per say, rather it could be appreciated in a leader on a general level. Although, it was considered as the most important characteristic in the empathy-oriented theme, which could reflect with the personal values of the nurses.

6.1.2 Perspectives on work conditions
The second topic was identified based on the factors which the nurses mentioned as motivating are the work conditions. The topic was identified, and consisting of different themes, which reflected the motivational and demotivational factors to the nurses.

The motivation nurses experience at their workplace can be affected by the level of support they are being exposed to (Adriaenssens et al., 2011, p. 1326). It has also been concluded that in order to aid nurses to keep their level of commitment in their work, it can be useful to have a supportive work setting (Wan et al., 2018, p. 1339-1340). As mentioned earlier, the manager shift at the ER in NUS has been quite recent and the relationships between the nurses and the managers are not yet fully developed, therefore making it interesting to see how the employees feel about the level of support in their work. When asking the nurses about how they see the level of support in the work setting, it was concluded (among these specific nurses) to be enough. The majority of support shown was, according to the nurses, coming from fellow colleagues and patients, instead of from managers. Although, the nurses agreed that if talking to the managers, they would have displayed sufficient support as well.

As mentioned in the leadership chapter, a supportive leader was found to be important for nurses. Based on these answers, this raises an understanding on the preferences meeting the actions, hence, that the nurses’ preferences are meeting the reality when it comes to support.

Not only is the support from colleagues an important part of the motivation of nurses, but also the relationship in general with those colleagues. As Brady Germain & Cummings (2010, p. 438) state, one of the motivating factors that nurses saw were the relationships at work. The empirical findings in this study are giving similar results, as colleagues were mentioned as the second important factor the nurses felt motivating them in their work. This was because of the caring and supportive atmosphere the colleagues had in the workplace. Overall, the good relationship to colleagues was raised up during each interview and to have a good and communicative relationship with the colleagues in the workplace seems to increase the motivation at the ER in NUS.

According to a study by Van Osch et al. (2018, p. 1213), working in a team was seen as an important, positive factor in the work motivation, especially combined with high level of trust and good communication. This was confirmed when interviewing the nurses, as it was mentioned that the employees in the ER tend to team up together and help rather than question each other. The nurses also emphasised the importance of communication, not only with the managers, but between themselves, as well as with other personnel at the department, such as doctors, assistant nurses, etc. In a study by Rafferty et al. (2001, p. ii37), it was found that working in team has been connected to more satisfied nurses as well as having them staying at the same workplace for a longer period of time.
As mentioned earlier, feedback is one of the core characteristics in teristics theory (Hackman & Oldham, 1980, p. 77). From the interviews it was raised up that the nurses in the ER at NUS feel that they can express critical feedback to each other, and that the atmosphere allows that to happen in a good spirit, as they often also express praise and gratitude to one another. By receiving feedback, it is possible to raise the motivation (Hackman & Oldham, 1980, p. 72-73). This factor of the Job characteristics theory seems to be fulfilled in the ER at NUS, at least as received from the colleague side. By receiving feedback, the nurses can gain a feeling of recognition for the work they are doing. According to Adriaenssens et al. (2011, p. 1326), it is possible to use recognition in order to see an increase in nurses’ motivation. The majority of the interviewed nurses felt they do not get recognition from the upper levels, although still sufficiently from both colleagues, as well as from patients. Even though the lack of recognition from upper levels was identified, the nurses still felt recognition as motivation raising.

Recognition as a motivator further supports the importance of interaction at work, as it is something that is happening between two or many persons. Recognition could also be linked to the communicative or empathetic leader, as it could be something that the leader is providing to the nurses as a part of the communication. Although, as is can be received from different directions, it was chosen to present the work conditions rather than leadership characteristics, as a broader view on the emergency room work conditions could be found.

As factors, that were not connected straight to the interaction, new challenges and competence development were seen as increasing motivation. According to Buchbinder & Shanks (2011, p. 41), managers can affect subordinates by offering them incentives, such as new work tasks. According to the Job characteristics theory, experienced meaningfulness of a job requires a mix of skill variety, task identity and task significance (Hackman & Oldham, 1980, p. 77) When the employee has a job where it is possible to use different skills and abilities as well as consider the work to have a meaning, they can feel motivated (Hackman & Oldham, 2010, p. 464). This reflects the employees’ need to have variance in the workplace, which the employee is finding to be meaningful. By educating the staff more, they could learn new skills that could be then used at the ER and thus, acquiring new dimensions on daily work life, and this way increase motivation.

The possibility to affect to the work schedule was seen as one of the most pressing factors causing issues. According to several studies (Buchbinder & Shanks, 2011; Shader et al., 2001; Van Osch et al., 2018; and World Health Organisation, 2006) the possibility to effect to the work schedule has been found to be an important non-financial motivation factor for nurses. As the data revealed, the nurses formed a unified opinion regarding the negative possibilities to affect their shifts or work schedule in general. The inability to make changes to the shifts or get days off, even if applied for three months earlier, was considered causing negative feelings and dissatisfaction at the workplace.

After going through the data from the interviews, an understanding about the importance of a possibility to have a more flexible schedule has raised. Autonomy was mentioned as one of the five core characteristics in the Job characteristics theory and according to Hackman & Oldham (2010, p. 464), to have an autonomy at work and in that way affect to the work schedule, can work as motivation for the employees. Van Osch et al. (2018, p. 1213), also mention the factor of a social life as a reason to why it is considered important to be able to affect the work schedule. When interviewing the nurses, family
was raised up as a motivational factor outside of work, which is why nurses found it important to have a possibility to affect the work schedule, so that they would have time for their families as well.

As mentioned in the empirical findings chapter, the nurses acknowledged the lack of personnel as a reason why it is not easy to change specific work shifts. Although, it was not seen as an excuse either, because many of the interviewees thought more personnel being hired could decrease this issue, which could lead to the motivation at the workplace increasing. Thus, the schedule as a non-financial motivation factor was seen as negative and could lead to unmotivated nurses in a long run, if any changes to the situation is not possible to make.

As an addition to negative feelings raising from work schedule, several of the nurses mentioned the facilities as a negative factor in their work. The description of the facilities has been that they are both old and run down, as well as too small for the department. Facilities as a motivational factor per say, was not raised up during the literature view. Although, work conditions in general (Buchbinder & Shanks, 2011, p. 40; Herzberg, 1987, p. 113) have been seen motivation factor and bad facilities could be linked to that. There was found to be a link between work surroundings and turnover (Wan et al., 2018, p. 1338) and thus, by putting effort to create a comfortable work environment, could work as a motivation increasing factor at the ER setting.

6.1.3 Perspectives on inner motivation
The third motivation topic from the nurse viewpoint reflects on the factors that represent the inner factors which can be found to be motivational.

In the Job characteristics theory, it is mentioned the employees need to experience the work as meaningful in order to be motivated (Hackman & Oldham, 1980, p. 72-73). In this context, to feel the urge to help people and consider it satisfying gives support for the job being meaningful and this way reflecting to the joy of working. Also, the fact that the work itself was considered as a motivation factor, gives reflection on the meaningfulness. Based on the data gathered from the interviews, which goes along with the statement from the Job characteristics theory, it would give support for the theory being useful when studying the hospital environment. Thus, the findings would that way strengthen the importance of the Job characteristics theory as a part of motivating the nurses in the ER at NUS.

In the beginning of this thesis it was mentioned that nursing as a profession is often considered to be a calling, which often lead the people with matching characteristics to choose their career in a sector where they can help others. A study from Moody & Pesut (2006, p. 25) stated that nurses are assumed to have specific characteristics in their profession. Moreover, what was found out while interviewing the nurses, was that all of them found it highly motivating to be able to help others and make the patients feel better. In a study by De Cooman et al. (2008, p. 62), it was found that recently graduated nurses find helping patients as motivating. Thus, the results found from the ER at NUS partly agree with the study, although, the respondents in this study represent nurses from different age groups, which reflects on the motivation based on helping others to be important to all nurses in all ages. This reflects on the foundation of the profession, to help others, to be one of the most motivating factors, which further increases the support on the statement that many of the nurses bear the characteristic of inner calling in them.
which shows as a desire to help. In a study by Raatikainen (1997, p. 1114) a nurse who experiences the calling, finds good work group as motivating as well, which has been identified in this study as the importance of colleagues were highlighted.

As contrary, the nurses found it to decrease motivation, if they were not able to help the patients. These findings give support to the argument of Moody & Pesut (2006, p. 25), as what was found out from the interviews reflects to the nurses having characteristics that are pointing towards care-behaviour, by that the negative feelings reflect the inability to work towards their nature. Also as mentioned in Job characteristic theory, the work has to be considered meaningful in order to be motivated (Hackman & Oldham, 1980, p. 72-73). Considering the negative feelings caused by the inability to help, it could be stated that in these occasions the nurses do not consider their work meaningful, and this could further lead them to feel unmotivated.

Nurses also felt unmotivated, if they did not have enough time for the patients. This was considered especially difficult, as the nurses felt that they do not even have time to take to patients to the toilet. The lack of time contributed in feelings such as bad consciousness, due to the inability to provide the patients enough time. This can be directly connected to the inner desire to help the patients, and feeling unmotivated, because they are not able to do the job as they would like to. Of course, as known, the lack of staff has an impact on this, and in order to keep the nurses motivated, a satisfactory amount of staff existing could make it possible for the nurses to dedicate enough time for the patients.

In an addition for being motivated by helping others, it was identified that one of the most important factors for motivation to nurses was found to be the feeling the nurses acquire from helping others, so called inner boost. In a study by Raatikainen (1997, p. 1114), it was described that nurses experienced an inner satisfaction from their profession, but it is of interpretation, if inner boost could be considered as same, or if it is a differing feeling, based more on the satisfaction of being able to help, or the profession in general. Anyhow, inner boost was found motivating in the ER at NUS, which contributes similarly as helping others, towards the inner characteristic that makes nurses to choose the profession.

6.1.4 Reflections on types of motivation

Hertzberg

Regarding the motivating factors which have been brought up, there is a mix of different factors of the Two-factor theory (Hertzberg, 1987, p. 113). Colleagues can be seen as a hygiene factor, something which need to be minded before it is possible to address the motivational factors in a productive sense. This is because it can be seen as interpersonal relationships, something which Hertzberg (1987, p. 113) has classified as an extrinsic factor, and could have a negative impact on the motivation of the nurses. In this context, it is considered as a positive factor, although, the negative impact was identified to be possible to have, as it was raised up that sometimes the differing opinion can cause friction at work.

For demotivating factors, the schedule and the facilities could both be classified as hygiene factors in the Two-factor theory (Hertzberg, 1987, p. 113). Other demotivating factors such as lack of time and the inability to help, can also be classified as hygiene factors. They can all be seen as something negative in the daily work of the nurses, something which is causing a negative overall feeling or, in other words, job
dissatisfaction. This is due to the nature of them, and therefore, both need to be addressed before other, more motivational factors can be considered.

Recognition and education, on the other hand, can be seen as motivational factors. This is something which causes positive feelings and a sense of job satisfaction. The joy of working, helping others, and inner boost can be classified as a motivational factor in the Two-factor theory by Herzberg (1987, p. 113). This is because they are connected to the positive feelings about the work, as well as to job satisfaction in general. These were considered to belong to the work itself, as they reflect on the main task on what the nurses do, caring for others. In Herzberg’s theory (1987, p. 113) the motivation factors were considered as intrinsic and the findings from this study considering the sense of being needed are in line with Herzberg’s thoughts as they represent the nurses’ want to help others. According to Herzberg (1987, p. 113), the work itself was considered to be a motivational factor, which is this study gives support to his statement.

Regarding support, it has not been labelled as either hygiene or motivation factor. This is due to the nature of this factor, being part of both hygiene factors, such as dealing with work conditions, interpersonal relationships, and supervision, as well as motivating factors such as achievement, growth, recognition, and the work itself.

Ryan & Deci

The definition of Ryan & Deci (2000b, p. 71) for the intrinsic and extrinsic motivation differs from the one by Herzberg. When trying to understand the views on non-financial motivation from the nurses’ side, it was also of interest to see how they would be divided between intrinsic and extrinsic factors.

Intrinsic motivation, where the motivation comes from the activity itself (Ryan & Deci, 2000b, p. 71), was identified more times in the nurse views than extrinsic motivation. Factors such as joy of work, inner boost and helping others were easy to classify as intrinsic motivation, as they represent factors that the nurses do because of the feel so. Also, recognition could be identified as intrinsic motivation, due to its effect to the person itself. The other remaining factors that were connected to positive motivation, support, colleagues and education, were more difficult to identify based on intrinsic or extrinsic motivation. All of the characteristics can be understood of coming from an external source, yet they are not directly connected to why someone feels motivated, unless they could be understood of being the reason for more motivation. In that case, support and education could considered to be linked to intrinsic motivation, as it benefits the individual internally, and colleagues to extrinsic, as it includes an external consequence (Ryan & Deci, 2000B, p. 71). Although, education could be considered as external outcome as well. The demotivational factors were left out from this reflection, as they do not concern on the motivation of doing something.

Based on this analysis, it could be considered, that the intrinsic motivation is more preferred among the nurses in the ER at NUS, as it is more factors connected to it.

6.1.5 Summary

Leadership characteristics seem to have a connection to the motivation of the nurses in the ER at NUS. The suitable leadership characteristics were contributing to an easier daily work life, as well as affecting to the nurses positively. The suitable characteristics from
nurse viewpoint had their main focus on the relationships between the nurses and managers, which gives reflection on the importance in that at the workplace.

In his Two-factor theory, Herzberg (1987, p. 113), defined the interpersonal relationships and supervision to be linked to hygiene factors which were connected to dissatisfied employees. The results from the study give implication on that, as the unwanted leadership characteristics were considered to cause more stress and negative feelings at work. Thus, wrong leadership characteristics that the nurses find unsuitable for a manager, could cause nurses to feel unmotivated. In general, the findings considering the ER at NUS reflect on the importance of relationships between the managers and nurses. Considering the shift in manager positions and the process of getting to know each other better, it could move towards closer relations and thus more motivated workers. More support on this was found from the studies, as the nurses described the earlier managers to be motivational and the nurses had good connection with them. This further pinpoint the importance of paying attention to the relationships, as it reflects towards more motivated staff.

A link between the support, recognition and colleagues was drawn and these were identified to have a connection to each other, as the support often came from the colleague side. These findings were found to support the previous findings of what motivates nurses, and thus further contributed to the importance of communication and interaction at work. The usage of the Job characteristic theory in nurse motivation was acknowledged, and by focusing on motivating nurses with variety of tasks can add the meaningfulness of the job (Hackman & Oldham, 1980, p. 77) which further can increase motivation. To increase the meaningfulness, thus, varying work tasks, educating the personnel could be a good way to that.

Demotivating factors for the nurses were identified, and these did not have a direct connection to interaction with managers, but rather to work conditions. By turning the demotivating factors into motivating factors, would in this case need organisation level decisions, as they would consider facilities and the work schedule, which makes it more difficult to put into practise.

Among nurses, the aspects of inner motivation were considered as the most motivation causing factors in their profession. This supports the arguments of the specific characteristics linked to nurses’ care behaviour. As the respondents represented nurses from all ages, and from newly graduated to almost retiring ones, it showed the common interest on helping others.

Building from the reflections, intrinsic motivation was linked to the motivational factors from the nurses’ side, and it was connected to almost each of them. Only the motivation from colleagues, was truly identified extrinsic. Many of the preferred motivation factors from the nurses side also reflected on the motivation factors by Herzberg, although, some of them reflected more from the hygiene factor side, thus, still being seen motivational.

6.2 Manager assessment

In this chapter the analysis based on the empirical findings from manager respondents is being conducted. Differing from the nurses’ views, this chapter only includes perspectives on leadership and work conditions, as inner motivation was not identified by the manager respondents.
6.2.1 Perspectives on leadership

Three leadership characteristics themes were identified based on the answers from the interviews. Following, the analysis on the themes is presented.

The communication-oriented characteristics in a leader were found to be the most preferred among managers. As Van Osch et al. (2018, p. 1212) found, the importance of personnel meetings and personal interaction with the leader were respected. This was identified from the interviews, as managers mentioned occasionally working on the floor-level with the nurses and also having morning meetings with them. It was also specified in the interviews, that an increase on the floor-level working would be useful, to meet the nurses more. Managers at the ER seemed to recognize the importance of clear communication at the workplace, and along with the answers from nurses, considered it to be important in hectic environment.

Empathy-oriented characteristics were also mentioned in a leader and by using transformational leadership as a part of the theoretical background, the aim was to see how the leadership and its characteristics are seen in the ER at NUS. When comparing the findings to the theories about transformational leadership, only the third characteristics defined by Bass (1999, p. 11) individualised orientation, was identified to concern the leadership style in the ER at NUS. In individualised orientation the leader provides additional guidance or help, which is needed to establish the individual progress. This can be seen in the ER, as the nurses were describing that they have evaluation meetings with each nurse’s personal manager. It was also mentioned, that the nurses can always come and knock the door, if they have something they want to discuss about and this way the manager can try to support or provide guidance in their work and how to use their skills the best way.

Emotional intelligence was another factor connected to transformational leadership (Echevarria et al., 2017, p. 173), where the leader has emotional knowledge (Mayer & Salovey, 1997, p. 5) and hence, understands subordinates and how they feel at work (Vitello-Cicciu, 2002, p. 209). Understanding and empathetic manager was mentioned as a suitable for ER, which reflects towards emotional intelligence and the managers ability to reflect on staff’s feelings.

A factor which has been found important as a manager characteristic when working with nurses is listening (Toode et al., 2011, p. 255, Van Osch et al., 2018, p. 1212). Listening as a characteristic itself, was not mentioned during the interviews with managers as important, although listening could be included to communicative or responsive leadership characteristic as well as empathy-oriented leader. In order to be able to communicate with the personnel and be responsive, listening is needed to understand the employees. It is also highly important for a leader in the ER to be a people-person, someone who is good at dealing with different types of people.

These findings contribute to similar preferences from the managers’ viewpoint as found from the nurses’ side, and thus it seems like the preferences in ER indicates towards understanding, empathetic, and that an emotionally intelligent manager could be suitable in the ER environment.
Task-orientation was identified as a theme from the reflective manager’s side, which is why big assumptions cannot be made, as they would not be in line with each other when comparing to other factors. Although, the data can be used to reflect the views from managers in similar roles and what is seen important. Those managers who work more from the task completions side, may not emphasis the connection with the subordinates (Cummings et al., 2010, p. 378). Based on the data, it seems that the managers in the ER at NUS, are not relying on task-completion, but rather on communication. In previous literature, the preferences have been laid more on a manager, that communicates, listens and understands the nurses. These similar thoughts were found from the reflective managers answers also, but many of the suitable characteristics mentioned were focusing on task completion.

As findings in earlier literature are insufficient regarding this topic, the findings in this thesis could be considered to be somewhat new. This is due to the nature of this case study, as there have not been any previous studies looking at the same factors, at the same department at NUS.

6.2.2 Perspectives on work conditions
The factors under this topic have come from what the managers consider to be motivating aspects for the nurses at the ER. The topic has been divided into several different themes, following a similar outline as the previous part, but with a differing viewpoint.

As addition to leadership characteristics, a motivational factor mentioned by the managers is the work itself. It covers both elements such as the work tasks, as well as to have a context for the nurses to work within. As mentioned earlier, Wan et al. (2018, p. 1339-1340), have published a study regarding this, finding that in order to contribute to motivated and committed nurses, it is important to have a supportive work setting. Therefore, it is important to not only provide opportunities of career development and new tasks, but also to contribute to a more independent workplace, in order for the nurses to gain a feeling of both appreciation, and recognition. The working environment as well as the colleagues at work were considered as important non-financial factors, mentioned by almost all of the interviewees. This is something which can be confirmed by Van Osch et al. (2018, p. 1213), whom have made a study concerning the importance of this regarding work motivation, although, from the nurse viewpoint.

The managers in the ER also found education as an important way of supporting nurses and to drive motivation. From a managerial viewpoint, this includes both education in order to get a broader understanding about the work tasks, and education concerning the health of the nurses themselves in order to have as much energy as possible and working without damaging the body or the mind. There has been an emphasis on stress prevention and the work environment as a whole. This can be connected to a factor Hayward et al. (2016, p. 1339) brings up in their research, where they say that personal health issues are one of three factors which can cause distress and have a negative effect on job performance among nurses, together with lacking support by managers and having a challenging setting at work. One manager mentioned some thoughts concerning a change in how the schedule is structured, towards a more flexible type, in order to help reduce stress among the nurses. This type of change, towards a schedule with more independence for the nurses should, according to several researchers, have a positive effect on the motivation at the workplace (Buchbinder & Shanks, 2011, p. 41; Shader et al., 2001, p. 211; WHO, 2006, p. 85; Van Osch et al., 2018, p. 1213).
Competence development is something which has been brought up by several of the interviewees. It is mentioned that some of the more experienced nurses might be feeling a bit bored at the moment, as they are given quite monotone work tasks and in need of more stimulating work. This is recognised as demotivating from the manager side and they mentioned the nurses feeling unmotivated and tired for the situation, since there is nothing to do about it at the moment. Some nurses have mentioned that they are motivated by learning more tasks and this is something which can be seen from the managerial viewpoint as well. There is an awareness of the importance of this, something which can be linked to the Job characteristics theory by Hackman & Oldham. According to the Job characteristics theory, experienced meaningfulness of a job requires a mix of skill variety, task identity and task significance (Hackman & Oldham, 1980, p. 77). When the employee has a job where there is possible to use different skills and abilities as well as consider the work to have a meaning, they can feel motivated (Hackman & Oldham, 2010, p. 464). Buchbinder & Shanks (2011, p. 41) agree on this, stating that managers can affect subordinates by offering them incentives, such as new work tasks. Further in the theory of Hackman & Oldham (1980, p. 77), they also mention that independence can have a positive effect to the motivation displayed by employees. This could be a way for the managers to increase the motivation of the employees, by implementing parts of the Job characteristics theory as a step of future motivational strategies at the workplace.

Although, there is a downside as well. As it was mentioned, the hospital is a publicly managed institution, something which can set its own challenges concerning the providing of external incentives to the staff. Even though managers would be interested in increasing the level of competence development, it may not be possible due to the budget. This creates a complicated situation, as the factor, which is known to motivate the staff, cannot be used freely, due to restrictions. Thus, even when acknowledging education as a way of motivating the employees, that cannot always be done.

6.2.3 Reflections on types of motivation

Herzberg
The different factors brought up under the section work conditions, with the focus of the managerial view, can be seen in different lights. For example, when looking at the Two-factor theory (Herzberg, 1987, p. 113), even though the work itself has been classified as motivation factor, it contains some distinct features. These can be features such as, for example, colleagues, work tasks, recognition, and more. Colleagues can be classified as a hygiene factor due to the nature of being interpersonal relationships, as well as the work tasks, due to the connection to work conditions. Other factors, education and recognition are motivation factors, due to the positive feelings surrounding it, as well as its connection to job satisfaction. When it comes to how the managers view some of the negative aspects, such as the monotone tasks, as well as the lack of education, Herzberg's (1987, p. 113) Two-factor theory would place them both in the category hygiene factors. This is due to their negative nature, which can both cause a sense of job dissatisfaction.

Ryan & Deci
As mentioned earlier, there is a different definition on what constitutes intrinsic and extrinsic motivational factors. When looking at the Ryan & Deci (2000b, p. 71), it is possible to divide these previous mentioned factors in an alternative way. The work in itself can be seen as an intrinsic motivational factor, as it concerns parts such as a supportive environment, a feeling of recognition, among other things. This is because it
refers to the type of motivation which comes from doing the activity itself (Ryan & Deci, 2000b, p. 71). Other factors, including education, could be considered both an intrinsic and extrinsic motivational factor. This depends on if it is seen as an external outcome, or more as a reason for additional education. Just as in the previous part, the demotivational factors such as monotone tasks and a lack of education, will not be reflected upon from this view, as neither of them regards the motivation coming from doing something.

6.2.4 Summary
Managers were reflecting towards the importance of communication and interaction when it comes to a suitable leader, as well as on the empathy-oriented leadership traits. These characteristics were based on the nature of the ER environment, and what type of leading works the best there. The results are in line with the nurses’ views and previous literature, implying the similar thoughts towards suitable leadership characteristics at the ER.

Regarding the managers’ views, demotivating factors have been identified. These include the nurses having monotone tasks, as well as a lack of external education. In order to increase the motivational factors, these would have to be addressed first. This might not be the easiest thing to do, considering the changes needed to be made higher up in the organisation, but necessary for the motivation in the long run.

The reflections on intrinsic and extrinsic motivation from managerial side were aiming more towards intrinsic motivation, although, the way of interpretation can affect to this. Similar to the work conditions-section about the nurses’ perspective, some of the factors have been linked together. These include the work itself, work tasks, colleagues, and recognition. They are a mix of hygiene factors and motivational factors (Herzberg, 1987, p. 113), and must therefore be addressed individually in order to fully unlock the potential of higher motivation.

6.3 Synthesis of nurses and managers’ views
Here the findings based on nurses and managers’ views are being synthesised together, in order to understand how they are corresponding to each other. By synthesising the findings, more information could be gathered when it comes to understand the motivation in the ER.

Communication- and empathy-oriented leaders were emphasised from both nurse and manager side. This shows a link between the views and also contributes to similar preferences on leadership style in the ER. As the study by Cummings et al. (2010, p. 381) shows, building a good relationship with the staff helps them feel good in their work. The acquired data provides positive reflection to this statement, as both parties were mentioning that they are slowly trying to get to know each other, and in this way build a relationship. Although, the relationship was found insufficient to evaluate completely, as the new managers have not been working in the department for a very long time, and thus, straight connections to a strong relationship between the parties were not shown. It would, however, be wrong to state that the good relationship factor is not existing in the department either, as the employees are aiming towards getting to know each other better. In order to evaluate this factor better, a longer time period would be needed.

As mentioned previously, the characteristics referred more to task-orientation, were identified from the viewpoint of the reflective interviewee, which is why this aspect will not be further developed, as it could lead to a biased conclusion.
Support was seen as a commonly viewed factor to non-financial motivation and colleagues were playing a large role in this. Managers acknowledged the importance of colleagues in motivating nurses, which was along with the nurses’ thoughts, as they found them as one of the motivating factors at the workplace. Even though managers understand the importance of the colleagues, it does not give a considerable possibility to effect on that in the daily work, as it is not related to the nurse-manager relationship.

Education and competence development were seen as commonly important to both parties, as well as the problems concerning the budget issues were acknowledged respectively. Managers were especially pinpointing the importance of focus on health of the nurses and take care of their energy levels, whereas the nurses focused more on education in order to better help patients at the ER. By recognising the education as a commonly preferred non-financial motivation factors, it could work as an efficient factor in motivation strategies in the hospital.

When it comes to opinions about work schedule as a motivational factor, they were colliding between the nurses and managers. The viewpoints did not meet, as managers considered the 3-3 model to be suitable for the employees due to the longer recovery and free time, whereas nurses considered it to be difficult, as it was not easy to change work shifts and a long notice time was needed in order to get days off. In the previous studies, the work schedule was found to effect on the motivation (Buchbinder & Shanks, 2011; Shader et al., 2001; Van Osch et al., 2018; and World Health Organisation, 2006), which contributes to this, study, although, from different perspectives.

The factors found commonly viewed as preferred in non-financial motivation, were representing motivational and intrinsic factors more compared to hygiene and extrinsic factors. As intrinsic motivation has found to be in connection to nurses’ job satisfaction (Yaktin et al., 2003, p. 389), this could give assumptions towards that these motivation factors commonly preferred, could be a way to motivate nurses non-financially.

The figure on the following page (figure 2) represents the findings acquired from the synthesis. As a communication-oriented and empathy-oriented leader was viewed as suitable from both nurses and managers side, it could be noticed that they both pinpoint the importance of interaction and relationships at work. Further, the themes found from the work condition topic, majorly contribute to the similar preferences on interaction and relationships at work as well as to the possibility of learning new. The lower part of the figure represents the differing views on work schedule as a motivator.

In this figure, it is important to acknowledge that there are multiple factors affecting to the big picture. This is why, the figure is not representing the linear effect between the factors, but rather provides more understanding on how these factors can affect to non-financial motivation.
Figure 2. Synthesis.
7 Conclusion and Implications

The concluding chapter of this thesis will provide a summary of the main findings. It will highlight how the findings can be linked to the research question, as well as looking into both the theoretical and the practical implications of the thesis. The chapter will finish with a section about the future research areas.

7.1 General conclusion

Due to the continuous lack of nurses and their high turnover rate, it was of interest to understand what motivates the nurses in their workplace. As mentioned in the research gap, the managerial side of this has not been researched sufficiently, and thus it was out of interest to broaden the understanding of it. After conducting the analysis, the views based on the commonly mentioned factors which can affect non-financial motivation were synthesised. After analysing and discussing the data, the final conclusions are ready to be drawn.

The purpose of this thesis was to gain understanding on how the nurses and managers in the emergency room (ER) consider non-financial motivation to be and what they find as important factors in it. Further, to gain insights on how these factors can affect the daily work among nurses in the ER. Based on this, a research question was formed to be the following:

**How do nurses and their managers in the emergency room assess non-financial motivation factors?**

Regarding the purpose, the understanding was increased within the area of non-financial motivation, and how it was seen to be important for the employees in the ER at NUS. The views towards non-financial motivation were found to be relatively much in line between the nurses and managers. When it comes to theoretical framework, transformational leadership was only partly seen as applicable to the preferred leadership characteristics in the ER at NUS, and most findings referred towards the importance of emotional intelligence as well as individualised orientation. Job characteristics theory was discovered to be a good way of increasing the motivation of nurses, as the varying work tasks were seen as raising motivation. Regarding intrinsic and extrinsic motivation, both, nurses and managers contributed more towards intrinsic motivation. Although, a gap for interpretation was left. From the Herzberg’s point of view, the hygiene and motivation factors were linked quite balanced on the motivational factors, although, nurses’ views reflected more towards motivation factors, and managers views more on hygiene factors.

To answer the research questions, the following is stated; nurses and managers both seem to find communication and relationships at work as important when it comes to being motivated. Further, education and competence building were considered important in motivating nurses, thus problems in this were identified. Additionally, inner motivation was found to be especially important for nurses in raising motivation in the ER at NUS. Schedule was causing the most differing viewpoints when it comes to motivation, and the suitability of it was highly questioned from the nurses’ side.

By recognising the importance of the nurses and managers to have an understanding on the views and preferences of non-financial motivation in ER as well as understanding each other better, could make the employees feel more motivated. As mentioned earlier,
it has been acknowledged that by increasing the satisfaction among nurses, it is possible to lower the turnover rate (O’Brien-Pallas et al., 2006, p. 170). It is important to keep in mind that there is not only one, specific reason for nurses to leave their jobs, but rather a process which can be seen as complicated (Hayward et al., 2016, p. 1343). Although, the increase in knowledge considering this topic, can hardly ever be considered unnecessary.

7.2 Theoretical implications
As a foundation for this study, different theories and studies were used to understand the field of research. As the research gap states, the managerial view was decided to take into consideration, compared to earlier studies which have focused only on the nurses’ view. As for the theoretical implications, first, this thesis provides new insights concerning the thoughts and the preferences about non-financial motivation from the nurse and managerial viewpoint. This contributes to the literature by adding knowledge to the non-financial motivation in the ER setting in Sweden through presenting the viewpoints and preferences of motivational factors by nurses and managers.

Secondly, it can strengthen the statements considering preferred leadership characteristics in the hospital environment by providing support on the similar views as well as adding new insights on existing themes.

And, third, this can be used in further studies concerning non-financial motivation in hospital environments, and when conducting a similar research, the findings can be compared with the new ones. This study also states the importance of future research within the field of study.

7.3 Practical implications
First of all, this study helps to understand the views regarding non-financial motivation in a hospital environment, specifically in the ER at NUS. It gives an understanding on how some of the thoughts and opinions about the most preferred motivational factors and leadership characteristics differ between the different work positions, in this case, between nurses and managers. The study also shows how the agreeing or disagreeing thoughts are seen in the daily work, for example, if they have a positive or negative effect on the motivation. By understanding more about the effects, it could be beneficial for hospitals when it comes to planning motivation strategies. According to Brady Germain & Cummings (2010, p. 438), by finding the motivating factors for the nurses, it can lead to more devoted employees and to better performances. This way the hospitals could take the advantage from the results found and implement as a part of their strategy.

Secondly, it is not only the hospitals in a large scale which could benefit from this study. By understanding what kind of motivation is working the best for nurses, the managers could be able to motivate the nurses better and thus make the everyday work-life easier in the department, when the thoughts and preferences are meeting. This could also be of help in strengthening the relationships between the employees, and thus create a better work environment which could further decrease turnover and also increase the satisfaction level of their nurses. By reducing the process of constantly hiring new employees, the daily routines can form more permanent, and thus increase the level of efficiency.
Lastly, a practical implication can be seen in a potential increase in the number of nurses to a sufficient level, by a lower turnover rate, which could have several benefits. For example, the high costs of hiring new nurses mentioned in section 1.1.1, these resources could be better funded somewhere else in the society, for example to have good equipment, or perhaps to be able to have more employees at the departments. Another example of the potential benefits of having more nurses available is to shorten the waiting time for the patients in need of care.

7.4 Societal implications
It is highly important for a society to have nurses available at the different hospital facilities around the country, as well as around the world, which can be connected to ethical considerations, as well as societal implications. This is for every person who needs help concerning their or others health.

Therefore, the first societal implication of this thesis is relevant, as when the reasons for why nurses either stay in their job or leave, are brought into light. It can contribute to the mission to keep them where they are the most needed, one of these places being the ER. This can also aid in the relationship and the communication between the different positions at the department, as they become more long term. Further, by finding what motivates nurses, and this way increase their job satisfaction, this could lead to an increase in the interest of becoming a nurse as it shows in more positive light.

Second, since the stress nurses are often exposed to can have negative consequences on their own health and wellbeing (Hayward et al., 2016, p.1339), it is an important issue to research. In this way, it can be possible to provide ways of improving the motivation and retention of the nurses, leading to a higher quality of care for the patients, as well as making the employees more satisfied. This is because it may be seen that satisfied nurses could make less mistakes, and in this way the quality of care is increased.

Third, as the baby boomers’ generation is becoming older, this will increase the need for health care, further the number of nurses working. Also, as M2 mentioned, there are more and more multi-sick people, whose treatment takes longer time, which is why it is important to make sure that the care needed is available. Both of these factors contribute towards the need of sufficient number of nurses, which is why it is important to make sure that nurses stay motivated and that the turnover rate decreases.

7.5 Quality criteria
In a qualitative study it is important to consider the quality criteria of the research. The trustworthiness and authenticity are considered to be the foundation for evaluating the study and, thus, the four factors included in trustworthiness are being introduced (Lincoln & Guba, 1985; 1994 as cited in Bryman & Bell, 2011, p. 395).

Credibility
The purpose of the credibility of the study is to make sure that the research has been made based on following the guidelines as well as publishing the results of the study for others to read to make sure that the researchers have interpreted the phenomena correctly (Bryman & Bell, 2011, p. 396). It is also important that any personal connections to the research area is made clear, as this can affect how the study is conducted, as well as articulated (Byrne, 2001, p. 704).
This thesis has been following the guidelines on how to conduct a qualitative study and has informed the participants of the study about the findings. The thesis will be publicly available, as it will be published in DiVa, making it available for others to read.

**Transferability**

According to Bryman & Bell (2011, p. 398) a qualitative study often focuses on a rather limited sample of people, which in this thesis is the case as well, as the study is focusing on the ER, and on a small sample of interviewees. Bryman & Bell continues, that the results from these studies often reflect exclusive circumstances. One strategy in order to achieve this is to use what Byrne (2001, p. 704) states as “thick descriptions”, where nothing is left to the imagination, making it easier to apply the study in other settings as well. Guba and Lincoln (1985 as cited in Bryman & Bell, 2011, p. 398), on the other hand, are stating that the research conducted should include a strong description of the case, and this way make it possible to transfer the study to another environment of situation.

This thesis has tried to give all the needed information considering the study environment, and this way make the study transferrable to other situations. As the thesis is considering ER in a hospital, it would be possible to transfer this study to another department and conduct it again. As semi-structured interviews were used, the data collected will be individual for the case, and would most probably be different, but as the nursing as a profession covers a large area of different specialisations, the findings could be at least in some extent be transferrable.

**Dependability**

Dependability is an important part of ensuring trustworthiness. This implies that the researchers should make sure there are records of each and every move made in the research, in order for others to be able to control that the study has been conducted in a proper manner. This can include records such as how the interviewees have been selected, notes taken during the research process, the transcribed interviews, etc (Byrne, 2001, p. 704).

In this thesis dependability has been taken into consideration and therefore all records have been kept, in case of anyone wanting to review the material. This can be a rather challenging task, nonetheless, in order to ensure the trustworthiness, all material has still been recorded and kept for future references.

**Confirmability**

Another important part of trustworthiness is confirmability. It has been said that one of the objectives of assessors should be to establish confirmability. This implies that personal thoughts and values are not included in the research, and that the study has been conducted in good faith (Guba and Lincoln, 1985 as cited in Bryman & Bell, 2011, p. 398).

This has been a major factor during the writing of this thesis, as there is a high awareness of this being a possible issue, and the seriousness around it, not wanting to risk reducing the trustworthiness of the study.

**Authenticity**
According to Bryman & Bell (2011, p. 398), the authenticity focuses on the political effects concerning the study and is measuring different factors and fairness is one of those. When measuring fairness, it considers the equal presentation of different groups participating to the study (Bryman & Bell, 2011, p. 398). In this thesis, the participants are limited on nurses and managers and both parties are being interviewed. The sample of nurses is larger, as they are representing a bigger group of staff in the hospital. Both opinions are anyhow taken into consideration in this study.

The second factor measuring authenticity is ontological authenticity, which is meant to measure if the study increases the understanding of the social environment where the participants are (Bryman & Bell, 2011, p. 399). After interviewing the participants of the study, it is hoped, that it would raise questions regarding the subjects that were discussed during the interview, so that possibly it would help to solve some problems at the workplace as well. The third factor can be linked to the previous one. Bryman & Bell (2011, p. 399), mention the third factor to be the educative authenticity, which measures if the participants will increase their understanding on other participants after attending to the study. This again, is something that is hoped for, that this research could have been the pushing factor, that would make the employees to discuss about issues they are finding problematic at work, so that the study could create a natural way of understanding the other parties better and that way make the workplace better as well.

The last two factors, catalytic authenticity and tactical authenticity are questioning, first, if the study has affected to the participants so that they are willing to aim for changes and secondly, if the study has helped to encourage the participants to act (Bryman & Bell, 2011, p. 399). To find out this, a return to the research field would be needed to discover, what has happened after the research has been conducted. Although, this would be the aim of the study, as it is made in order to understand the possible issues and provide practical implications on how to work on those.

7.6 Limitations

There are many limitations to a student thesis, often related to the lack of resources and time at hand, but this is something which has been limited by setting realistic expectations and timeframes. Further, considering the nature of a qualitative study which is based on interviews and dialogs, one major risk is how the researcher interprets the answers given, as it might not reflect what the interviewee had in mind (Regan et al., 2002, p. 622, p. 623). This has been tried to keep to a minimum, where both authors have interpreted the interviews on their own, before then comparing the result and discussing the differences together. Connected to this there is a risk of the interviewee who might not understand the questions properly or trying to find an answer which they think the interviewer might be looking for. This was tried to be avoided by the formulation of question as well as stressing the fact, that there is no right or wrong answers. The interviewee might also not feel comfortable sharing certain information, which can lead to them not saying what they actually think about the topic. This limitation has been taken under control, as the authors has been trying to chat and get to know the interviewees right before each session, in order for them to feel as comfortable as possible with the interviewers.

Of course, there is also a risk that the people who are interviewed are not the right people, and therefore cannot give the information needed for the research (Regan et al., 2002, p. 623). This risk could appear if there is a poor background work conducted and therefore no clear idea of who is needed in the study, as well as if help was taken from personal
contacts in order to find interviewees. Sample collection done this way can also affect the level of trust in the thesis. Therefore, in this thesis, this has been taken into careful consideration in order to minimise the risk of interviewing the wrong people and by researching the topic and background thoroughly.

A qualitative study can also pose risks in itself, as for example, it can be said that a qualitative study often brings more problems in the way of researching it than the solutions being found (Stake, 1995, p. 45). Further, it is often time consuming as well, something which might pose a problem in this case as there are limited time resources. This has been overcome by careful planning and teamwork, as well as acknowledging the limits while conducting the study. As this thesis is using a case study, there are some limitations to the method. One limitation is the complexity of a problem, in general, where case studies often need to be analysed using several different sources and therefore only interviews are often not enough (Yin, 2003, p. 4). This has been taken into consideration for this thesis and therefore there has been put a large effort in trying to find valid, complemental theories, as well as the use of semi-structured interviews.

Another limitation is due to the fact that the two authors of this thesis has different native backgrounds, one being Finnish and one being Swedish, something which might pose a problem while conducting and working with the interviews in Sweden. If the interviews would to be held in Swedish, one author might not follow completely and would therefore not be able to assist as much with follow up questions, risking valuable thoughts and inputs to be unheard. There would also be a risk of mistakes and misunderstandings during the translation to English. If the interviews would be held in English on the other hand, there is a high risk, even though there is generally a high degree of knowledge when it comes to the English language, the interviewees would not feel as comfortable talking and therefore perhaps not all relevant information would be retrieved from these interviews. Of course, misunderstandings may happen from the authors side in English as well, and this is something which requires some attention in order to avoid, or at least keep at a minimum (Regan et al., 2002, p. 623). The final decision landed on conducting the interviews in Swedish, in order to create as good relationship as possible with the interviewees. Since the Finnish author understands some Swedish, she was still able to contribute to follow up questions, to some extent. In order to overcome the limitations regarding translating, both the authors translated the interviews, and then stopped to discuss if there were any differing translations.

As a final limitation, just as mentioned before, there has been a manager shift in the ER, which may affect to the opinions and thoughts of the employees, as it is possible that the personal relations have not developed or are as in-depth as they would be with a manager who has been working in the position for a longer time. Although, this did not affect to the conducting of the study, as the main purpose was to understand the views towards non-financial motivation from different angles.

### 7.7 Future suggestions

For future research some viewpoints and further developments have been identified. First, it would benefit to the study field to conduct a similar study at a different ER department, where there have not been as recent shifts in manager positions. This way the relationships and their meaning to the motivation could be measured even more specifically. Further, when conducting the research in an ER department where the personal relationships have
had time to build up, it could give better results on measuring the importance of motivational factors such as recognition.

Another way to contribute to the research field would be by conducting the study in another department at the hospital measuring the similar factors. This would give interesting data on if the preferences between different departments differ in when it comes to non-financial motivation. This could also give data about the importance of personal relationships, and if they have a large impact to when it comes to non-financial motivation.

It could also be beneficial to investigate these relations and the different motivational factors with a focus on only the managerial side. This is something which could provide a depth in the area, as well as it could provide an interesting and different view of things, as it has not been investigated nearly enough.
REFERENCE LIST


Appendix 1: Invitation in Swedish
Invitation letter to the participants in Swedish

Till dig som arbetar som sjuksköterska eller avdelningschef

Hej,

Vi heter Laura och Matilda och vi läser det internationella civilekonomprogrammet på Umeå Universitet. Vi skriver vårt examensarbete om motivation inom sjuksköterskeyrket och om hur olika faktorer kan påverka motivationen.

Härmed frågar vi dig om du vill delta i en intervju, ca 45–60 minuter lång.


Vi ser om möjligt att dessa intervjuer kan ske redan under vecka 15 (8–12/4). Vi är dock flexibla med tid om så behövs.

Om detta låter intressant, tveka inte att kontakta oss. Vi bjuder självklart på fika vid intervjun!

Tack på förhand!
Med vänliga hälsningar,

Laura & Matilda

Kontaktinformation:
Laura Toivanen - lato0008@student.umu.se
Matilda Olai - maol0289@student.umu.se
Appendix 2: Invitation in English
Invitation letter to the participants in English

Concerning those who work as a nurse or a manager at the Emergency Room

Hello, we are Laura and Matilda and we are studying at the International Business Program at Umeå University. We are writing our degree project about motivation in relation to nursing and are looking at how different factors can affect the motivation.

Hereby we ask you to participate in an interview, approximately 45-60 minutes long. The interview will be held at an appropriate facility in or close to the hospital, or alternatively over telephone, in order to make it easier for you to participate. The interview will consist of a number of questions regarding your thoughts and experiences regarding the theme Motivation. There are no right or wrong answers, we would just like to know what you have on your mind! If possible, we would like to hold the interviews in English, as one of us is not a native Swedish person, but we can also hold them in Swedish if that is what you prefer. Your answers will be treated confidentially, which implies that no other than the writers and the supervisor will have access to the material. In the written paper it will not be possible to identify specific people.

If possible, we would like to conduct the interviews during the week 15 (8-12/4). However, we are flexible with the time if needed.

If this sounds interesting, do not hesitate to contact us! We will provide coffee and snacks!

Thank you in advance!
Best regards,

Laura & Matilda

Contact information:
Laura Toivanen - lato0008@student.umu.se
Matilda Olai - maol0289@student.umu.se
**Appendix 3: Interview summary**

Interview summary containing information about the title of the interviewee, the length of the interview, and the location where the interview was held.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Title</th>
<th>Duration(min)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nurse</td>
<td>31:33</td>
<td>NUS</td>
</tr>
<tr>
<td>2</td>
<td>Nurse</td>
<td>18:23</td>
<td>NUS</td>
</tr>
<tr>
<td>3</td>
<td>Nurse</td>
<td>29:00</td>
<td>NUS</td>
</tr>
<tr>
<td>4</td>
<td>Nurse/Manager</td>
<td>16:30</td>
<td>NUS</td>
</tr>
<tr>
<td>5</td>
<td>Nurse</td>
<td>29:57</td>
<td>NUS</td>
</tr>
<tr>
<td>6</td>
<td>Manager</td>
<td>29:39</td>
<td>NUS</td>
</tr>
<tr>
<td>7</td>
<td>Manager</td>
<td>-</td>
<td>Email</td>
</tr>
<tr>
<td>8</td>
<td>Manager</td>
<td>-</td>
<td>Email/Phone</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td></td>
<td><strong>25.50</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Cover letter in English
Cover letter to the interview participants in English

To you who are participating in this interview

We are Laura Toivanen and Matilda Olai and we are studying in the International Business program in Umeå University. We are writing our Degree Project about motivation among nurses and how different factors can affect to the motivation.

This interview will be conducted anonymously and confidentially, which means that the answers will be coded and there will not be any possibility to identify your answers. You can end the interview whenever you want to. The results of this interview will be used in our Degree Project, which will be published in the Academic Archive Online (DiVa) and read by our supervisor and examiners. The interview will be recorded, and if you are not comfortable with that, please let us know before we start. You, as a participant, have a possibility to interrupt the interview in any point, as well as decide if some of the information raised up during the interview should not be used. After the interview, you have a right to know the information used in the thesis, as well as receive a copy of the finished project.

If you have any questions or concerns, you are encouraged to contact us on e-mails:
Laura Toivanen - lato0008@student.umu.se
Matilda Olai - maol0289@student.umu.se

With best regards,
Laura Toivanen & Matilda Olai
Appendix 5: Cover letter in Swedish
Cover letter to the participants in Swedish

Till dig som deltar i denna intervju:

Vi heter Laura Toivanen och Matilda Olai och vi läser det internationella civilekonomprogrammet på Umeå Universitet. Vi skriver vårt examensarbete om motivation inom sjuksköterskeyrket och om hur olika faktorer kan påverka motivationen.

Den här intervjun kommer att behandlas anonymt och konfidentiellt, vilket betyder att dina svar kommer att kodas och det kommer inte att finnas någon möjlighet för utomstående att identifiera var dessa kommer från. Intervjun kommer att spelas in, om du inte godkänner detta så kan du meddela oss innan vi startar. Du som deltagande har när som helst möjlighet att avbryta intervjun, samt att bestämma om någon av informationen du lämnar inte ska användas av oss. Resultatet av denna intervju kommer att användas i vårt examensarbete, vilket kommer att publiceras i Digitala Vetenskapliga arkivet (DiVa) och även att läsas av t.ex. handledare och examinatorer. Efter intervjun har du rätt att ta del av det material som använts från din intervju, samt att ta del av en kopia av arbetet.

Om du har någon fundering så finns möjligheten att kontakta oss. Kontaktinformation:
Laura Toivanen - lato0008@student.umu.se
Matilda Olai - maol0289@student.umu.se

Med vänliga hälsningar,
Laura Toivanen & Matilda Olai
Appendix 6: Interview guide in English

Interview guide in English

Part 1 – Warm-up questions

▪ Have you been participating in an interview before?
▪ Could you tell us about your position at NUS?
▪ What are your main tasks?
▪ How long have you been working here?
▪ Why did you decide to become a nurse?

Part 2 A – Nurses: questions about motivation and leadership

▪ What motivates you in your daily work? Can you describe a specific situation?
▪ Tell us about a time when you felt really good/bad about something at work. What do you think contributed to this feeling?
▪ How would you describe the atmosphere at your workplace?
▪ How would you describe your relationship with your colleagues?
▪ How do you find that the relationships with your colleagues affect to your work? Positively/Negatively?
▪ How would you describe your relationship with your managers?
▪ How do you find that the relationship with managers affects to your work? Positively/Negatively?
▪ How would you describe your relationship with the doctors?
▪ How do you find that the relationship with doctors affects to your work?
▪ What kind of leader characteristics do you find suitable to your workplace? Why?
▪ What kind of leader characteristics do you find non-suitable to your workplace? Why?
▪ Do you feel your thoughts are being listened at your workplace? How does it show?
▪ Do you feel you have adequate support in the workplace? How does it show?
▪ Do you feel that you get recognition of your performance at work? How does it show?
▪ What does your possibilities to affect you work schedule look like? Do you feel as if your voice is being heard?
▪ What do you think about non-financial motivation in general?

Part 2 B – Managers: questions about motivation and leadership

▪ How would you describe your relationship with the nurses?
▪ Would you like to change something concerning the relationships?
▪ What kind of leader characteristics you find suitable to your workplace? Why?
▪ What kind of leader characteristics you find non-suitable to your workplace? Why?
▪ What do you think about non-financial motivation in general?
▪ Do you find non-financial motivation strategies useful?
▪ What kind of non-financial motivation strategies are used in this department?
- Can you tell if these strategies are used in other departments as well?
- Have you noticed any special non-financial motivational factors that seems to be important to the staff? How about to you?
- Has there been any new implementations of strategies recently?
- What does the possibilities to affect the work schedule look like? For you? For nurses? Opinion about this?

**Part 3 A – Additional questions – Nurse**
- If you could change something in the way your workplace motivates you, what would it be?
- What are your aspirations in the workplace? Do you have dreams about changing position? Do you find it easy to advance?
- Have you considered changing job? Department/hospital/career?

**Part 3 B – Additional questions – Manager**
- If you could choose, would you rather use financial or non-financial motivation strategies? Why? For you/For others?
- How important do you find motivation in emergency room? Could you mention a specific situation?

**Part 4 – Closing the interview**
- Do you feel like you have anything to add to the previous questions?
- Do you have any questions to us?
Appendix 7: Interview guide in Swedish
Intervjuguide på svenska

Del 1 – Uppvärmningsfrågor
- Har du blivit intervjuad tidigare?
- Skulle du kunna berätta om din position på NUS?
- Vad har du för huvuduppgifter?
- Hur länge har du jobbat här?
- Varför ville du bli en sjuksköterska?

Del 2 A – Sjuksköterskor: Frågor om motivation och ledarskap
- Vad motiverar dig i ditt dagliga arbete? Kan du beskriva en specifik situation?
- Berätta om ett tillfälle när du kände starkt (positivt/negativt) om något på jobbet. Vad tror du bidrog till att du kände just så?
- Hur skulle du beskriva atmosfären på din arbetsplats?
- Hur skulle du beskriva din relation till dina kollegor?
- Hur känner du att relationen till dina kollegor påverkar dig i ditt dagliga arbete? Positivt/Negativt?
- Hur skulle du beskriva din relation till din chef?
- Hur känner du att relationen till din chef påverkar dig i ditt dagliga arbete? Positivt/Negativt?
- Hur skulle du beskriva din relation till läkare på avdelningen?
- Hur känner du att relationen till olika läkare på avdelningen påverkar dig i ditt dagliga arbete? Positivt/Negativt?
- Vilka karaktärsdrag tycker du är viktiga hos en ledare på din arbetsplats? Varför?
- Vilka karaktärsdrag tycker du är olämpliga hos en ledare på din arbetsplats? Varför?
- Känner du att dina tankar och åsikter blir lyssnade på, på din arbetsplats? Hur visar sig detta?
- Känner du att du har tillräckligt med support på din arbetsplats? Hur visar sig detta?
- Känner du att du får tillräckligt med bekräftelse när det gäller sånt du gör i jobbet? Hur visar sig detta?
- Hur ser möjligheterna ut för dig att påverka ditt arbetsschema? Känner du att du blir lyssnad på?
- Vad tycker du om icke-finansiell motivation generellt?

Del 2 B – Ledare: Frågor om motivation och ledarskap
- Hur skulle du beskriva din relation med sjuksköterskorna på avdelningen?
- Är det något som du skulle vilja ändra när det kommer till ditt förhållande till sjuksköterskorna?
- Vilka typ av karaktärsdrag tycker du är viktiga för din arbetsplats? Varför?
- Vilka typ av karaktärsdrag tycker du är olämpliga för din arbetsplats? Varför?
- Vad har du för tankar om icke-finansiell motivation generellt?
Tycker du att icke-finansiella motivationsstrategier är användbara?
Vilken typ av icke-finansiella motivationsstrategier används på den här avdelningen?
Kan du se om dessa strategier används på andra avdelningar också?
Har du lagt märke till någon speciell icke-finansiell motivationsfaktor som verkar vara viktig för din avdelning och de anställda där? Hur är det med dig själv?
Har det kommit någon ny strategi implementerats på den senaste tiden?
Hur ser möjligheten ut att påverka arbetsschemat ut? För dig? För sjuksköterskorna? Åsikt om detta?

Del 3 A – Extra frågor – Sjuksköterska
- Om du skulle kunna ändra något i hur din arbetsplats motiverar dig, vad skulle det vara?
- Vad har du för ambitioner på din arbetsplats? Har du drömmar om att byta position?
- Tycker du att det är enkelt att avancera?
- Har du funderat över att byta jobb på grund av bristande motivation? Avdelning/sjukhus/karriär

Del 3 B – Extra frågor – Ledare
- Om du kunde välja, använder du hellre finansiella eller icke-finansiella motivationsstrategier? Varför? För dig? För andra?
- Hur viktigt tycker du att motivation på akutmottagningen är? Nämn en specifik situation?

Del 4 – Avslutning
- Har du något du vill lägga till gällande tidigare frågor?
- Har du någon fråga till oss?
## Appendix 8: Analysis

### Nurses’ views

<table>
<thead>
<tr>
<th>First order concepts</th>
<th>Second order themes</th>
<th>Aggregated dimensions</th>
<th>Theories/concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Responsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Direct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Humble</td>
<td>Empathy-orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Good listener</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Supportive</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Motivating:**
- Support
- Colleagues
- Recognition
- Education

- Work conditions

**Types of motivation**

**Intrinsic & extrinsic motivation:** Ryan & Deci (2000b, p. 71)

**Hygiene & motivation factors:** Herzberg (1987, p. 113)

### Managers’ views

<table>
<thead>
<tr>
<th>First order concepts</th>
<th>Second order themes</th>
<th>Aggregated dimensions</th>
<th>Theories/concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Communicative</td>
<td>Communication-orientation</td>
<td>Motivational leadership characteristic</td>
<td>Transformational leadership: Bass (1999, p. 11)</td>
</tr>
<tr>
<td>-Responsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Direct</td>
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<td></td>
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<tr>
<td>-Clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Empathetic</td>
<td>Empathy-orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Understanding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Self-aware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Decision-maker</td>
<td>Task-orientation (reflective)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Service-oriented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Solution-oriented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Good at handling stress</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Motivating:**
- Support
- Colleagues
- Work itself

- Work conditions

**Types of motivation**

**Intrinsic & extrinsic motivation:** Ryan & Deci (2000b, p. 71)**
| -Education  
| -Schedule  
| **Hygiene & motivation factors:**  
| Herzberg (1987, p. 113)  

**Job characteristics theory:**  
Hackman & Oldham, (1980, p. 77)  

| Demotivating:  
| -Monotone tasks  
| -Lack of education (budget reasons)  

| Synthesis  
| **First order concepts**  
| -Communicative  
| -Responsive  
| -Direct  
| -Clear  
| -Understanding  
| -Supportive  
| -Support  
| -Colleagues  
| -Education  
| -Schedule  

| **Second order themes**  
| Communication-orientation  
| Empathy-orientation  
| Work conditions (agreed)  
| Work conditions (disagreed)  

| **Aggregated dimensions**  
| Leadership characteristics  
| Types of motivation  

| **Synthesised concepts**  
| Interaction Relationships  
| Education (schedule)  

|