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The Impact of Work Experience on Commitment to the Healthcare Administration Profession

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The Impact of Work Experience on Commitment to the Healthcare Administration Profession
Caroline Sweny
5/16/2018

ABSTRACT

This research study analyses the relationships between career commitment and gender, career status, and career satisfaction. Results indicated three major findings. First, men are more likely to be committed to the healthcare administration profession. Second, commitment to the healthcare administration profession decreases as individuals advance further into their career. Third, commitment to the healthcare administration profession decreases the more satisfied an individual is with the progress they have made toward meeting their overall career goals. Further research is needed to understand the implications behind these findings.
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I. Project Description

There is insufficient evidence-based research about the experiences of healthcare administration professionals. Career commitment has been explored, but not specifically in reference to undergraduates with healthcare administration degrees. This research study strives to answer a variety of research questions regarding how work experience impacts commitment to the healthcare administration profession. This research study is intended to illustrate the experiences of healthcare administration professionals and to add to the limited current evidence-based research relevant to the subject.

This research study is based upon quantitative research. Data for this research study was collected via a survey sent to 696 University of New Hampshire Health Management and Policy alumni. Principle Components Analysis (PCA) and Regression modeling were then used to determine significant correlations between career commitment and gender, career status, and career satisfaction.

II. Research Questions

- What factors keep healthcare administration professionals engaged with their career?
- What factors keep healthcare administration professionals engaged with an organization?
- What trends exist between career commitment and gender, career status, and career satisfaction in the profession of healthcare administration?
III. Literature Review

Introduction

There is limited evidence-based research on the experiences of professionals in healthcare administration. The following literature review contains what evidence-based research there is on careers, career satisfaction, and career commitment generally. A general understanding of these three areas will help to better recognize trends among the impact of work experience on commitment to the healthcare administration profession.

Careers

The nature of careers is changing among newer generations entering the workforce. Contemporary careers have shifted to several new theories of careers including boundaryless, protean, and kaleidoscope. The understanding of career success has shifted along with these career paradigms as well. This alteration in career attitudes is related to a change in work values among other factors. Work values have changed for the millennial generation to most commonly include interesting work, achievement, good co-workers, doing work that helps people, and salary (Kuron, Lyons, Schweitzer, & Ng, 2015). It is suggested that organizations, as well as individuals, must recognize this change, and shift management style to align with more contemporary career attitudes (Baruch, 2006).

The theory of boundaryless careers follows the notion that, “careers are no longer characterized by a single form but can take a range of forms that defies traditional employment assumptions” (Eby, Butts, & Lockwood, 2003). Arthur and Rousseau give six specific meanings to the boundaryless career:
(1) Moving across the boundaries of separate employers, (2) drawing validation and marketability from outside the present employer, (3) being sustained by external networks or information, (4) breaking traditional organizational assumptions about hierarchy and career advancement, (5) rejecting existing career opportunities for personal or family reasons, (6) perceiving a boundaryless future regardless of structural constraints.

(Gubler, Arnold, & Coombs, 2014).

Boundaryless careers have become the way of careers today. This is true of the millennial generation in particular (Lyons, Schweitzer, & Ng, 2015). Career opportunities now often extend beyond a single employer and even beyond a single job field (Arthur, Khapova, & Wilderom, 2005). The traditional way of “climbing the corporate ladder,” particularly within a single organization, is no longer. Such changes have been brought on in part by an increase in involuntary job loss, lateral job movement within and across organizations, and career interruptions (Eby et al., 2003). However, it is important to recognize that individuals with a boundaryless career attitude are still capable of organizational commitment (Çakmak-Otluoğlu, 2012). Career success within the boundaryless career is understood to involve proactiveness, a high openness to experiences, and career insight (Eby et al., 2003).

The theory of protean careers revolves completely around the individual. To a certain extent, the person, rather than the organization is in charge of their career. The success of the individual is subjective to the individual’s psyche. This means that success may vary by individual based upon personal values and mindset (Hall, 2004). Individuals
with a protean career attitude are more likely to be self-motivated and self-managing. It is suggested that organizations recognize this career attitude and provide lessons in self-management to stimulate those with protean attitudes (De Vos & Soens, 2008). Furthermore, researchers recommend that employers change the attitude of their organization to include values such as growth, responsibility, empowerment, and performance, and hard work (Hall & Moss, 1999).

The theory of kaleidoscope careers is a newer concept. The theory uses the analogy of a kaleidoscope to explain how individuals change the patterns of their careers in the same way that patterns in a kaleidoscope shift. This shift occurs from individuals rotating the various aspects of their lives, resulting in new arrangements of relationships and roles (Sullivan, Forret, Carraher, & Mainiero, 2009). In rotating the lens, an individual is seeking the best fit for demands, constraints, opportunities, relationships, personal values, and interests. Similar to the three-mirror set of up a kaleidoscope, there are three parameters that affect the movement of the “kaleidoscope” in terms of careers. These three parameters include authenticity, balance, and challenge. Authenticity is an individual’s values being aligned with their behaviors. Balance is reaching equilibrium between work and non-work. Challenge is stimulating work and career advancement. Each of these three parameters shift, becoming more important or less important throughout an individual’s lifetime (Sullivan et al., 2009). These three parameters shift on an individual basis but also on a wider scale. For example, generation X and millennials generally value balance much more than baby boomers.

Social context has a strong implication on an individual’s career choices. Greater diversity in advisors, the people an individual looks to for advice, results in a greater
chance of career change. Similarly, greater diversity among psychological relations results in a greater chance of career change. The correlation between relationships, broader social networks and decision-making around careers demonstrates how career decisions are socially embedded (Higgins, 2001). This is further demonstrated by how individual career attitudes shift along with shifts in career attitudes among the general population. Career attitudes and social context have a known impact on an individual’s career choices, and ultimately, their career trajectory.

**Career Satisfaction**

Career satisfaction is influenced by a variety of different factors. A few factors are explored as highlighted by previous evidence-based research. Factors likely vary some among different professions. A multitude of factors affect career satisfaction, including the notion of calling, race, and career hurdles.

Identifying a job or career as a “calling” has had known implications on job and career satisfaction. There is a significant relationship between calling and healthy career development within college student populations specifically for example. Such has been the case within management career environments as well. A 2016 study by Xie, Xia, Xin, and Zhou explored this concept of calling being positively associated with job and career satisfaction in China. The results of the study found that the notion of calling was positively associated with work engagement, career satisfaction, and career adaptability within their relative sample (Xie, Xia, Xin, & Zhou, 2016).

Race has been identified to have known correlations to career satisfaction as well. A 1990 study titled “Effects of Race on Organizational Experiences, Job Performance
Evaluations, and Career Outcomes” explored the discrepancies among black versus white managers among three different organizations in relation to organizational experiences, job performance evaluations, and career outcomes. The results were clear, that race had an impact on all of these factors. Overall, in comparison to white managers, black managers received lower ratings on job performance and promotability, felt less accepted in their organizations, felt they had less discretion within their roles, and had lower overall levels of career satisfaction (Greenhaus, Parasuraman, & Wormley, 1990).

Career hurdles have a major influence on career satisfaction. The many obstacles that employees face over the course of their career make an impact on their subjective career success, and related, career satisfaction. A study by Ng and Feldman found that career hurdles associated with motivation, social networks, and organizational and job support were all significantly related to lower subjective career success (Ng & Feldman, 2014).

**Career Commitment**

Career commitment has been found to be a vastly complex notion. So complex in fact, that it is believed that there are a variety of forms as well as foci of commitment (Meyer & Allen, 1991). Three varieties of commitment, meaningfulness, and organizational identification are explored in reference to career commitment.

There are three types of professional commitment as determined by Meyer. These include affective commitment, continuance commitment, and normative commitment. Affective commitment correlates with identification with, involvement in, and emotional attachment to a profession. Continuance commitment correlates with recognition of the
costs associated with leaving a commitment. Normative commitment correlates with a sense of obligation to a profession. Meyer’s three component conceptualization of organizational commitment has been proven to be applicable across a multitude of professions. (Irving, Coleman, & Cooper, 1997).

Meaningfulness has been found to be an important contributor to organizational commitment. Ivttzan, Sorensen, and Halonen highlight this notion in their research on the effect of occupational meaningfulness on occupational commitment. In their research study, it was found that occupational meaningfulness correlated directly with occupational commitment. In particular, the affective commitment type as defined by Meyer had the strongest correlation with occupational meaningfulness. This means that meaningfulness is one of the many factors affecting organizational commitment (Ivtzan, Sorensen, & Halonen, 2013). The more meaningfulness an individual feels within their role, organization, or profession, the more committed they are likely to be toward that particular role, organization, or profession.

Organizational identification also plays a major role in career commitment. Organizational identification relates to an individual's self-concept and the core need of relatedness as stated in the Self-Determination Theory. Organizational identification is rooted in how an individual perceives themselves in relation to the organization they are a part of. Strong feelings of organizational identification in turn create stronger organizational commitment from the individual (Hassan, 2012) (Canrinus, Helms-Lorenz, Beijaard, Buitink, & Hofman, 2012). Similarly, relatedness as defined in the Self-Determination Theory is also addressed with the idea of friendship networks, which are a piece of organizational identification. A 2012 study stated that nurses who had greater
friendship network, were more likely to be committed to their job (Yang et al., 2012). Greater organizational identification results in stronger career commitment.

**Social-Determination Theory**

Self-Determination Theory correlates basic psychological needs with motivation, highlighting psychological need satisfaction. In Self-Determination Theory, three basic needs are established: autonomy, competency, and relatedness (Broeck, Vnsteenkiste, De Witte, Soenens, & Lens, 2010). Autonomy involves psychological freedom and a sense of choice for the individual. Competency correlates with effectiveness and the individual feeling capable of meeting tasks and requirements. Relatedness relates to the individual feeling a part of a group or connected to others (Broeck et al., 2010). Each of these concepts are inherent psychological needs of individuals. Meeting these three basic needs as distinguished by Self-Determination Theory results in greater overall satisfaction.
IV. IRB Human Subjects Certificate of Completion

![Certificate of Completion](image)

V. Methods

Data Collection Procedure

696 alumni of the Health Management and Policy program at the University of New Hampshire were sent an online Qualtrics survey to complete. Once completed, results were recorded directly into the online Qualtrics system. Of the 696 surveys sent, 146 were started and 139 were completed. This resulted in an overall response rate of 20%. 75% of respondents were female and 25% were male. 49% of respondents were mid-careerists, 41% were early careerists, and 10% were late careerists. The survey consisted of
COMMITMENT TO HEALTHCARE ADMINISTRATION PROFESSION

demographic questions, general career and job questions, and three different scale questions. Each scale related to a different concept: career commitment, career satisfaction, and Self-Determination Theory.

**Measures**

*Career Commitment.* The career commitment scale used derived from Meyer and included statements pertaining to his three-component conceptualization of organizational commitment: affective commitment, continuance commitment, and normative commitment (Meyer et al., 1993). The responses to these statements were on a 6-point scale ranging from strongly agree, to strongly disagree. This three-part scale has been used in a variety of studies regarding organizational commitment, including a 2003 study by Bagraim regarding the dimensionality of professional commitment (Bagraim, 2003).

*Career Satisfaction.* The career satisfaction scale used derived from a 2011 study titled “The Career Satisfaction Scale: Longitudinal Measurement Invariance and Latent Growth Analysis” by Spurk, Abele, and Volmer (Spurk, Abele, & Volmer, 2011). The scale contained five statements related to career satisfaction. The responses to these statements were on a 7-point scale ranging from extremely dissatisfied to extremely satisfied.

*Self-Determination Theory.* The Self-Determination Theory scale used derived from a 2015 article titled “The Multidimensional Work Motivation Scale: Validation evidence in seven languages and nine countries” by Gagne et al. (Gagne et al., 2015). Statements pertaining to “why you would do or would put efforts into your current job” were used. The responses to these statements were on a 7-point scale ranging from strongly agree to strongly disagree. These statements had underlying correlations to Self-Determination Theory Concepts.
Data Analysis

Principle Components Analysis (PCA) and Regression modeling were used to determine significant correlations between career commitment and gender, career status, and career satisfaction.

Factor analysis extraction was performed on the data set using principle components analysis (PCA). This data analysis is used in determining sufficiency and levels of variance within the data. A KMO and Bartlett’s test was used to analyze the value of the data. The analysis resulted in a .804 measure of adequacy and a 0.000 significance, meaning the data is sufficient and has variants within it. A Scree Plot was used to determine that the three factors were in fact correct and highlighted the level of variance explained by each factor. Lastly, a rotated component matrix was performed. This showed the alignment between variables and factors of the data, and in this case proved that the data laid on the factors the way in which was predicted.

Regression was performed on a variety of factors in order to determine significant relationships or correlations between factors and career commitment. Such factors analyzed via regression were gender, career status, and career satisfaction. Regression models were run comparing each factor against career commitment individually as well as all at once. Significant findings were found related to gender, career status, and career satisfaction.
VI. Results

Results of the data analysis indicated three major findings. First, men are more likely to be committed to the healthcare administration profession. Second, commitment to the healthcare administration profession decreases as individuals advance further into their career. Third, commitment to the healthcare administration profession decreases the more satisfied an individual is with the progress they have made toward meeting their overall career goals.

Results from the regression modeling are shown below in Table 1 and Table 2. Table 1 shows significant relationships to overall career commitment. Table 2 shows significant relationships to career commitment by commitment type (affective, continuance, and normative). Table 3 is a key for the career satisfaction scale used in the survey. The significant coefficients and p-values are highlighted in yellow. From these tables, you can see which specific factors, as well as which specific questions related to career satisfaction had a significant relationship to career commitment. Significant relationships p-values were found between career commitment and gender, career status, and questions Q14_1 and Q14_2.

Table 1: Regression Model – Career Commitment and Gender, Career Status, and Career Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Career Sat. 1</th>
<th>Career Sat. 2</th>
<th>Career Sat. 3</th>
<th>Career Sat. 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>42.108</td>
<td>0.000</td>
<td>43.262</td>
<td>0.000</td>
</tr>
<tr>
<td>Gender</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>3.962</td>
</tr>
<tr>
<td></td>
<td>0.800</td>
<td>0.800</td>
<td>0.030</td>
<td></td>
</tr>
<tr>
<td>Career Status</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Q14_1</td>
<td>2.715</td>
<td>0.032</td>
<td>3.267</td>
<td>0.011</td>
</tr>
<tr>
<td>Q14_2</td>
<td>-4.610</td>
<td>0.001</td>
<td>-5.037</td>
<td>0.001</td>
</tr>
<tr>
<td>Q14_3</td>
<td>0.868</td>
<td>0.321</td>
<td>1.081</td>
<td>0.216</td>
</tr>
<tr>
<td>Q14_4</td>
<td>-0.359</td>
<td>0.793</td>
<td>-0.721</td>
<td>0.597</td>
</tr>
<tr>
<td>Q14_5</td>
<td>0.159</td>
<td>0.880</td>
<td>0.340</td>
<td>0.744</td>
</tr>
</tbody>
</table>
Table 2: Regression Model – Career Commitment by Commitment Type (Affective, Continuance, & Normative)

<table>
<thead>
<tr>
<th></th>
<th>Overall Commitment</th>
<th>Affective Commitment</th>
<th>Continuance Commitment</th>
<th>Normative Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coefficients P-value</td>
<td>Coefficients P-value</td>
<td>Coefficients P-value</td>
<td>Coefficients P-value</td>
</tr>
<tr>
<td>Intercept</td>
<td>43.188 0.000</td>
<td>12.490 0.000</td>
<td>11.963 0.000</td>
<td>18.735 0.000</td>
</tr>
<tr>
<td>Gender</td>
<td>3.962 0.030</td>
<td>1.491 0.051</td>
<td>0.298 0.739</td>
<td>2.173 0.035</td>
</tr>
<tr>
<td>Career Status</td>
<td>-2.826 0.023</td>
<td>-0.508 0.325</td>
<td>-2.093 0.001</td>
<td>-0.225 0.745</td>
</tr>
<tr>
<td>Q14_1</td>
<td>3.087 0.014</td>
<td>1.244 0.019</td>
<td>0.631 0.306</td>
<td>1.212 0.086</td>
</tr>
<tr>
<td>Q14_2</td>
<td>-4.999 0.000</td>
<td>-1.354 0.021</td>
<td>-1.144 0.096</td>
<td>-2.501 0.002</td>
</tr>
<tr>
<td>Q14_3</td>
<td>1.199 0.162</td>
<td>-0.232 0.518</td>
<td>0.540 0.203</td>
<td>0.891 0.067</td>
</tr>
<tr>
<td>Q14_4</td>
<td>-0.556 0.678</td>
<td>-0.315 0.574</td>
<td>-0.220 0.739</td>
<td>-0.020 0.979</td>
</tr>
<tr>
<td>Q14_5</td>
<td>0.019 0.985</td>
<td>-0.163 0.706</td>
<td>0.166 0.744</td>
<td>0.015 0.979</td>
</tr>
</tbody>
</table>

Table 3: Career Satisfaction Scale

Please indicate to what extent you agree or disagree with each of the following statements:
Q14_1 I am satisfied with the success I have achieved in my career.
Q14_2 I am satisfied with the progress I have made towards meeting my overall career goals.
Q14_3 I am satisfied with the progress I have made towards meeting my goals for income.
Q14_4 I am satisfied with the progress I have made towards meeting my goals for advancement.
Q14_5 I am satisfied with the progress I have made towards meeting my goals for the development of new skills.

VII. Discussion

Further research must be conducted in order to understand the implications and reasoning behind the results highlighted above. However, possible causation for these significant relationships is discussed below.

Decreasing commitment to the healthcare administration profession as individuals advance further into their career could be associated with an initial enthusiasm for the healthcare administration field. Early careerists may be excited to for their new career in the field, but then burn out overtime as the longer they stay in the field.

Decreasing commitment to the healthcare administration profession as individuals become more satisfied with the progress they have made toward meeting their career goals may be correlated to feeling accomplished or successful within their career. As an
individual gets close to or meets their career goals, perhaps there is nothing left to further motivate them in the healthcare administration field.

Career commitment is a complicated topic that warrants more research and discussion, particularly in reference to the healthcare administration profession. There are different types of commitment as highlighted by Meyer: affective commitment, continuance commitment, and normative commitment. A variety of factors influence individuals’ level of career commitment. Some of these factors, as analyzed in this study, include gender, career status, and career satisfaction. Understanding career commitment and what factors influence it, is critical for both employers and employees within organizations to understand in order to inspire career commitment.
VIII. Bibliography

REFERENCES


### IX. Appendix

#### Table 3
*Standardized Parameter Estimates for Six-Factor Solution*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1 Parameter estimate</th>
<th>Item</th>
<th>Factor 4 Parameter estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing is important to my self-image.</td>
<td>0.606</td>
<td>I would be very happy to spend the rest of my career with this organization</td>
<td>0.645</td>
</tr>
<tr>
<td>I regret having entered the nursing profession. (R)</td>
<td>0.735</td>
<td>I really feel as if this organization’s problems are my own.</td>
<td>0.410</td>
</tr>
<tr>
<td>I am proud to be in the nursing profession.</td>
<td>0.709</td>
<td>I do not feel a strong sense of “belonging” to my organization. (R)</td>
<td>0.735</td>
</tr>
<tr>
<td>I dislike being a nurse. (R)</td>
<td>0.619</td>
<td>I do not feel “emotionally attached” to this organization. (R)</td>
<td>0.680</td>
</tr>
<tr>
<td>I do not identify with the nursing profession. (R)</td>
<td>0.639</td>
<td>I do not feel like “part of the family” at my organization. (R)</td>
<td>0.735</td>
</tr>
<tr>
<td>I am enthusiastic about nursing.</td>
<td>0.733</td>
<td>This organization has a great deal of personal meaning for me.</td>
<td>0.749</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 2 Parameter estimate</th>
<th>Item</th>
<th>Factor 5 Parameter estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have put too much into the nursing profession to consider changing now.</td>
<td>0.669</td>
<td>Right now, staying with my organization is a matter of necessity as much as desire.</td>
<td>0.504</td>
</tr>
<tr>
<td>Changing professions now would be difficult for me to do.</td>
<td>0.693</td>
<td>It would be very hard for me to leave my organization right now, even if I wanted to.</td>
<td>0.592</td>
</tr>
<tr>
<td>Too much of my life would be disrupted if I were to change my profession.</td>
<td>0.754</td>
<td>Too much of my life would be disrupted if I decided to leave my organization now.</td>
<td>0.678</td>
</tr>
<tr>
<td>It would be costly for me to change my profession now.</td>
<td>0.590</td>
<td>I feel that I have too few options to consider leaving this organization.</td>
<td>0.700</td>
</tr>
<tr>
<td>There are no pressures to keep me from changing professions. (R)</td>
<td>0.347</td>
<td>If I had not already put so much of myself into this organization, I might consider working elsewhere.</td>
<td>0.454</td>
</tr>
<tr>
<td>Changing professions now would require considerable personal sacrifice.</td>
<td>0.631</td>
<td>One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.</td>
<td>0.483</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 3 Parameter estimate</th>
<th>Item</th>
<th>Factor 6 Parameter estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe people who have been trained in a profession have a responsibility to stay in that profession for a reasonable period of time.</td>
<td>0.561</td>
<td>I do not feel any obligation to remain with my current employer. (R)</td>
<td>0.580</td>
</tr>
<tr>
<td>I do not feel any obligation to remain in the nursing profession. (R)</td>
<td>0.596</td>
<td>Even if it were to my advantage, I do not feel it would be right to leave my organization now.</td>
<td>0.638</td>
</tr>
<tr>
<td>I feel a responsibility to the nursing profession to continue in it.</td>
<td>0.792</td>
<td>I would feel guilty if I left my organization now.</td>
<td>0.658</td>
</tr>
<tr>
<td>Even if it were to my advantage, I do not feel that it would be right to leave nursing now.</td>
<td>0.647</td>
<td>This organization deserves my loyalty.</td>
<td>0.718</td>
</tr>
<tr>
<td>I would feel guilty if I left nursing.</td>
<td>0.580</td>
<td>I would not leave my organization right now because I have a sense of obligation to the people in it.</td>
<td>0.735</td>
</tr>
<tr>
<td>I am in nursing because of a sense of loyalty to it.</td>
<td>0.645</td>
<td>I owe a great deal to my organization.</td>
<td>0.691</td>
</tr>
</tbody>
</table>

- Factors 1–3 reflect affective, continuance, and normative commitment to the organization, respectively; Factors 4–6 reflect affective, continuance, and normative commitment to the organization, respectively. Only estimated parameters are reported here; all other values were fixed at zero. All parameter estimates reported here are significant ($p < .05$). (R) = reverse keyed.

1. I am satisfied with the success I have achieved in my career.
2. I am satisfied with the progress I have made towards meeting my overall career goals.
3. I am satisfied with the progress I have made towards meeting my goals for income.
4. I am satisfied with the progress I have made towards meeting my goals for advancement.
5. I am satisfied with the progress I have made towards meeting my goals for the development of new skills.
### The Multidimensional Work Motivation Scale (MWMS)

<table>
<thead>
<tr>
<th>Anomivation</th>
<th>Extrication of social</th>
<th>Extrication of material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am1</td>
<td>To get others' approval (e.g., supervisor, colleagues, family, clients ...).</td>
<td>Because others will reward me financially only if I put enough effort in my job (e.g., employer, supervisor ...).</td>
</tr>
<tr>
<td>Am2</td>
<td>Because others will respect me more (e.g., supervisor, colleagues, family, clients ...).</td>
<td>Because others offer me greater job security if I put enough effort in my job (e.g., employer, supervisor ...).</td>
</tr>
<tr>
<td>Am3</td>
<td>To avoid being criticized by others (e.g., supervisor, colleagues, family, clients ...).</td>
<td>Because I risk losing my job if I don't put enough effort in it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Introjected regulation</th>
<th>Identified regulation</th>
<th>Intrinsic motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introj1</td>
<td>Because I personally consider it important to put efforts in this job.</td>
<td>Because I have fun doing my job.</td>
</tr>
<tr>
<td>Introj2</td>
<td>Because putting effort in this job aligns with my personal values.</td>
<td>Because what I do in my work is exciting.</td>
</tr>
<tr>
<td>Introj3</td>
<td>Because otherwise I will feel ashamed of myself.</td>
<td>Because the work I do is interesting.</td>
</tr>
<tr>
<td>Introj4</td>
<td>Because otherwise I will feel bad about myself.</td>
<td></td>
</tr>
</tbody>
</table>

The stem is “Why do you or would you put efforts into your current job?” and is accompanied by the scale: 1 = “not at all”, 2 = “very little”, 3 = “a little”, 4 = “moderately”, 5 = “strongly”, 6 = “very strongly”, 7 = “completely”. The scale can be obtained in other languages by contacting the first or second authors.