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An Analysis of Employee Motivation After Metamorphose, Conglomerated Public Health Care Systems

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Walden University
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Abstract

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Aleta Marie Lymon

MPA, Marist College, 2013

BS, Empire State College, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

A global epidemic of metamorphosed, conglomerated health care systems changed the face of public health care organizations. The problem is, public health care organizations merge into new systems, but the culture for each merged organization has not been formed under the new system. Public administrators, health care workers and the Department of Health and Human Services are affected when there are issues in health care behavioral practices and performance outcomes. Research found that employee motivation is hard to achieve when there are issues within the internal structure of a new system. Using Herzberg's motivation-hygiene and Tajfel and Turner's social identity theories as the foundation, the purpose of this correlational study was to examine the statistical relationship between growth opportunities, organizational culture, monetary compensation and employee motivation. Secondary data were used from a sample of 3,033 health care workers from 2 English hospitals in the United Kingdom. The data were examined using Point-Biserial Correlation Coefficient model statistical *t* test. The study's results concluded that growth opportunities, organizational culture, and monetary compensation significantly correlate with employee motivation. Recommendations included implementing systematic changes to the internal organizational structure by identifying and developing effective strategies to improve internal organizational practices and performance outcomes. Further research is needed for demographic comparisons. The study affects social change by informing the Department of Health and Human Services, health care organizations and public health administrators of various strategies that can be used to improve internal organizational practices performance outcomes.

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Dedication

This research is dedicated to my sons Shawn and Mark, my granddaughters, Jaylisa, and Alaya, and to all my future grandchildren. This dedication is for me to inculcate in you that our strength comes from our spiritual belief in God. "I can do all things through Christ who strengthens me" (Philippians 4:13). Although this research process was a challenge, your sincere love and pride of all of my accomplishments made it worthwhile. Let this dedication be a token of inspiration for you to use your aptitude for learning to become dominant, educated people who shall encourage the same values to your children.

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To my sons, Shawn and Mark and my patient and the beautiful granddaughter, Jaylisa, whose love, support, encouragement, and belief in my abilities made it possible for me to execute this process. Thank you, my loves! My appreciation extends to my best friend, companion, and family and friends whose emotional support got me through the difficult times and for all the encouragement throughout the process.

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Chapter 1: Introduction to the Study

Introduction

Fundamental theories in public administration support mergers and acquisitions as a mechanism to improve organizational concerns, such as quality of care, values and beliefs, costs, and financial performance for health care organizations (Ghiasi, Zengulf, Ozayin, Oner, & Breland, 2017). According to Sehleanu (2015), theories such the efficiency, market power, disciplinary takeover, agency and managerial hubris theories support the contribution of mergers and acquisitions as the link between theories in public administration and mergers and acquisitions. For example, public administrators may use the efficiency theory to improve cost performance. Cost performance is a measure of the efficiency of completed work for every unit of cost spent. The use of this theory can lead to increases in an organization's economic efficiency through synergies as a result of pooling together all tangible and intangible assets of the acquiring and acquired companies.

Synergy strategies from the market power theory can be attractively used for a merger and acquisition method by way of firms merging or acquiring other entities in order to increase the monopoly power as a motivator for operations. According to Sehleanu (2015), the synergies of the monopoly power gained through mergers and acquisitions may strengthen or enhance the market power of the companies, which is reflected in the ability of a company to set the selling price of products and/or to increase its profit margin and benefits. Some organizations may use the disciplinary takeovers theory as a course of action to improve performance when an organization is undervalued due to inefficient management. When the disciplinary takeover theory is used, generally,

it means that the organization has not reached the desired performance parameters and a management team from another company will take over the business and will replace the managers. In doing so, managers who pursue their own agendas or are incompetent will be removed and replaced with more competent and efficient managers.

The agency theory supports mergers and acquisitions in a way that focuses on the relationship of shareholders and managers. The rapport between shareholders and managers is important to organizations during mergers and acquisitions due to the possibilities of conflicts of interest. Sehleanu (2015) claimed that conflicts of interest bring about problems that may occur in the context of separation between ownership and control. The managerial hubris theory is described by Sehleanu (2015) as managers who have the "ego syndrome" (p. 543) or mangers who have a shortened vision of reality. The ego syndrome can be difficult for managers who are replaced during a disciplinary takeover.

Research on health care partnerships and markets conducted by several scholars—Siegel, Erickson, Milstein and Pritchard (2018); Ghiasi et al. (2017); and Popescu and Predescu (2016)—found that health care providers are pursuing increasingly comprehensive strategies to transform health and well-being in their communities due to the disruption of markets by the lack of price transparency and the prevalence of health care insurance. Over the past few decades, public concerns about health care systems brought about some difficult tasks for political leaders. A global epidemic of health care reform propelled governments to cope with the challenge of meeting the demands of health care systems (Klein, 1993). In a health care service environment of tension and division of labor, the most basic challenge is the performance of employees (Platis,

Reklitis & Zimeras, 2015). Clinical and non-clinical health workers form the backbone of any health system (Okello & Gilson, 2015). The key principles for improving health care quality are balancing the work system and encouraging the active and adaptive role of workers (Carayon et al., 2014).

In the empirical literature, researchers found that performance of public sector employees is critical to the delivery of services and that public service managers are challenged with a lack of ready-made answers to performance management (Arnaboldi, Lapsley & Steccolini, 2015; Knies, Boselie, Gould-Williams, & Vandenabeele, 2017; Platis et al., 2015; Van Dooren, Bouckaert, & Halligan, 2015; Rua & Correia, 2017). The performance of public sector employees is critical to the delivery of services, public policy, and reform initiatives. Platis et al. (2015) contended that, as a phenomenon, performance is very much related to aspects of quality, effectiveness, and knowledge management. On the other hand, performance as a phenomenon is financing, management and development of the organization. Rua and Correia (2017) asserted that in order for organizations to survive, they must have the ability to respond to a growing number of needs in the practices and outcomes of public health care systems.

Mergers and acquisitions are important phenomena due to market-oriented health care structure of health systems (Antos, 2015). In 2013, the consolidation of several investor-owned operations resulted in an excess number of hospitals involved in acquisitions in the United States (Irving Levin, 2016). Despite the increase in mergers and acquisitions, clients of hospital services may be in an uncomfortable situation because customers have less bargaining power due to the reduction of options (Migowski et al., 2018).

Private non-profit or for-profit hospital mergers in England are increasingly subject to scrutiny by the Competition Markets Authority (CMA) due to reduced competition and restriction in patient choice (Siciliani et al., 2017). The CMA law examines the benefits and the potential adverse effects for patients after a merger. CMA authorizes mergers that are in the overall interest of the patient with an emphasis on clinical quality. CMA laws do not apply to state-owned health care organizations. "The rationale for exempting public hospitals from the scrutiny of competition authorities remains unclear (Siciliani et al., 2017, p. 14)." Policies for hospital competition encourage public hospitals to compete on quality due to concerns that quality may suffer as a result of mergers between public hospitals.

The National Health Service (NHS) is the most extensive, publicly funded, single-payer health care system in the world (NHS, 2017). In recent years, there has been a shift in health care system efficiency across the United Kingdom, favoring primary care, in the hope that treating people before conditions worsen will be cost-efficient and more effective (Chevreul, Brigham, Durand-Zaleski, & Hernández-Quevedo, 2015). However, to improve efficiency, the disproportionate amount of money tied up in hospital care rather than primary care and community care will need to be addressed.

Currently, the United States health care system is the most expensive in the world but ranks last of eleven nations (United Kingdom, Switzerland, Sweden, Australia, Germany, The Netherlands, New Zealand, Norway, France, Canada and United States) on indicators of efficiency, equity, and outcomes (Davis, Stremikis, Squires, & Schoen, 2014). Low- and middle-income countries (LMICs) face some structural problems and inefficiencies in health systems (Paul et al., 2018).

Although the United Kingdom lags on health outcomes, it continues to rank first overall to demonstrate strong performance (Davis et al., 2014). These rankings are based on measures of high-performance national mortality data and on the experiences and perceptions physicians and patients; they do not capture critical dimensions of efficiency and effectiveness that might be obtained from administrative data or medical records (Davis et al, 2014).

In the United States, disparities in access to services signal the need to expand insurance to cover the uninsured (Davis et al, 2014). Low- to moderate-income families are eligible for financial assistance to get coverage under the Affordable Care Act (Davis et al, 2014). According to Sessions, Hassan, McLeod and Wieland (2018), the number of uninsured adults in the United States dropped to 12% in 2016, down from 20% in 2010.

Information technology is an essential foundation for the transformation of the health care industry in today's society (Wager et al., 2017). The United States is beginning to close the gap with other countries that have led on adoption of health information technology due to the enactment of the American Recovery and Reinvestment Act (ARRA) of 2009 (Davis et al., 2014). Adoption is the decision of an organization or community to commit to and initiate an evidence-based intervention (Brownson et al., 2017). As this sector of U. S. society strives to provide quality care, contain costs, and ensure adequate access, the need for quality information in health care has never been higher (Wager et al., 2017). A learning health care system is the system in which "science, informatics, incentives, and culture are aligned with continuous improvement and innovation, with best practices seamlessly embedded in the delivery

process and new knowledge captured as integral by-product of the delivery experience" (Britto et al., 2018, p. 1).

Health care providers are creating health systems that include updated technology along the new spectrum to thrive in the modern era of health care delivery (Wager et al., 2017). The new revelation of business model changes, incentives, and processes follow on the heels of the increase in electronic health record adoption prompted by the United States federal government's Meaningful Use program (Wager et al., 2017). United States health care providers are encouraged by incentives from the federal government to use integrated medical records and information systems that are accessible to patients and providers (Davis et al., 2014). Initiatives and opportunities promoted by the government have played vital roles in the adoption and application of the technologies in health care (Wager et al., 2017). These incentives are opportunities the American Recovery and Reinvestment Act of 2009 (ARRA) initialized for the U. S. Department of Health and Human Services (DHHS), partner agencies and the States to improve health care through health information technology (HIT) (Davis et al., 2014). These incentives promote meaningful use of electronic health records (EHR) and are distributed through Medicare and Medicaid payments systems to eligible professionals and hospitals (Davis et al., 2014).

Today's health care providers across the continuum of care are contingent on reliable HIT to aid in managing population health efficiently while reducing costs and improving quality patient care (Wager et al., 2017). Integrated and less resource-consuming approaches grounded on existing domestic institutions and networks aims to strengthen the local health system (Paul et al, 2018). To date, the United States Veteran's

Health Administration (VHA) is the most significant integrated health care system in the U.S. (VHA, 2018). The cost of ARRA's stimulus package between 2009 and 2019 was estimated to be $831 billion. The rationale of the Act was based on Keynesian economic theory, which held that demand should be increased by the government to boost growth (Amadeo, 2018). Health care administrators must think of strategic initiatives to take advantage of access to real-time and relevant clinical information (Wager et al., 2017).

Ghiasi et al. (2017) noted the nonexistence of prominent organizational behaviors in health care systems such as motivation, conflict, leadership, and culture. Scholars (Chen et al., 2015; Holt, 2012; & Kertoack et al., 2007) identified factors such as motivation, conflict leadership, organizational culture, and organizational equity as a significant predictor of hospital performance in organizational behavior studies. There is a gap in the literature in the area of organizational behaviors. Ghiasi et al. (2017) recommend further examination to see the impact on employees' motivation, organizational culture, conflict, organization climate, power in the organization, regulatory and equity. Systematic evaluations on health system practices and outcomes will provide a meaningful contribution to the empirical literature in this area and will provide managers, lawmakers and researchers with current knowledge in the context of public health service (Ghiasi et al., 2017).

A review of the empirical literature will provide background information and insight into the research hypothesis: There is a correlation between growth opportunities, organizational culture and monetary compensation on employee motivation. The results of the research will contribute to the change process in public health care organizations.

Background

A global epidemic of health care reform propelled governments to cope with the challenge of meeting the demands of increasing health care systems while limiting the demands on their budget (Klein, 1993). During the mid-1980s, policy makers in many countries attempted various reforms of their health care systems (Maynard & Bloor, 1995). Societies have inadequate resources to satisfy all their citizens' wants and needs (Anderson, Heidenreich, Barnett, Creager, Fonarow, Gibbons, & Masoudi, 2014). Therefore, from a societal policy perspective, a decisive health care goal should be to achieve the best health outcomes with predetermined health care resources (Anderson et al., 2014).

Single-payer systems rely on existing taxation systems and offer governments a high degree of control over the total expenditure on health (Hussey & Anderson, 2003). For example, Britain's National Health Service (NHS) is a state-administered health care system financed by general revenues (Giaimo, 2001). On the other hand, the United States health care system is private and relies on voluntary fringe benefits offered by employers and insurers (Giaimo, 2001). The health care spending disparities between Britain and the United States are remarkable when one considers that Britain was able to extend access to care to the entire population while the United States has not (Giaimo, 2001).

This study used secondary data from England to analyze factors that could correlate with inefficiencies in practices and outcomes in public health care systems. Specifically, the study sought to determine whether growth opportunities, organizational culture, and monetary compensation correlated with employee motivation. The study

was based on a published survey (non-peer reviewed), the NHS Staff Survey, England, that is available online (http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/).

The purpose of health systems is to improve and protect health (World Health Organization, 2000). The external threat of managed care prompted many consolidation transactions in the mid-1990s. In 1996, there were 768 hospital facilities involved in consolidation transactions in the United States (Brown et al., 2012). Over the next few years, consolidation transactions in the United States dropped between 30 and 50 transactions per year. The declines were occurring mainly due to microeconomic issues facing smaller hospitals and some larger systems. Examples of these microeconomic issues are competition and loss of access to capital.

Mergers often cause employees to have questions about the organization's future (Vetter, 2014). Health care organizations may experience low motivation from employees when the employees do not know what is expected of them during a consolidation transaction (Humphreys, Haden, Oyler, Cooke, Zhao, Hayek, & Little, 2012). Mergers and acquisitions can disrupt relationships between employees and managers. Disruption in an organizations structure creates uncertainty and stress among managers and employees. Health care employers must adapt to a variety of cultural and technological changes if they want to retain and attract talented employees, improve employee performance, and maintain a competitive advantage (O'Neill, 2017).

The culture of newly merged health care organizations is hard to develop during the post-merger integration when a merger does not bring the anticipated benefits (Ovseiko, Melham, Fowler, & Buchan, 2015). The violation of an organization's cultural

values makes it difficult for employees to be motivated, which can lead to failure in a post-integration stage (Jacobs, Arjen, & Christe-Zeyse, 2013). Merging two organizations with different cultures create "cultural indigestion" when cultures are not compatible (Schein, 1990, p. 117).

Since 2010, over 300 health care organizations in 47 states have merged (Niggel & Brandon, 2014). Smaller nonprofit organizations are vulnerable and will be targeted for investor-owned acquirers (Ault, Childs, Wainright, Young, & Williams, 2011). In the 1990s, a concentration of hospitals in large groups ended up reflecting on the rise of the prices set by insurance companies and health insurance providers (Migowski, Migowski, & Libânio, 2018). By 2006, the privatization of Hospital Corporation of America affected 176 acute-care hospitals (Irving Levin Associates, 2016). In 2010, particularly after the Affordable Care Act, the increase of investments led to new infusions and acquisitions to reduce risk and cost (Migowski et al., 2018).

Organizations face many challenges when there is a shift that enables them to make changes (Jacobs et al., 2013). According to WHO (2000), the four principal functions health systems should undertake are to (a) provide services; (b) generate human and physical resources that make service delivery possible; (c) raise and pool resources use to pay for health care and (d) set and enforce the rules of the game and provide strategic direction for all the different actors involved. The evolution of economic globalization in the 21st century has critical features, such as mobility and liquidity of capital, interlocking connections of currency systems to control market-driven impulses that benefit investors at the expense of ordinary people (Reisch, 2013). These features

come from financial crises that have a trickle-down effect, such as the 2010 Affordable Care Act (Reisch, 2013).

An organization must understand the importance of using multiple levels of management to complete the merger/acquisition process to lead them through a successful merger. Conflicts of interest play a significant role in the success of a merger/acquisition (Ng & Thorpe, 2010, p. 471). Shibayama, Tanikawa and Kimura (2011) suggested using a core group of employees to build a strong foundation for the long haul of the company, during and after the merger and acquisition.

Organizations must consider factors such as environmental conditions, employee perceptions, management influences, and employees' motivation, along with the cultural setting during a merger to determine the failure or success of the merger (Wagner & Garibaldi, 2014). Models such as Hackman and Oldham's job redesign model can reduce turnover rates and improve job satisfaction, thereby increasing employee motivation (Chen & Mykletun, 2014). Inadequate employee identification causes low motivation (Humphreys et al., 2012). Baek-Kyoo and Ready (2012, p. 279) identified supervisory career support as a critical factor that affects employee's career development.

The MHT and the SIT guided the study. The motivator or intrinsic approach explains that employees tend to describe satisfying experiences regarding factors or motivators that were intrinsic to the content of the job itself (Ramlall, 2004). These factors include variables such as achievement, recognition, the work itself, responsibility, advancement and growth. Conversely, hygiene or extrinsic factors are dissatisfying experiences that result from non-job-related factors such as salary, company policy, supervisory styles, and co-worker relations. Therefore, managers can bring about peace

in the workplace when they seek to eliminate factors that create job dissatisfaction but not necessarily motivation.

Problem Statement

A global epidemic of metamorphosed conglomerated health care systems is changing the face of public health care organizations. The problem is that public health care organizations merge into systems but the environment does not merge with the organizational structure. In other words, the culture of each organization has not been formed under the new system, which leads to internal organizational behavioral practice and workplace outcome issues. With that said, it is difficult for each merged organization to bring its own culture into a new system. Research found that employee motivation is hard to achieve when there are issues within the internal structure of the new organization. The empirical literature supports the performance of public sector employees and how critical they are to the delivery of services (Arnaboldi, Lapsley, & Steccolini, 2015; Knies, Boselie, Gould-Williams, & Vandenabeele, 2017; Pinheiro et al., 2017; Ghiasi et al., 2017). But employees lose motivation when they do not know where they fit in the new system (Humphrey et al., 2012; Ovseiko et al., 2015; Jacobs et al. 2013; Niggel & Brandon, 2014; Ault et al., 2011). Therefore, I studied the behavior of employees who work in these systems. My research hypothesis was as follows: There is a correlation between the independent variables of growth opportunities, organizational culture, and monetary compensation and the dependent variable of employee motivation.

Additional research on organizational behavior in the context of consolidated public health care system practices and outcomes will provide a meaningful contribution to the empirical literature in the area of public administration and will provide managers,

policymakers, and researchers with current knowledge in the perspective of public health services (Ghiasi et al., 2017). The general problem was that public health care providers must be competent in developing and implementing strategies to improve organizational performance (Wager et al., 2017). The specific problem was that public health care systems face structural issues and inefficiencies in internal practices and outcomes (Ghiasi et al., 2017).

Purpose Statement

The purpose of this correlational study was to examine the statistical relationship between growth opportunities, organizational culture, monetary compensation and employee motivation. Growth opportunities are the real opportunities for a person to experience personal growth, learn a new skill, undergo training in new techniques, and gain new professional knowledge (Alshmemri, Shahwan-Akl, &Maude, 2017). Organizational culture is described by Schein (1985) as a pattern of "assumptions that the group learned as it solved its problems of external adaptation and internal integration that worked well enough to be considered valid". The culture is taught to new members "as the correct way to perceive, think, and feel in relation to those problems" (p. 12). Monetary compensation constitutes all forms of benefits and payments at a workplace, such as wage or salary increases or unfulfilled expectations of wage or salary increases or decreases (Alshmemri, Shahwan-Akl, & Maude, 2017). Employee motivation is the level of energy, commitment, and creativity that a company's workers bring to their jobs (Inc.com, 2017).

The data type was a consensus questionnaire. The researcher was granted permission from the National Health Service England's (NHS) Survey Coordination Centre to use its 2016 archival dataset (NHS, 2017). The data collection instrument was paper and online questionnaire containing a set of core questions (NHS, 2017). A sample size of 3,033 health care workers was from two acute hospital trust sites in England. The type of power analysis used for the study was post hoc, two tails, with an effect size of .50, error probability of .05, with a total sample size of 3,033 using Point-Biserial Correlation Coefficient model statistical *t* test. The non-centrality parameter was 31.796;

Df was 3031, Critical *t* was 1.96, and power (1-β err probability) 1.00. A Cronbach's alpha analysis was performed on all items of the instrument to check for validity and reliability. The raw data were analyzed using a Pearson correlation and a descriptive analysis. The data were summarized using a descriptive statistical test to test the hypothesis.

Research Hypotheses

1. RH1—Quantitative: There is a correlation between the independent variables growth opportunities, organizational culture, monetary compensation and dependent variable, employee motivation. Employee motivation (dependent variable) was operational through the following question in the questionnaire: I look forward to going to work. A Pearson Biserial Correlational Coefficient model statistical test was used to test each hypothesis. The significance level was .05 or less to reject the null hypothesis.

Research Null Hypothesis 1:

There is a correlation between growth opportunities and employee motivation. Growth opportunity (independent variable) was operational through the following two questions in the questionnaire: my training, learning and development has helped me to do my job more effectively and my training, learning and development has helped me to stay up-to-date with professional requirements.

H^o: There is no correlation between growth opportunities and employee motivation.

H^a: There is a correlation between growth opportunities and employee motivation.

A Pearson Correlational statistical test was used to test the hypotheses. The significance level was .05 or less to reject the null hypothesis.

Research Null Hypothesis 2:

There is a correlation between organizational culture and employee motivation. Organizational culture (independent variable) was operational using the following questions in the questionnaire: senior managers here try to involve staff in important decisions and communication between senior management and staff is effective.

H^o: There is no correlation between organizational culture and employee motivation.

H^a: There is a correlation between organizational culture and employee motivation.

A Pearson Correlational statistical test was used to test the hypotheses. The significance level was .05 or less to reject the null hypothesis.

Research Null Hypothesis 3:

There is a correlation between monetary compensation and employee Motivation. Monetary compensation (independent variable) was operational through the following questions in the questionnaire: my level of pay and the recognition I get for good work.

H^o: There is no correlation between monetary compensation and employee motivation.

H^a: There is a correlation between monetary compensation and employee motivation.

A Pearson Correlational statistical test was used to test the hypothesis. The significance level was .05 or less to reject the hypotheses.

Theoretical Framework

For this study, I reviewed pertinent research studies for theories and analytic models that were relevant to the research problem. The theoretical framework strengthened the outline with an explicit statement of theoretical assumptions of the research study, specifying which key variables influenced the phenomenon and examining how the key variables differed and under what circumstances. The theoretical framework explained the meaning, nature, and challenges associated with the phenomenon that were experienced but unexplained (USC, 2018).

Herzberg's MHT and Tajfel and Turner's SIT guided the study. Vijayakumar and Saxena noted that Herzberg's method is impractical for explaining how job satisfaction and motivation address organizational culture in the workplace (Vijayakumar & Saxena, 2015). Therefore, the study used the SIT to support the independent variable, organizational culture. The MHT argued that people became motivated when challenged in the work place with more responsibilities (Herzberg, 1959). Herzberg's two-factor approach: motivator (intrinsic) and hygiene (extrinsic) guided the study. The motivator—or intrinsic approach—explains job satisfaction and the hygiene—or extrinsic approach—explained job dissatisfaction in the workplace (Herzberg, 1959).

Tajfel and Turner's SIT involves individuals and social groups. The identity of individual employees tends to get lost during restructuring processes (Ghafournia, 2015). Leaders must control their language when delivering messages to employees so that their message will influence the employees to meet goals and desired expectations

(Ghafournia, 2015). Cultural competence is a crucial component of SIT because no one culture should be superior to another (Torres, 2015). The identity-marking function of speech is as important as the communicative one (Ghafournia, 2015). People can quickly become unmotivated under leaders who use words or phrases that sound foreign to them, no matter what their intentions are (Ghafournia, 2015). Language is communication. Every organization deals with social identity in one form or another, for example, educational levels, social classes, ethnicity, and language (Ghafournia, 2015). Organizations can strengthen their employees' motivation by using strategies and techniques to address culture using the SIT during and after a merger and acquisition (Ghafournia, 2015).

Nature of the Study

Existing data can be used to address research questions (Johnston, 2017, p. 621). In this case, using secondary data from the NHS Survey Coordination Centre, England, a quantitative, descriptive design was used to analyze factors that correlate with employee motivation. The data were drawn from a more extensive study that was used by NHS to test staff experiences, to monitor change over time, and to identify variations between different staff groups (NHS, 2017). This research design was logical for the study for providing information on what is or what was from the questions asked of the participants (Brickman & Roy, 1998). Some researchers have asserted the benefits of reusing shared data, although reusing data might not be in the norm in every discipline (Yoon, 2017). As a result of technological advances, a vast amount of collected, compiled, and archived data is easily accessible and becoming more common in research (Johnston, 2017).

Secondary data is a viable option for researchers who may have limited resources and time (Johnston, 2017).

The purpose of the NHS 2016 Staff Survey was to collect staff views and experiences of working in their local health care organization and to provide information for deriving national and local performance indicators (NHS, 2017). The survey offered an opportunity for public health care organizations to survey their staff consistently and systematically to build up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups (NHS, 2017). The data were collected from a sample of 3,033 health care workers. The population consists of two NHS England Foundation Trust sites: a general hospital located in a metropolitan area and a university hospital located in a suburban area of England. The General Hospital-Acute Trust located in the metropolitan area of England was built in 1970. This public hospital replaced three other public hospitals that were built in the late 1800s. The University Hospital-Acute Trust located in a suburban area of England was founded in 1828. In 1898 the university hospital was acquired and became City Hospital.

The descriptive design describes and measures the statistical correlation between employee motivation and growth opportunity, organizational culture and monetary compensation using a Pearson correlation. Employee motivation (dependent variable) was operational through the following question in the survey: I look forward to going to work. Growth opportunities (independent variable) were operational through the following questions in the survey: My training, learning or development has helped me to do my job more effectively and my training, learning or development has helped me to

stay up-to-date with professional requirements. Organizational culture (independent variable) was operational through the following questions in the survey: Communication between senior management and staff is effective; and senior managers here try to involve staff in important decisions. (NHS, 2018). Monetary compensation (independent variable) was operational through the following questions in the survey: The recognition I get for good work and my level of pay.

Operational Definitions

Employee motivation (dependent variable) was operational through the following questions in the questionnaire: I look forward to going to work.

Growth opportunities (independent variable) was operational through the following questions in the questionnaire: my training, learning or development has helped me to do my job more effectively and my training, learning and development has helped me to stay up-to-date with professional requirements.

Organizational culture (independent variable) was operational through the following questions in the questionnaire: senior managers here try to involve staff in important decisions and communication between senior management and staff is effective.

Monetary compensation (independent variable) was operational through the following items in the questionnaire: the recognition I get for good work and my level of pay.

Conceptual Definitions

Conglomerate is having an organization firm in more than one industry in a given year (Hoberg & Phillips, 2017).

Employee motivation: The level of energy, commitment, and creativity that a company's workers bring to their jobs (Inc.com, 2017).

Growth opportunities: The real opportunities for a person to experience personal growth, learn a new skill, undergo training in new techniques, and gain new professional knowledge (Alshmemri et al., 2017).

Learning Health care System is defined by the Institute of Medicine as a system in which "science, informatics, incentives, and culture are aligned with continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience" (Brownson et al., 2017, p. 34).

Metamorphose is transformation and change (Dinmohammadi et al., 2017).

Metamorphosis is defined as a major change in the appearance or character of something (Merriam-Webster, 2018).

Monetary compensation: All forms of benefits and payments at a workplace such as a wages or salary increases or unfulfilled expectations of wage or salary increases or decreases (Alshmemri et al., 2017).

Organizational culture: Organizational culture is a pattern of shared underlying assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to

be taught to new members as the correct way to perceive, think, and feel in relation to those problems (Schein, 1985, p. 12).

Assumptions

Assumptions were used correctly to avoid problems regarding the validity and power of the results (Ernst & Albers, 2017). This study discussed theoretical and statistical assumptions. The motivation-hygiene and social identity theories framed the study. Theoretical assumptions must be made about the world around us to understand science better. Science will have less value if these assumptions are not factually accurate (Miner, 2015). Assumptions that produced a degree of solid understanding were used. A clear explanation of any missing data was provided. The explanation described why the missing data did not undermine the validity of the final analysis.

The first theoretical assumption assumed that specific natural groupings of phenomena exist (Miner, 2015). The dependent and independent variables were grouped using operational variables. The second theoretical assumption controlled the scientific observation so that association was attributed correctly. The specific research problem of interest was public health care systems face structural issues and inefficiencies in practices and outcomes. The two theories permitted the researcher to intellectually transition from merely describing the phenomenon observed to generalizing about various aspects of that phenomenon (USC, 2018).

Third, theoretical and empirical literature supported the determination of the research hypotheses and the correlations that exist. And finally, trustworthiness was assumed for the human processes of perceiving, remembering, and reasoning. The peer-reviewed research provided a rationale for the area of study. The results of the study will

offer students and scholars current knowledge and gaps found in the research study for future studies. According to Miner (2015) the purpose of theory is to achieve an objective, rational, replicable result, which will be convincing to those who are knowledgeable in the area of study. Gall, Gall and Borg (2017) contended that the relevance of the theory must be applied to the research hypotheses to produce the appropriate conclusion.

Limitations and Delimitations

Indications of internal consistency were reported along with the alpha coefficient. When a scale was composed of a considerable number of items, factor analysis was performed along with the application of appropriate internal consistency estimation method. The adoption of this approach was mainly minimized and guarded against the uncritical use of Cronbach's alpha coefficient (Aaron, 2014).

The researcher was not involved in the data collection process. Information that was missing from the dataset was not available to the researcher due to confidentiality reasons. Also, a lack of authenticity from respondents further limited the researcher from knowing who to contact with questions concerning the dataset. Researchers can avoid most limitations of secondary data analysis by ensuring a match between the research question or hypotheses and the existing data (Johnston, 2017).

Significance of the Study

Metamorphosed conglomerated public health care systems exert a strong influence on health services, particularly in quality care, cost and public policy. This study sought to indicate whether growth opportunities, organizational culture, monetary compensation fundamentally contributed to employee motivation. The study is expected

to inform policymakers, hospital administrators, researchers, human resource managers, and other stakeholders of various approaches to improve health care services and practices (Brownson et al., 2017 & Cho, Lee, & Kim, 2014).

Research on organizational behavior in the context of consolidated health care system practices and outcomes is expected to provide a meaningful contribution to the empirical literature in the area of public administration. The study is also is expected to provide managers, policymakers and researchers with current knowledge in the perspective of public health services (Ghiasi et al., 2017). Policymakers can introduce "vertical competition between integrated care pathway providers" since "horizontal competition can hinder vertical integration by increasing the segmentation of care pathways" (Siciliani et al., 2017, p. 109). Further amendments and implementation of laws can improve the performance of health care systems (Davis et al., 2014). Health information technology can inform stakeholders about the experiences of other countries that may be relevant to their situation and report the comparative analysis of health systems (Chevreul et al., 2015).

This study is expected to provide systematic reviews of important and meaningful practices and outcomes. Stakeholders will have insight into conditions that can strengthen the health care system and workplace environment (Echoles, 2016). Finally, the study is expected to contribute to the field of health care by improving patient care, increasing health care executives' knowledge on implementing procedures that reduce turnover rates, and improve job satisfaction, thereby increasing employee motivation and the quality of care (Echoles, 2016; Chen & Mykletun, 2014). The study contributes to the motivational-hygiene theory by explaining the phenomena of job satisfaction in the

context of practices and outcomes in public health care systems (Alshmemri, Shahwan-Akl, & Maude, 2017). The study also contributes to the social identity theory by explaining the phenomena of dynamics of language and speech in the context of practices and outcomes in public health care systems (Hogg, 2016).

Summary

This chapter discussed the background of mergers and acquisitions and internal organizational behaviors. A global epidemic of metamorphosed, conglomerated health care systems changed the face of public health care organizations. Metamorphose is defined as transformation and change. Conglomerate is defined as a number of different parts that are grouped together to form a whole but remain distinct entities. Over the past few decades, public concerns about health care services, cost and quality brought about some difficult tasks for public administrators. The most basic challenge of health care service environments of tension and division of labor is the performance of employees. Health workers form the backbone of any health care system.

The problem is, public health care organizations merge into new systems, but the culture for each merged organization has not been formed under the new system. Public administrators, health care workers and the Department of Health and Human Services are affected when there are issues in health care behavioral practices and performance outcomes. Research found that employee motivation is hard to achieve when there are issues within the internal structure of a new system. Herzberg's motivation-hygiene and Tajfel and Turner's social identity theories were used as the foundation. This correlational study examined the statistical relationship between growth opportunities, organizational culture, monetary compensation and employee motivation.

Secondary data were obtained from the National Health Services Survey Coordination Centre in England. Scholars have extolled the benefits of reusing shared data although reusing data might not be in the norm in every discipline. Models were implemented and evaluated within academic centers to show that the translation of science to practice is an academic discipline with methods and outcomes that can be assessed like any other discipline. The sample consisted of 3,033 health care workers from two hospitals located in the United Kingdom. The data were examined using Point-Biserial Correlation Coefficient model statistical *t* test. Cronbach's alpha was used to test the reliability and validity of the questionnaire items. A descriptive frequency test was used to summarize the results. The study is expected to affect social change by informing the Department of Health and Human Services, health care organizations and public health administrators of various strategies that can be used to improve internal organizational practices performance outcomes. Researchers, community organizations, health care workers, community members, patients and funders are expected to benefit from the recommendations.

Chapter 2: Literature Review

Introduction

This chapter is a review of the empirical literature. The literature review provided public administrators with insight into models and theories that can be replicated to strengthen health care systems and workplace environments. The purpose of the review was to examine practices and outcomes of organizational behaviors in public health care systems, particularly the health care system of the United Kingdom. According to Henry (2017), public administration is a combination of theory and practice that is meant to promote a greater understanding of government and its relationship with the society it governs. The purpose of public administration is to encourage public policies in response to social needs and to institute effective and efficient managerial practices.

Globally, public health care organizations promoted the transformation of health care systems towards consolidated and integrated care by using the people-centeredness approach, which met the needs of its citizenry (Nuti, 2017). A study on public attitudes toward health care policy conducted by Azar, Maldonado, Castillo, and Atria (2018) found that citizens across socioeconomic groups in 29 countries were motivated to support state-funded health care. Evidence of the impact of the growing body of work on public involvement in the health care policy process remains scarce (Conklin, Morris, & Nolte, 2015). A patient and public involvement initiative was implemented in the United Kingdom for holding policy-makers and health care provider organizations accountable for planning and delivering health services (Harper, 2015).

As explained by Mossialos, Wenzl, Osborn, and Sarnak (2016), the Parliament, Secretary of State for Health, and the Department of Health in England are responsible

for general policy and health legislation. For the discussion that follows, I will be discussing research conducted by Mossialos et al. (2016) drawn from the 2015 international profiles of health care systems. The Secretary of State is responsible for promoting comprehensive health service, free of charge for those who do not have prior charges in place. The National Health Service Constitute provides rights for eligible participants. Although the Department of Health oversees the health systems, NHS England is responsible for the day to day operations, including the budget. Coverage for people using NHS services is universal. NHS is funded by general taxation and a smaller portion is funded by the national insurance payroll tax, copayments and other minor sources.

The scope of NHS is not defined by legislation. Patients do not have an absolute right to receive a particular treatment. However, the Secretary of State is charged with ensuring comprehensive coverage. Ordinary residents and nonresidents with a European Health Insurance Care are automatically entitled to care. Illegal immigrants receive free treatment in an emergency department for certain infectious diseases. In practice, some of the free services received from NHS for preventive services are as follows: screening, inpatient and outpatient hospital care, immunization, physician services, vaccination programs, necessary dental care, rehabilitation, some eye care, mental health care, some long-term care, home visits by community-based nurses and other long- and short-term care, for example, physiotherapy after a stroke. According to the NHS Constitution, if patients have a recommendation from their clinicians, they have a right to drugs or treatment approved in technology appraisals and carried out by the National Institute of Health and Clinical Excellence.

Publicly covered services that fall outside the purview of the NHS services include employment examinations or insurance, such as certificates for travel. Prescription drug copayments exemptions include "children under age 16 and those 16 to 18 in school full time; people age 60 or older; people with low income; pregnant women and those who have had a baby in the past 12 months" (Mossialos et al., 2016, p. 50); cancer patients, and other long-term conditions, or certain disabilities. Low-income individuals, prisoners, pregnant women, students, and people over 60 are not liable for dental copayments. Similarly, their vision tests are free and financial support to meet the cost of corrective lenses is available to them. Qualified low-income people also receive free transportation to and from provider sites.

Publicly owned hospitals in NHS England are listed as either a trust or as a foundation. All trusts are accountable to the Department of Health and the foundations are regulated by Monitor, an economic regulator of public and private providers. Foundation trusts have easier access to capital funding and are able to accumulate surpluses. Hence a reason the government in England wants all mental health, ambulance services and hospitals to become foundation trusts in the future.

The empirical literature will be reviewed on factors that may influence inefficiencies in practices and outcomes in public health care systems. The specific variables that will be reviewed are growth opportunities, organizational culture, monetary compensation and employee motivation. Herzberg's motivation-hygiene theory and Tajfel and Turner's social identity theory (SIT) will also be reviewed as the foundation to guide the study.

Literature Search Strategy

For this study, I reviewed peer-reviewed journal articles, scholarly books, and doctoral dissertations through. Following are online databases that I searched: Theses at Walden University, Sage Publications, ProQuest, ProQuest Dissertations, EBSCO Host, Science Direct and Google Scholar. Other online resources included the following: Diva Portal, Esource, BMC Health Services, International Journal of Research-Granthaalkaya, National Health Services, World Health Organization, United States Department of Veteran Affairs, Commonwealth Fund, Centers for Medicare and Medicaid Services, Congressional Budgeting Office, and American Hospital Association.

I used some references that I discovered and accessed in other peer-reviewed articles and books in the literature review. I used approximately 150 scholarly articles from the literature review from publications within the last 5 years. Keywords searched included *mergers and acquisitions, employee motivation, job satisfaction, job dissatisfaction, organizational culture, growth opportunities, monetary compensation, Herzberg's motivation-hygiene theory, social identity theory, merger, and acquisition in health care facilities, health systems, quantitative approach, management, health care facilities and mergers, secondary data, conglomerate and metamorphose*.

Theoretical Foundation

A theory is a generalization that specifies the relationships between factors. It tells a story about a phenomenon by emphasizing the nature of causal relationships, identifying what comes first as well as the timing of events (Miner, 2015). A theory is based on a set of logically interconnected arguments that are created to facilitate understanding.

Motivation-Hygiene Theory

Herzberg's motivation-hygiene theory (MHT) was developed to highlight the role of job satisfaction to determine worker motivation (Riggio, 2016, p. 199). Herzberg proposes that the traditional, single-dimension approach to job satisfaction with its continuum ends ranging from job dissatisfaction to job satisfaction is wrong, and that job dissatisfaction and job satisfaction are two separate and independent dimensions. Herzberg arrived at the two-factor theory after surveying white collar professional workers who were asked to describe what made them feel exceptionally good or bad about their jobs. The results showed that the factors were clustered into two categories: job satisfaction (motivators) and job dissatisfaction (hygiene). Motivators are inherent in the work itself and are related to job content. Examples of motivating factors are the type of work, the level of responsibility associated with the job, recognition opportunities, personal achievement and advancement (Riggio, 2016, p. 200). Hygiene is related to job performance. Examples of hygiene factors are benefited, working conditions (both physical and social) supervision, company policy and base salary.

Based on the MHT, the motivator factor relates to the rewards, flow from the nature of the work and the outcome performance of that work (Herzberg, 1959, 1987). Management often confuse motivator and hygiene factors by using the hygiene factor as a way to motivate employees, when, in fact, this factor contributes a small fraction of employee motivation. The hygiene approach takes less effort on the part of management to raise salaries than it does to redesign jobs or to develop company policies for satisfaction (Ray, 2016). One of the critical ingredients in employee~~'s~~ performance and productivity is motivation (Shirol, 2014).

I reviewed a plethora of studies from the empirical literature to validate the motivation-hygiene theory. Vijayakumar and Saxena (2015) contended that the approach in Herzberg's MHT has insufficiencies when explaining job satisfaction and motivation in the workplace. Vijayakumar and Saxena argued that the money factor that falls under Herzberg's hygiene approach is significant in job satisfaction and influence socio-cultural milieu as opposed to being a motivator or intrinsic factor that produces job satisfaction. Vijayakumar and Saxena found that the theory is impractical in explaining how job satisfaction and motivation address organizational culture in the workplace. Further research on organizational culture is needed (Vijayakumar & Saxena, 2015).

Social Identity Theory

Group cultures, rational and developmental, contribute to organizational identification (Ismail, Baki, Omar, & Bebenroth, 2016). Employees that attach themselves to a group during mergers and acquisitions may feel less attached to the merged organization and are less likely to identify themselves with the new organization. Achieving positive post-merger identification is the goal of M & A integration (Joseph, 2014). Methods such as assessing each organizations identity in the post-merger phase and integrating strategies such as holding monthly meetings, removing old brand and distributing new brand materials to employees that match the structure reduced differences between merged partners. Joseph (2014) suggests that the initiation be located is in a low-threat environment.

Underlying organization identification in shaping identification during a significant organizational change can produce self-enhancement and continue to

influence identification when measured by attractiveness of perceived external prestige and organizational identity during the merger (Elstak, Bhatt, Van Riel, Pratt, & Berens, 2015). Managers must work towards reducing uncertainty by enhancing employee's self-esteem and ensuring member's identification surrounding mergers. Managers must be clear with explaining who we are as the merged organization which will help reduce uncertainty around the merger. Further research to explore how interdepartmental differences influence responses to a merger is needed (Elstak et al., 2015).

Cho, Lee, and Kim (2014) examined the relationship between employee perceptions of relative deprivation and their turnover intentions during a merger and acquisition process. The findings showed that egoistic relative deprivation predicts employee turnover intentions. Cho et al. defines egoistic relative deprivation "as people's feelings of deprivation due to their dissatisfaction with their position as an individual" (Cho et al., 2014, p. 421). Employees who feel deprived of an individual or a group level are less likely to identify with the new organization. Further research in a different setting on how merger types affect employee identification is needed.

Employee Motivation

Employee motivation is defined as the level of energy, commitment, and creativity that a company's workers bring to their jobs (Inc.com, 2017). Motivation is the desire of individuals to act or behave in certain ways (Okello & Gilson, 2015). The analysis of this dependent variable will contribute to the literature by identifying opportunities for further research and policy discussions about how to influence employee motivation in the public health sector to support quality deliveries of health care services. Health systems must provide incentives to add to intrinsic motivation

(Karlsberg, Schaffer, Sussex, & Feng, 2015). Employees who are given opportunities for ownership value themselves more and are motivated to indulge them in creative ideas (Das, Byadwal, & Singh, 2015).

The value of workplace trust relationships is critical in influencing intrinsic motivation of health worker performance (Okello & Gilson, 2015). Good management practices, resources, professional development activities, employee trainings and culture play critical roles in establishing trusting relationships that promote intrinsic motivation. Rewards and recognition and working conditions motivate employees when there is clear communication with management (Ray, 2016). Employee recognition results in job satisfaction and motivates employees to perform better which, in turn, instills belief in them that the longer they are committed to their goals the results will lead to promotional opportunities. Employees are motivated to improve job satisfaction when there is a balance between intrinsic and extrinsic motivation (Hee & Kamaludin, 2016). Enhancement in job performance can improve employee motivation when motivational programs are designed to assist employees in achieving better job performance.

Yeboah and Abdulai (2016) contended that work shifts to cover a 24-hour period, seven days a week with minimum wage pay rates, lead to job dissatisfaction and high turnover rates. Managers must continually seek effective ways to satisfy employees by using positive factors to motivate employees to boost job satisfaction for business productivity and profit. The most significant motivator for employees to achieve higher performance and job satisfaction is monetary compensation and career development opportunities. Managers must converse with employees (one-on-one) to gain an understanding of what matters to them and for managers to get rid of things that annoy

employees. One way managers can motivate employees is by developing a culture of respect, fair treatment, recognition, and engaging employees with more significant responsibilities for planning their work.

Between $1.4 and $2.1 billion is what it costs health care organizations and society when registered nurses leave the workplace (Echoles, 2016). According to Echoles (2016) nurses are dissatisfied with their jobs due to factors such as pay, long hours, stress, staffing issues, and opportunities for career development, which affect motivation. Strategies that managers and leaders can use based on the results of Echoles study are better communication with employees; involve nurses in the decision-making process when it comes to scheduling, offer benefit programs, workplace diversity initiatives and flexibility in schedule. Organizations can help professionals and patients to collaborate more effectively by using elements such as emphasizing on non-hierarchal, multidisciplinary collaboration, staff ability to model desired behaviors of recognition and respect, commitment to rapid action (translate research into practice), and by collecting data constantly to reflect on outcomes for improving methods (Renedo, Marston, Spyridonidis, & Barlow, 2015).

Marete (2016) noted that determinant factors to employee disengagements are recognition and praise, leadership styles, performance acknowledgment of one's performance, fairness with other employees, micromanagement, opportunities to engage in a decision-making process, and communication. Marete (2016) recommends that managers should take training on command before promotion into leadership roles to foster good supervisor-employee relationships. Organizations must prioritize factors such as working conditions, benefits, compensation, relationship with supervisors and co-

workers, and opportunities for growth after a merger (Gautam, 2016). Gautam found that a merging company's dominance over the merged company leads to employees experiencing chaos, stress, anxiety and significant differences in an employee's job satisfaction before and after the merger. This is due to employees not being satisfied with factors such as working conditions, advancement, and supervisor relationships, which led to the job satisfaction before the merger.

During a post-acquisition performance, employee attitudes have an indirect impact on managers inspiring and motivating employees with recognition and employee advancement opportunities (Babic, Savovic, & Domanovic, 2014). Mergers influence employee motivation because of a lack of management communication and information sharing (Nasir & Riaz, 2016). Location change and the change of the physical environment at the post-integration stage of a merger influence employee motivation (Lawlor, 2013). While Lawlor's study agrees with past researchers that employees have varying emotions and feelings during this stage of a merger, research has shown a significant research gap in the literature concerning human resource issues that arise from a merger.

Employee motivation and morale increases when employee autonomy is influenced by retention post-merger (Castro-Casal, Neira-Fontela, & Alvarez-Perez, 2013). Past research shows that working conditions contribute to employee motivation in private and public health care facilities although private facilities have better working conditions (Castro-Casal et al., 2013). Comprehensive interventions on staff motivation should be integrated into strategies such as quality improvement, mainly in public health care facilities where perceptions of working conditions are viewed as the worst (Alhassan

et al., 2013). A democratized work environment, strong leadership, organizational citizenship, career management and modification of job design can improve intrinsic motivation in health care systems amongst health care workers (Swarna Nantha, 2017).

Organizations can use a competence management system to document employee competence to increase employee satisfaction (Lundin, Snis, & Svensson, 2015). Using this system can improve quality of care through increasing competence (Lundin et al., 2015). This system can act as a support for continuous individual competence development to increase job satisfaction. Thereby employees may be more motivated and stay with the organization longer.

Conditions such as professions, work structures and working relationships influence how employees engage in health care quality improvement (Gadolin & Anderson, 2017). Positive working will increase employee engagement and can eliminate any barriers that professions and work structures may constitute. Wass and Vimarlund (2016) argued that the health care sector's engagement in open innovation is limited and recommends further research with a focus on how open innovation can be managed in health care.

Growth Opportunities

Growth opportunities are defined as the real opportunities for a person to experience personal growth, learn a new skill, undergo training in new techniques, and gain new professional knowledge (Alshmemri, Shahwan-Akl, &Maude, 2017). Organizations must have a comprehensive vision interconnected with simultaneous clinician training, strategies targeting patient education, documentation and community awareness to promote advance care planning for changing culture and systems (Reidy et

al., 2017). By 2030, the growth rate for health workers globally will rise to 80 million workers resulting in a worldwide shortage of 15 million health workers (Liu, Goryakin, Maeda, Bruckner, & Scheffler, 2017). The growth rate is driven by economic and population growth and aging (Liu et al., 2017). This shortage will fuel global competition for skilled health workers. Organizations should consider wages and employment to inform recruitment and expansion planning for educational programs related to the future health care workforce (Walton, Kim, & Weiner, 2017). Across all allied health care workers, there is a reduction in the employment and an increase in relative wages (Walton et al., 2017).

Organizational leaders must be aware of the impact that an employee's performance can have on an organization's bottom line (Rodriguez & Walters, 2017). In today's global market, it is important for organizations to provide employees with training and development opportunities, as well as, effective employee performance assessments for improving employee engagement, morale and overall competencies. Organizations should have a clear plan for the growth and promotion of each employee and provide adequate training to ensure employees are equipped with current and appropriate skills. Time and finances are more significant factors when deciding on training methods than the effectiveness rate of those methods (Cocuľová, 2017). Employees perceive the time that their employer is putting into their training as an investment in them and they are more likely to stay on the job (Das et al., 2017).

Human Resource training and development is concerned with organizational activity aimed at bettering the performance of individuals and groups in organizational setting and to achieve the set objectives of the organization (Hammond & Churchill,

2018). Management can achieve goals by developing the skills of employees (Cocuľová, 2017). Organizational efforts on employee training and development demonstrate that organizations are capitalizing on individuals who can commit to achieving higher levels of responsibilities (Rodriguez & Walters, 2017). Organizations do not tend to invest effective training techniques for part-time employees (Jaworski, Ravichandran, Karpinski, & Singh, 2018). An organization can gain a more competitive advantage when leaders perceive training as a tool that creates the intellectual capital (Cocuľová, 2017). Probability for individuals to effectively deliver the mission is increased when organizations provide core proficiencies and structure throughout the employee training and development process (Rodriguez & Walters, 2017). Consistently developing an employee's skills and implementing best practices prepare employees for future roles and responsibilities (Hammond & Churchill, 2018). Education is important in getting quality employees; therefore education spending will increase as an organization becomes more efficient (Cocuľová, 2017). Organizations face strong internal and external competition when searching for quality employees in today's business environment (Cocuľová, 2017). Organizations invest huge amounts of money into human capital because human resources constitute the backbone of the company and the performance of the employees ultimately increases the performance of the company (Cocuľová, 2017).

Nurses are expected to maintain registration and professional competence to participate in continuing professional development (Coventry, Maslin-Prothero, & Smith, 2015). Growth opportunity challenges that organizations may face is an employee's ability to participate in continuing professional development opportunities (Coventry, Maslin-Prothero, & Smith, 2015). Employees may be reluctant or prevented from

leaving their post to attend trainings or any professional development due to lack of staff coverage. Other examples include: paid or unpaid study leave, use of personal time for mandatory trainings and leadership issues preventing the implementation of learning to benefit employees. Leaders must support employee attendance for continuing professional development as an investment for the future.

Cummings and Worley (2014) identified organizational development as a set of evidence-based ideas and practices about how the organizations can produce sustainable high performance and human fulfillment. Leaders are responsible for selecting the best methods, approaches, strategies, programs, implementation, and assessment venues to achieve expected individual performance and organizational results (Rodriguez & Walters, 2017). These ideas and practices can help managers and staff perform task more effectively (Cummings & Worley, 2014). Globalization is rapidly interconnecting economically, socially and ecologically. Globalization affects organizations ecologically by "expanding their access to natural resources making the planet more susceptible to abuse by organizations with questionable environmental practices and governments with loose environmental regulations" (Cummings & Worley, 2014, p. 5). Organizations can use strategies that have been found by scholars to be effective to strengthen practices in organizational systems.

Organizations adapting to system-based change to better align physician training with societal needs has been slow (Gonzalo et al., 2017). Physicians must move away from traditional basic and clinical sciences and adapt to practicing in systems-based environments. The adaptation of new practices will uncover relevance and meaning in physicians' education through patient-centered roles, authenticity and added value within

the health care system. A systems-based practice in medical education needs to evolve more rapidly to better prepare physicians for practice in the 21st century. Health care professionals are encouraged to work collaboratively due to the complexity of the health care needs of today's society (Decker et al., 2015). Simulation-based experiential learning is also an effective way to promote inter-professional education teamwork (Decker et al., 2015). Managers must have the ability to create and maintain positive practice environments for newly graduated nurses to foster professional development and job satisfaction to retain them in the workplace (Numminen et al., 2016). Organizations must provide positive incentives linked to the quality of working environments by instituting work-life balance mechanisms as a strategy to improve outcomes for health care nurse practitioners (Misfeldt et al., 2014).

Organizational Culture

The first step when considering the roles of organizational culture in facilitating high quality care and improve outcomes is to explain what is meant by organizational culture (Mannion & Smith, 2017). Organizational culture is a pattern of shared underlying assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (Schein, 1985, p. 12). It is the cornerstone of any development in the organizational environment which includes organizational team members and is key to leadership's decision –making and organization accomplishment (Jalal, 2017). The culture of an organization determines what people should say and do and is the usual way of doing things (Gabriel, Middleton, Papastavrou, & Merkouris,

2017). Culture is a fundamental factor for explaining organization behavior and has a consistent impact on public service motivation (Ritz & Brewer, 2013).

Organizational culture outlives founders, leaders and managers and is the most difficult attribute to change (Serrat, 2017). Attitudes and behaviors adopted by employees can form organizational cultures that affect its function and total well-being (Belias & Koustelios, 2014). An organizations effectiveness and performance is influenced by organizational culture (Nica & Potcovaru, 2017). Cultural diversity should be involved in the organization's culture to attain good business performance results (Jalal, 2017). Valuing multiculturalism within an organization is a necessity as it is a great way for enhancing business performance (Jalal, 2017). Hierarchy organizational culture promotes knowledge governance in organizations to provide opportunities for employees to share and enhance positive behavior at the workplace (Abbasi & Dastgeer, 2017).

Strong organizational culture is an indispensable condition for the survival and development of any organization because it allows appropriate strategies and a good decision-making process to be implemented (Nica & Potcovaru, 2017). The long-term profitability and employee satisfaction must be aligned strategically with the leadership actions. For underdeveloped organizational culture evaluations to be effective, they should be tied to strategies designed to develop the culture (Reis, Paiva, & Sousa, 2018).

Currently, new costly techniques and growing demands for improved services put European health care systems under increasing pressure (Lerer & Kimberly, 2017). Public health sector spending has increased due to the introduction of different drugs such as lifestyle and designer drugs, which continues to be a controversial political issue

(Lerer & Kimberly, 2017). Health care in European countries is fragmented with individual countries pursuing different strategies and potential existing to reduce inefficiencies and improve communications. Hospital administrations must aim to strengthen the group human type of culture to produce positive overall quality management, job satisfaction, profitability and commitment (Gabriel et al., 2017).

Systematic activities such as management technologies or many other approaches can reshape organizational culture (Tang, 2017). An organization's value system is a very important factor that affects the relationship between its culture and performance (Tang, 2017). According to Tang (2017), knowledge management influences organizational culture and its effectiveness. Therefore, the better the organizational culture, the higher the organizational effectiveness. Managers should consider using knowledge management practices alongside with favorable culture incorporated to improve organizational effectiveness (Abbas, Hayat, & Nisar, 2017).

NHS England became the first health care system in the world to implement a Health care Safety Investigation Branch to improve patient safety (Macrae & Vincent, 2017). The branch investigates the most serious risks to patient safety across the health care system for the purpose of learning and improvement. The Branch is entirely independent of any regulatory or oversight bodies and cannot be directly involved in implementing improvements.

Health care providers must adopt new ways to meet the diverse needs of employees and patients (Borkowski, 2015). A few of these ways as discussed by Borkowski are: Managers must possess the skills to communicate effectively with diverse groups of people and understand workplace problems so that they can be

proactive and minimize negative outcomes; and, "Employees don't leave organizations; they leave managers (p. 4)!" Health care providers are changing their traditional organizational structure and moving toward a multidisciplinary team-managed environment.

The implementation of change in an organization relies on the organization's culture, leadership and communication styles (Hansen, 2018). These changes can force health care workers into new roles with new responsibilities and cause disruptions in the workplace (Borkowski, 2015). The effect of change can lead to new beliefs and practices that may conflict with those previously held (Hansen, 2018). The implementation phase will require communication, engagement, and access to the appropriate resources (Hansen, 2018). Characteristics such as planning, flexibility and preparation are organizational cultures that may be approached differently from different leadership perspectives. Depending on the type of change, a leader's approach of the organization's culture may help to enable or disable the organizational change. Depending on existing dimensions of an organization's culture, business performance levels of an organization can improve by selecting the appropriate quality improvement programs (Tomic et al., 2017).

During organizational transition among practitioners who work in rural area hospitals with integrated delivery systems, factors such as meaningfulness of work, amount of work, job uncertainty, and employee attitudes towards organizational change are strongly associated with job satisfaction/dissatisfaction (Waddimba, Scribani, Krupa, May, & Jenkins, 2016). Peer support networks and coaching are efforts that can be used to improve the quality of work life and reduce the widespread of dissatisfaction among

practitioners (Waddimba et al., 2016). Training programs for employees could better manage diversity during and after a merger and acquisition (Shaban, 2016). Managers should understand and promote the cultural differences by finding effective ways to capitalize on employee backgrounds, perspectives and diverse skills (Shaban, 2016). Health care organizations must reduce the profusion of behavior control and increase levels of input and output controls in the management of people (Cogin, Ng & Lee, 2016). Human Resource can be used as a vehicle to address the strategic challenges required to build and engaged workforce (Cogin et al., 2016). Currently, there is a need for public health policymakers and health system researchers to conduct further research on organizational culture and change within health systems (Mbau & Gilson, 2018).

The Nasurdin, Ahmad, and Ling's human resource model of service-oriented organizational citizenship behaviors in health care are organizational behaviors that are voluntarily performed by employees that go beyond their call of duty. A public health care system's human resource management practices are instrumental in establishing the tone of the employee-employer relationship (Nasurdin et al., 2015). A relational employment relationship can be nurtured through high-performance human resource management practices that, in turn, can lead to internalization of organizational values and goals. Customer satisfaction and loyalty are enhanced when employees are proactively involved in service delivery. Carmeli, Brammer, Gomes, and Tarba (2017) suggested that based on the social identity theory, that an ethic of care is directly and indirectly related to employees' satisfaction with organizational sustainability which can drive employee involvement in sustainability-related behaviors. In the context of networks, there is a need for a shift from bureaucratic, vertical, rule-based models of

management towards a more flexible cross-boundary, influence-based leadership style (Brown et al., 2016). Employee assessments of attitudes and behaviors will be useful when used in a system that uses principles, implementation approaches and management commitment as part of a more extensive HR predictive analytics (HRPA) approach (Shah, Irani, & Sharif, 2017).

Monetary Compensation

Monetary compensation is all forms of benefits and payment at a workplace such as a wage or salary increases or unfulfilled expectations of wage or salary increases or decreases (Alshmemri et al., 2017). Compensation of employees is one of the most critical issues of all turnover causes (Das et al., 2017). Although financial incentives play a key role in enhancing outcomes, they need to be considered as only one strategy within an incentives package (Misfeldt, et al., 2014). In reviewing the empirical literature, scholars such as Echoles, (2016): Alshmemri, Shahwan-Akil and Maude (2016): and Yeboah and Abdulai (2016): Ray, (2016) and Yeboah and Abdukai, 2016 all agreed that working conditions, rewards, and recognition, commission, monetary compensation, long working hours, career development, culture, employee advancement opportunities, scheduling, diversity and salary influenced employee motivation post-merger and acquisition. A well-managed organization need never be bound to the same practices that are not based on individual performance and outcomes (Kuppuswamy et al., 2017).

Employee motivation and satisfaction is positively associated with work meaningfulness (Hussain & Thau, 2017). Consequently, organizations try to enhance well-being by engaging in communication highlighting the importance and value of intrinsically fulfilling work. This emphasis can dissuade employees from communicating

their concerns about extrinsic rewards such as monetary compensation. Money is one of the most important motivational factors for employees (Kuppuswamy et al., 2017).

Employees, who stand to benefit the most from improving their material prospects, are most likely to refrain from making compensation demands as they feel vulnerable to potential job-related risks from norm deviation (Hussain & Thau, 2017). Employee self-censorship on compensation matters may be an unintended consequence of organizational emphasis on work meaning (Hussain & Thau, 2017). In society, money is a source of status and prestige (Kuppuswamy et al., 2017). It also satisfies physiological and security needs. Satisfaction of pay is caused by sentiments regarding the equity of a person's pay (Das et al., 2017). Employees who perceive high pay equity show greater job satisfaction than employees who perceives their pay to be less than another's. This perception may result in several unwanted employee behaviors such as absenteeism, grievances, strikes, and turnover. Organizations that make wages and salaries competitive within their industry will attract and hold people (Kuppuswamy et al., 2017). Management should ensure that salary and wages within the organization match or nearly match individual workings in the same category and in the surrounding areas. Organizations can then retain a sizeable number of its high performing employees in the face of unabated economic woes (Das et al., 2017).

A study conducted by Onyango (2016) found that nurses were dissatisfied with shift schedules, exposure to medical risk, job security, being short staffed and that their salaries do not measure up to qualifications. Nurses also indicated that they intended to leave the organization because wages were inadequate and they would go to work in government facilities because benefits, pay, job security, and opportunities for growth are

better. Money may significantly influence retention in an unstable economic environment (Das et al., 2017). Organizations must develop plans and establish clear policies to address work environment, staff retention, and internal motivating factors (Onyango, 2016). Organizations can properly align retention practices with the needs and values of employees (Das et al., 2017). Flexible works arrangements should be introduced for employees so that they can have personal time offs for rejuvenating themselves. Professions with the greatest training requirements such as physicians and registered nurses will see growth in wages (Parente, Feldman, Spetz, Dowd, & Baggett, 2017).

Summary

This chapter discussed the challenges faced by public health care providers in reference to contemporary practices, outcomes and organizational behaviors in public health care systems, particularly the health care system of NHS. According to the empirical literature, factors such as opportunities for growth, work environment, monetary compensation, work hours, organizational culture employee identity, language, and branding and job security all play a vital role in employee motivation post-merger. The culture of merged organizations was lacking because the culture for each merged organization has not been formed under the new system.

Globally, public health care organizations promoted the transformation of health care systems by using consolidated and integrated approaches. Citizens across socioeconomic groups in 29 countries were motivated to support state-funded health care. Evidence of the impact of the growing body of work on public involvement in the health care policy process remains scarce. The United Kingdom implemented the patient and

public involvement initiative for holding policy-makers and health-care provider organizations accountable for planning and delivering health services.

Employers must adapt to a variety of cultural and technological changes if they want to retain and attract talented employees, improve employee performance and maintain a competitive advantage. Mergers and Acquisitions can create uncertainty and stress and in turn, affect job satisfaction, organizational commitment and intent to leave due to their importance to the organization and the difficulty of their possible replacement. The next chapter will provide more details about the methodology used for the study.

Chapter 3: Research Methodology

Introduction

The purpose of this correlational study was to examine the statistical relationship between growth opportunities, organizational culture, monetary compensation and employee motivation. This chapter will discuss the research methodology used for the study. The contents of this chapter consist of the hypothesis, population and sample size, reliability and validity, ethical assurance and a summary.

The study examined the following research hypothesis: There is a correlation between the independent variables (growth opportunities, organizational culture, and monetary compensation) and the dependent variable (employee motivation). Variables have multiple values that are observable. According to Miner (2015), these variables are derived from constructs and, in essence, are an operation of constructs created to permit the testing of hypotheses. The questionnaire items were statements of relationships among the constructs. The questions in the questionnaire were not refuted or confirmed, only the hypotheses. The hypotheses tested the following: Does MHT help explain internal structural issues and inefficiencies in practices and outcomes in public health care systems? Does the SIT help explain internal structural issues and inefficiencies in practices and outcomes in public health care systems?

According to Johnston (2017), existing data can be used in addressing the research hypothesis. I received approval from Walden's Institution Review Board to obtain the secondary dataset from the NHS Survey Coordination Centre. The IRB approval number is 07-17-18-0481939. The NHS Survey Coordination Centre oversaw the data collection process. It provided individual organizations with instructions for the

survey data collection. The instructions included key task; a summary of the minimum survey requirements; approved survey contractors; survey timetable with deadline dates and steps of survey implementation; confidentiality concerns; online surveys (e-mail deliverability); the questionnaire; cover letters and email reminders; preparation of staff lists; and, distribution and receipt of questionnaires and prompting nonrespondents (NHS, 2017).

A Pearson Biserial Correlation Coefficient statistical *t* test was used to test the hypotheses. The data were examined using a descriptive frequency statistical test to show a descriptive analysis. The tests were run using the software, Statistical Package for the Social Sciences (SPSS), version 24, to confirm the results.

In the social science research process, there are three possible methods: quantitative, qualitative and mixed methods (Creswell, 2014). Secondary data were used for the study. Therefore, a quantitative approach was most appropriate. With the quantitative method, I was able to test the hypotheses, relate the variables to the hypotheses, and measure information using instruments and procedures. A qualitative or mixed methods approach was not used for this study because it could not support or refute the hypotheses nor use analytical instruments to collect and analyze the secondary data.

The research hypotheses under study were: there is a correlation between the independent variables growth opportunities, organizational culture, monetary compensation and dependent variable, employee motivation. Growth opportunities are the real opportunities for a person to experience personal growth, learn the new skill, undergo training in new techniques, and gain new professional knowledge (Alshmemri et

al., 2017). The results of the study will determine whether growth opportunities significantly correlate with employee motivation.

Organizational culture is best improved by organizational learning for change (Serrat, 2017). Organizational culture is the pattern of underlying assumptions that a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration and have worked well enough to be considered valid to be taught to new members to perceive, think, and feel in relation to those problems (Schein, 1984). Employees must share the values and beliefs of the company.

Money is not adversely associated with cooperation, although the salience of money is associated with increases in self-serving behaviors (Beus & Whitman, 2017). Monetary compensation is all forms of payment at a workplace such as a wage or salary increases or unfulfilled expectations of wage or salary increases or decreases (Alshmemri et al., 2017). Financial incentives need to be considered as only one strategy within an incentives package (Misfeldt et al., 2014).

The online survey was the best instrument to gather the data from the participants using a questionnaire composed of closed-end questions (Abbott & McKinney, 2013). According to Creswell (2009), using an online survey, researchers can create their surveys quickly using custom templates and post them on websites or e-mail them for participants to complete (p. 149). Surveys are arguably the most used tool for social scientists and a variety of others looking for information about people's attitudes, behaviors, and experiences (Abbott & McKinney, 2013). Surveys also lend themselves to a statistical organization. A cross-sectional design was used to collect the data at one

point in time (Anderson et al., 2017). The survey instrument translated unobservable content into empirical referents to observe patterns across a group of respondents (Abbott & McKinney, p. 206, 2013).

Research Hypotheses

Research Null Hypotheses—Quantitative: There is a correlation between the independent variables growth opportunities, organizational culture, monetary compensation and dependent variable, employee motivation. A Point-Biserial Correlational Coefficient model statistical *t* test was used to test each hypothesis. The significance level was .05 or less to reject the null hypotheses. Employee motivation (dependent variable) was operational through the following question in the questionnaire: I look forward to going to work.

Hypotheses

Research Null Hypothesis 1: There is a correlation between growth opportunities and employee motivation. Growth opportunities (independent variable) were operational through the following two questions in the questionnaire: my training, learning and development have helped me to do my job more effectively and my training, learning and development has helped me to stay up-to-date with professional requirements.

H^o: There is no correlation between growth opportunities and employee motivation.

H^a: There is a correlation between growth opportunities and employee motivation.

Research Null Hypothesis 2: There is a correlation between organizational culture and

employee motivation? Organizational culture (independent variable) was operational using the following questions in the questionnaire: senior managers here try to involve staff in important decisions and communication between senior management and staff is effective.

H^o: There is no correlation between organizational culture and employee motivation.

H^a: There is a correlation between organizational culture and employee motivation.

Research Null Hypothesis 3: There is a correlation between monetary compensation and employee motivation? Monetary compensation (independent variable) was operational through the following questions in the questionnaire: my level of pay and the recognition I get for good work.

H^o: There is no correlation between monetary compensation and employee motivation.

H^a: There is a correlation between monetary compensation and employee motivation.

Population and Sample Size

The population in which the sample was drawn was from two NHS England Acute Trust Hospital sites in the United Kingdom (Suburban Hospital and Metropolitan University Hospital). The secondary data were collected from a random sampling, from a population of 4850 (Suburban) and 2669 (Metropolitan) health care workers from the two English hospitals on a five-point Likert scale questionnaire. A Cronbach's Alpha

reliability test of the items in the questionnaire was applied using SPSS (statistical package for social science) version 24.0 (David & Pandey, 2015). The questionnaire was well suited for the measurement of job satisfaction, work experience, environment, and engagement (Stahl, Schirmer, & Kaiser, 2017). It was a useful tool that supported employers and human resource managers in shaping and motivating an efficient work environment (Stahl et l., 2017). The type of power analysis used for the study was post hoc, two tails, with an effect size of .50, error probability of .05, with a total sample size of 3,033 using Point-Biserial Correlation Coefficient model statistical *t* test. The noncentrality parameter was 31.796; *Df* was 3031, Critical *t* was 1.96, and power (1-β err probability) 1.00. The sample size was calculated using G-power 3.1.

Reliability and Validity

The Care Quality Commission and its predecessor, the Health Care Commission, owned the NHS Staff Survey from 2003 to 2009. The Department of Health granted ownership to NHS England in 2013. The results of the questionnaire were used by NHS England to support national assessments of quality and safety and to inform local improvements in staff experience and wellbeing. Standard items from previously used questionnaires were reliable and valid (Abbott & McKinney, 2013, pp. 212, 213). The reliability and validity were in the construction of the questionnaire's items (Abbott & McKinney, 2013, p. 223). The notion of credibility required that the subjects who provided the data believed that the interpretation was credible from their perspective because likelihood confirms validity (Newby, 2013, p. 121). The primary investigator had a reputation for excellence in research integrity (Johnston, 2017). NHS collects staff surveys yearly to examine staff views and experiences of their work performance in their

local health care organization and to provide information for deriving national and local performance indicators (NHS, 2017). Each year, the survey builds a picture of staff experience to compare and monitor change over time and to identify variations between different staff groups. All NHS Trusts were required to participate in the survey.

Cronbach's alpha was used to estimate the scale quality. The Cronbach's alpha is a commonly reported estimate to assess scale quality in health psychology and related disciplines (Crutzen & Peters, 2017). Validity and reliability were not two independent elements of scale quality. Although validity was a key element of scale quality, reliability was just as crucial as validity. Validity referred to the degree to which evidence and theory supported the interpretation of the scale scores. Each study, including studies with commonly used scales, needed the attention of assessing validity. Evidence from previous studies was used to substantiate scale choices. Reliability was the consistency of scale scores when a construct was assessed in multiple ways. The broadness of the operational of each item affected scale quality estimates, meaning that very high estimates were indicative of low validity. The minimum reliability standards were .70 and .80 (Gugiu & Gugiu, 2018). These standards were used to determine whether the decision criterion was satisfied by the observed reliability coefficient.

Assumption violations such as unidimensionality and uncorrelated errors of all items were mitigated by identifying and excluding questions from the calculation of the factor score for further analyses (Brown, et al., 2016). Validity was assessed by undertaking a scale reliability analysis in SPSS on the survey data questions used in the study to compute Cronbach’s alpha. This approach provided information about the structure and factors as designed. Therefore, it was more appropriate than using an

exploratory analysis of the questions which investigates alternative factor structures. Items that had a factor loading less than .04 were considered for exclusion from the list of items.

Ethical Assurances

Hemminki (2014) declared that the key to regulating health research is the review by the research ethics committees. The National Health Service Health Research Authority approves research. The Research Ethics Service Committee determined that this was considered an analysis study and not a research study. In the case of this study, a different review was used by the Ethics Service Committee because the study is an analysis of a large aggregate data set provided by NHS (Dove et al., 2016). The NHS research ethics committees monitor publication and outcome reporting bias (Begum & Kolstoe, 2015). They hold complete records of all human research that is subject to particular legal regulation or conducted within the NHS. By doing so, this places them in a stronger position than individual sponsors or research funders when it comes to auditing or monitoring and reporting bias.

Summary

This chapter discussed the methodology and design of the method of inquiry. The quantitative study used secondary data from the National Health Services England's (NHS) 2016 Staff Survey. Existing data was used in addressing the research hypotheses. Statistical Package for the Social Sciences (SPSS) version 21, Software was used as the engine to analyze the data using a Pearson Biserial Correlation Coefficient model statistical *t* test. This study investigated whether there was a correlation between the independent variables growth opportunities, organizational culture and monetary compensation and the dependent variable, employee motivation.

The population and sample were from two NHS England Acute Hospital Trust sites located in the United Kingdom. The population consisted of two NHS England Foundation Trust sites: a General Hospital-Acute Trust located in a metropolitan area and a University Hospital-Acute Trust located in a suburban area of England. The General Hospital-Acute Trust located in the metropolitan area was built in 1970. The public hospital replaced three other public hospitals that were built in the late 1800s. The University Hospital-Acute Trust located in the suburban area of England was founded in 1828. In 1898 the university hospital was acquired as City Hospital.

The random sample consisted of 3,033 public health care workers respondents from the two English hospitals. The primary investigator had a reputation for excellence in research integrity. NHS collects staff surveys yearly to examine staff views and experiences of the work they perform in their local health care organization and to provide information for deriving national and local performance indicators. Most of the limitations of using secondary data were avoided by ensuring a match between the

research hypotheses and the existing data. Cronbach's alpha was used to estimate the scale quality. Assumptions were checked to ensure reliability and validity. The items in the questionnaire were not refuted or confirmed, only the hypotheses. The hypotheses tested the following: Does motivation-hygiene theory help explain structural issues and inefficiencies in practices and outcomes in public health care systems? Does the social identity theory help explain structural issues and inefficiencies in practices and outcomes in public health care systems? For ethical assurances, the National Health Service Health Research Authority approved the study. The next chapter is a review of the study's results.

Chapter 4 Results

Introduction

The purpose of this correlational study was to examine the statistical relationship between growth opportunities, organizational culture, monetary compensation and employee motivation. Previous research on internal organizational practices and outcomes stated that the performance of public sector employees is critical to the delivery of services (Knies et al. (2017). Likewise, Van Dooren et al. (2015) found that performance management plays a pivotal role in public policy and reform initiatives. Knies et al ‘s (2017) results align with Van Dooren et al. (2015) in the ways that are consistent with Knies et al. (2017) and Rua and Correia’s (2017) argument that in order for organizations to survive, they must have the ability to respond to the needs in the practices and outcomes of public health care systems.

This chapter is a discussion of the data collection process and summarizes the results of the research hypotheses constructed using hypothetical analyses. The research hypotheses under examination were: There is a correlation between independent variables: growth opportunities, organizational culture, and monetary compensation and dependent variable, employee motivation. An examination of the variables (growth opportunities, organizational culture, monetary compensation and employee motivation) determined if the null hypothesis was accepted or rejected. A data-driven approach was used to glance through variables in a particular dataset to decide if the research hypotheses and theories could be answered by the available data. The dataset contained variables that were modified to operational variables for the examination plan based on

the best available data. Operational definitions were generated of the dependent and independent variables that were considered in the examination.

Data Collection

The timeframe for the data collection was between late September and early December 2016. All full-time and part-time employees who were directly employed on or before September 1, 2016 by an NHS organization were eligible to respond. The recruitment was done by an independent survey contractor with questionnaires being sent to random employees in each trust (Powell, Dawson, Topakas, Durose & Fewtrell, 2014). The Coordination Centre (Picker Institute Europe) oversees the independent survey contractor on behalf of NHS England.

The 2016 questionnaire marks the fourteenth year the staff questionnaire has been conducted. The response rates for the organizations examined were Suburban University Area Acute Trust, 43% from a total population of 4850 and 40% from a total population of 2669 in the Metropolitan Area Acute Trust Hospital. The data were collected through random sampling for a total of 3,033 health care workers from the two English hospitals on the five-point Likert scale questionnaire. The sample size enabled the researcher to make an unequivocal judgment that the statistical result was correct to a chosen degree of error ('type I error') and had sufficient power ('1-type II error') to detect a specified meaningful effect that was suitable for testing the hypotheses. The type of power analysis used for the study was post hoc, two tails with an effect size of .50, error probability of .05 with a total sample size of 3,033 using Point-Biserial Correlational Coefficient model statistical *t*-test. The non-centrality parameter was be 31.796, *Df* is

3031, Critical *t* will be 1.96, and power (1-β err probability) 1.00. The sample size was calculated using G-power 3.1.

The Cronbach's alpha analysis performed on all items of the instrument showed strong covariance between the set of items. The result of the Cronbach's alpha analysis was .772, and based on standard items the Cronbach's alpha was .775. The following variables had zero variance and were removed from the scale: In the last three months have you ever come to work despite not feeling well enough to perform your duties?, Have you had any training, learning or development in the last 12 months? (Please do not include mandatory training), In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? Were any training, learning or development needs identified? Is patient / service user experience / feedback collected within your directorate / department? For example, Friends and Family Test, patient surveys etc. Reliability coefficients classify as .7-.8 as good and .8 or above as excellent. Table 1 shows the validity of the 7 items used for the study. Table 2 indicates the items' reliability. The indicators for Cronbach's alpha in each domain were measured with a covariance greater than .3 which indicates a significant correlation between questions on a domain (Brown et al., 2016).

Table 4.1 Questionnaire Items Validity

Items	Means	Minimum	Maximum	Standard Deviation	No	No. of Items
I look forward to going to work.	3.56	1	5	.920	1870	7
The recognition I get for work.	3.37	1	5	1.052	1870	7
My level of pay.	3.06	1	5	1.105	1870	7
Communication between senior management and	3.10	1	5	1.106	1870	7
Senior managers here try to involve staff in important decisions.	2.97	1	5	1.135	1870	7
My training, learning and development has helped me to do my job more effectively.	3.94	1	5	.824	1870	7
My training, learning and development has helped me to stay up-to-date with professional requirements	4.18	1	5	1.169	1870	7

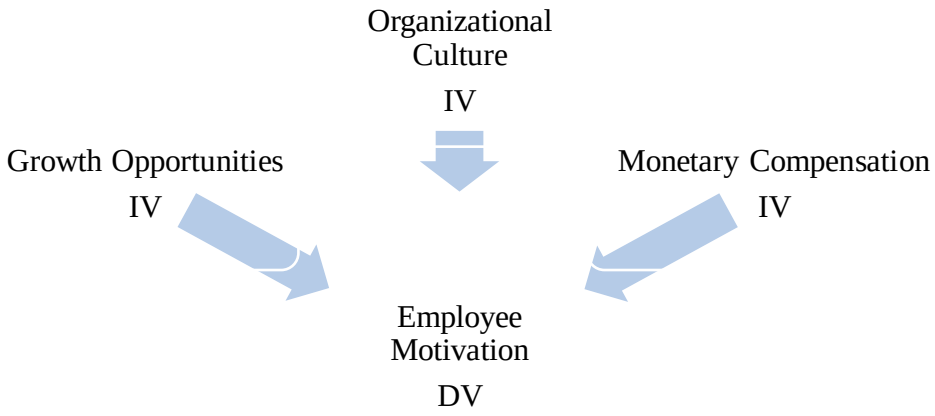
Table 4.2 Internal Reliability Estimations

Covariance and Correlations	Mean	Minimum	Maximum	Range	Max/ Min	Cronbach's Alpha	Reliability
Inter-Item Covariance	.360	.158	1.028	.873	6.525	.772	Good
Inter-Item Correlation	.330	.147	.819	.673	5.589	.775	Good

*Cronbach's Alpha based on standardized items.

Methodology: Theoretical Framework

Herzberg's 1959 motivation-hygiene and Tajfel & Turner's 1986 social identity theories can be expressed between the independent and dependent variables as follows:



Motivation-Hygiene Theory

The motivation-hygiene theory generalize specific relationships between the independent and dependent variables that may influence internal structural issues that affect organizational practices and outcomes in public health care systems. Figures 1, 2 and 3 below depict factors found in the literature review that correlated with the motivation-hygiene and social identity theories that also correlate with this study's variables.

Figure 4.1 Motivator Factors

Figure 1 shows the relationship to employee motivation in the center circle and how training and development, level of responsibility, incentives, and personal achievement may be associated with growth opportunities based on the literature review. According to Hur (2017), Herzberg's motivation-hygiene theory can be promising if it is applied to public employees. Table 3 and Table 4 describe the frequency and correlation between employee motivations by operational variable I look forward to going to work. The operational variables used for growth opportunities were my training, learning and development has helped me to do my job more effectively and my training, learning and development has helped me to stay up-to-date with professional requirements.

The results showed a significant correlation between employee motivation and growth opportunities in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. The operational variable my training, learning and development has helped me to do my job more effectively in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust

Hospital had significances levels of .000 < .05. The frequency distribution analysis showed that of 707 health care workers in the Metropolitan Area Acute Trust Hospital, 401 (56.7%) of the health care workers agreed that their training, learning and development has helped them to do their job more effectively. In contrast, 766 (61.1%) of 1,254 health care workers in the Suburban University Area Acute Trust Hospital agreed that their training, learning and development has helped them to do their job more effectively. Interestingly, the Suburban University Area Acute Trust Hospital is a University Hospital known for teaching. Future research is needed to determine if employees who work for a Suburban University Area Acute Trust Hospital is provided with more training and learning opportunities than employees who work for a Metropolitan Area Acute Trust Hospital since the Suburban University Area Acute Trust Hospital is known for teaching.

The operational variable "my training, learning and development has helped me to stay up-to-date with professional requirements" also showed significances levels of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. Of the 703 health care workers in the Metropolitan Area Acute Trust Hospital, 403 (57.3%) agreed that training, learning and development has helped them to stay up-to-date with professional requirements. In comparison, of 1247 health care workers in the Suburban University Area Acute Trust Hospital, 773 (62%) agreed that their training, learning and development has helped them to stay up-to-date with professional requirements.

Pearson Correlation 1

Research Null Hypothesis: 1

H_o: There is no correlation between growth opportunities and employee motivation.

H_a: There is a correlation between growth opportunities and employee motivation.

The null hypothesis is rejected at the 0.05 level of significance. There is sufficient evidence to conclude that growth opportunities significantly correlate with employee motivation through operational variables, with a significance result of .000 < .05. Therefore, we can accept the alternative hypothesis that growth opportunities are correlated with employee motivation in the Metropolitan Area Acute Trust Hospital and in the Suburban University Area Acute Trust Hospital.

Table 3 depicts the correlation and frequency distribution results between employee motivation and growth opportunities in a Metropolitan Area Acute Trust Hospital. Employee motivation= I look forward to going to work. Growth opportunities 1=my training, learning and development has helped me to do my job more effectively. Growth opportunities 2=my training, learning and development has helped me to stay up-to-date with professional requirements.

Table 4.3 Correlation and Frequency Distribution for Employee Motivation and Growth Opportunities in a Metropolitan Area Acute Trust Hospital.

Variable	Frequency	Correlation	I look forward to going to work	My training, learning and development has helped me to do my job more effectively	My training, learning and development has helped me to stay up-to date with professional requirements
Employee Motivation	435 (41.8%) Often	Pearson Correlation	1		
		Sig. (2-tailed)			
		N	1040		
Growth Opportunities 1	401 (56.7%) Agreed	Pearson Correlation		.306**	
		Sig. (2-tailed)		.000	
		N	707		
Growth Opportunities 2	403 (57.3%) Agreed	Pearson Correlation			.104**
		Sig. (2-Tailed)			.006
		N	703		

** Correlation is significant at the 0.01 level (2-tailed). Frequency – never, rarely, sometimes, often and always. Metropolitan Area Acute Trust Hospital.

Table 4 depicts correlation and frequency distribution results between employee motivation and growth opportunities in the Suburban University Area Acute Trust Hospital. Employee motivation= I look forward to going to work. Growth opportunities 1=my training, learning and development has helped me to do my job more effectively. Growth opportunities 2=my training, learning and development has helped me to stay up-to-date with professional requirements.

Table 4.4 Frequency Distributions for Employee Motivation and Growth Opportunities Suburban Area Acute Trust Hospital.

Variable	Frequency	Correlation	I look forward to going to work	My training, learning and development has helped me to do my job more effectively	My training, learning and development has helped me to stay up-to date with professional requirements
Employee Motivation	754 (38.7%) Often	Pearson Correlation	1		
		Sig. (2-tailed)	1946		
		N			
Growth Opportunities 1	766 (61.1%) Agreed	Pearson Correlation		.224**	
		Sig. (2-tailed)		.000	
		N	1254		
Growth Opportunities 2	773 (62%) Agreed	Pearson Correlation			.166**
		Sig. (2-Tailed)			.000
		N	1247		

** Correlation is significant at the 0.01 level (2-tailed). Frequency – never, rarely, sometimes, often and always. Suburban Area Acute Trust Hospital.

Social Identity Theory

Figure 2 shows factors (social categorization, social identification, social comparison and organizational practices) found in the literature review in the outer circle that correlate with the social identity theory. The variables locate in the center of Figure 2 were tested to see if there was a correlation between employee motivation and organizational culture. A positive correlation can provide organizations with strategies and techniques to address culture and employee motivation utilizing the factors found in the outer circle of Figure 2 that define the social identify theory (Ghafournia, 2015).

The results showed a significant correlation between employee motivation and organizational culture in both, the Metropolitan Area Acute Trust Hospital and the

Suburban University Area Acute Trust Hospital. The operational variable "senior managers here try to involve staff in important decisions" had a significance level of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. The frequency distribution analysis showed that of 1,031 health care workers in the Metropolitan Area Acute Trust Hospital, 247 (23.9%) of the health care workers agreed that senior managers try to involve staff in important decisions. In contrast, 466 (24.3%) of 1,917 health care workers in the Suburban University Area Acute Trust Hospital agreed that senior managers try to involve staff in important decisions.

The operational variable "communication between senior management and staff is effective" also showed significances levels of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. Of the 1,032 health care workers in the Metropolitan Area Acute Trust Hospital, 287 (27.8%) agreed that communication between senior management and staff is effective. In comparison, of 1,917 health care workers in the Suburban University Area Acute Trust Hospital, 528 (27.5%) agreed that communication between senior management and staff is effective.

Pearson Correlation 2

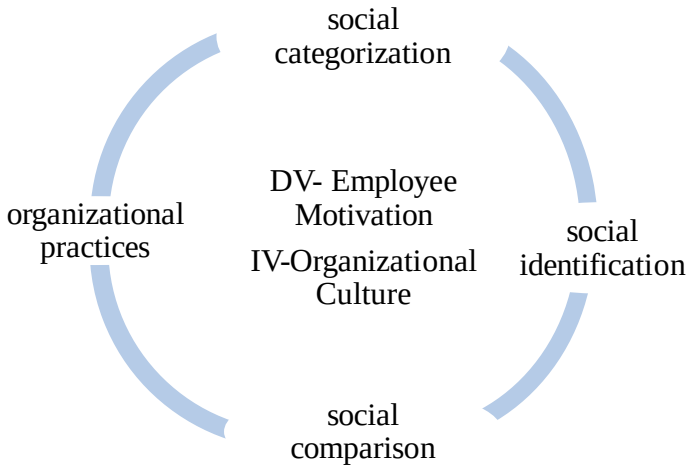
Research Null Hypothesis: 2

H_o: There is no correlation between organizational culture and employee motivation.

H_a: There is a correlation between organizational culture and employee motivation.

The null hypothesis is rejected at the 0.05 level of significance. There is sufficient evidence to conclude that organizational culture significantly correlate with employee motivation through operational variables, with a significance result of .000 < .05. Therefore, we can accept the alternative hypothesis and say that there is a correlation between organizational culture and employee motivation in both the Metropolitan Area Acute Trust Hospital and in the Suburban University Area Acute Trust Hospital.

Figure 4.2 Social Identity



Tables 5 and 6 represent the correlation and frequency distribution between employee motivation and organizational culture. In the tables, the variables employee motivation and organizational culture, show a positive correlation with significance levels of .000< .05 in both, a Metropolitan Area Acute Trust Hospital and a Suburban University Area Acute Trust Hospital.

Table 5 describes the correlation and frequency distribution results between employee motivation and organizational culture. Employee motivation= I look forward to going to work. Organizational Culture 1= senior managers here try to involve staff in important decisions. Organization Culture 2= Communication between senior management and staff is effective.

Table 4.5 Correlation and Frequency Distributions for Employee Motivation and Organizational Culture in a Metropolitan Area Acute Trust Hospital.

Variable	Frequency	Correlation	I look forward to going to work	Senior managers here try to involve staff in important decisions	Communication between senior management and staff is effective
Employee Motivation	435 (41%) Often	Pearson Correlation	1		
		Sig. (2-tailed)	1040		
		N			
Organizational Culture 1	247 (23.9%) Agreed	Pearson Correlation		.381**	
				.000	
		Sig. (2-tailed)	1031		
		N			
Organizational Culture 2	287 (27.8%) Agreed	Pearson Correlation			.397**
					.000
		Sig. (2-Tailed)	1032		
		N			

** Correlation is significant at the 0.01 level (2-tailed). Frequency – never, rarely, sometimes, often and always. Metropolitan Area Acute Hospital.

Table 6: Correlation and frequency distribution results between employee motivation and organizational culture. Employee motivation= I look forward to going to work. Organizational culture 1= senior managers here try to involve staff in important decisions. Organizational culture 2= Communication between senior management and staff is effective.

Table 4.6 Correlation and Frequency Distributions for Employee Motivation and Organizational Culture in a Suburban University Area Acute Hospital.

Variable	Frequency	Correlation	I look forward to going to work	Senior managers here try to involve staff in important decisions	Communication between senior management and staff is effective
Employee Motivation	754 (38.7%) Often	Pearson Correlation	1		
		Sig. (2-tailed)	1946		
		N			
Organizational Culture 1	466 (24.3%) Agreed	Pearson Correlation		.343**	
		Sig. (2-tailed)	1917	.000	
		N			
Organizational Culture 2	528 (27.5%) Agreed	Pearson Correlation			.328**
		Sig. (2-Tailed)	1917		.000
		N			

** Correlation is significant at the 0.01 level (2-tailed). Frequency – never, rarely, sometimes, often and always. Suburban University Area Acute Hospital.

Figure 3 below shows hygiene factors and the relationship with employee motivation in the center circle and how job security, benefits, salary and working environment contribute to monetary compensation. Herzberg's motivation-hygiene theory can be promising if it is applied to public employees (Hur, 2017). Table 7 and Table 8 indicate the significance of the correlation between employee motivation and monetary compensation in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital.

The operational variable "my level of pay" and "the recognition I get for good work" had a significance level of .000 < .05 in both, the Metropolitan Area acute Trust Hospital and the Suburban University Area Acute Trust Hospital. For "my level of pay", the frequency distribution analysis showed that of 1,022 health care workers in the Metropolitan Area Acute Trust Hospital, 376 (36.7%) of the health care workers

were satisfied with their level of pay. In contrast, 600 (31%) of 1,937 health care workers in the Suburban University Area Acute Trust Hospital were satisfied with their level of pay. The operational variable "the recognition I get for good work" also showed significances levels of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. Of the 1,032 health care workers in the Metropolitan Area Acute Trust Hospital, 447 (43.3%) were satisfied with the recognition they get for good work. In comparison, of 1,950 health care workers in the Suburban Area Acute Trust Hospital, 724 (37.1%) were satisfied with the recognition they get for good work.

Pearson Correlation 3

Research Null Hypothesis: 3

H_o: There is no correlation between monetary compensation and employee motivation.

H_a: There is a correlation between monetary compensation and employee motivation.

The null is rejected at the 0.05 level of significance, accepting the alternative hypothesis. There is sufficient evidence to conclude that monetary compensation significantly correlate with employee motivation through operational variables, with a significance result of .000 < .05. Therefore, we can accept the alternative hypothesis that monetary compensation is correlated with employee motivation in both the Metropolitan Area Acute Trust Hospital and in the Suburban University Area Acute Trust Hospital.

Figure 4.3 Hygiene Factors

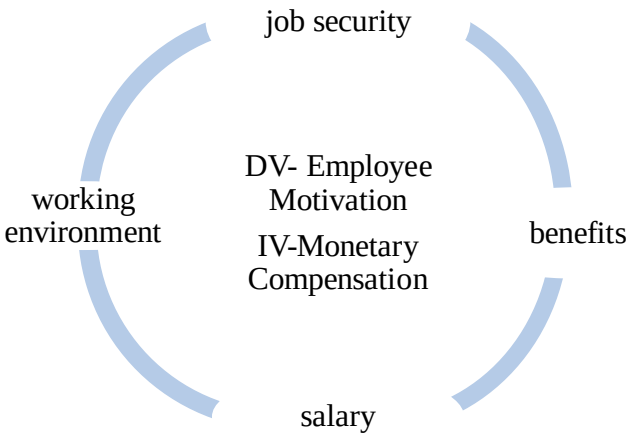


Table 7: Correlation and Frequency distribution results between employee motivation and monetary compensation. Employee motivation= I look forward to going to work and monetary compensation 1=my level of pay and monetary compensation 2=The recognition I get for good work.

Table 4.7 Correlation and Frequency Distributions for Employee Motivation and Monetary Compensation in the Metropolitan Area Acute Hospital.

Variable	Frequency	Correlation	I look forward to going to work	My level of pay	The recognition I get for good work
Employee Motivation	435 (41.8%) Often	Pearson Correlation	1		
		Sig. (2-tailed)			
		N	1040		
Monetary Compensation 1	376 (36.7%) Agreed	Pearson Correlation		.311**	
		Sig. (2-tailed)		.000	
		N	1022		
Monetary Compensation 2	447 (43.3%) Agreed	Pearson Correlation			.492**
		Sig. (2-Tailed)			.000
		N	1032		

** Correlation is significant at the 0.01 level (2-tailed). Frequency – never, rarely, sometimes, often and always. Metropolitan Area Acute Hospital.

Table 8: Correlation and Frequency distribution results between employee motivation and monetary compensation. Employee motivation= I look forward to going to work. Monetary compensation 1=my level of pay and monetary compensation 2=The recognition I get for good work.

Table 4.8 Correlation and Frequency Distributions for Employee Motivation and Monetary Compensation in a Suburban University Area Acute Hospital.

Variable	Frequency	Correlation	I look forward to going to work	My level of pay	The recognition I get for good work
Employee Motivation	754 (38.7%) Often	Pearson Correlation	1		
		Sig. (2-tailed)			
		N	1946		
Monetary Compensation 1	600 (31%) Satisfied	Pearson Correlation		.271**	
		Sig. (2-tailed)		.000	
		N	1937		
Monetary Compensation 2	724 (37.1%) Satisfied	Pearson Correlation			.450**
		Sig. (2-Tailed)			.000
		N	1950		

** Correlation is significant at the 0.01 level (2-tailed). Frequency – never, rarely, sometimes, often and always. Suburban University Area Acute Hospital.

Summary and Conclusion

This study examined the correlation between growth opportunities, organizational culture and monetary compensation on employee motivation. As such, 3,033 health care workers from two public Acute Trust Hospitals were sampled. A descriptive frequency distribution test found that a significant correlation between employee motivation and growth opportunities in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. The operational variable my training, learning and development has helped me to do my job more effectively in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital had significances levels of .000 < .05. The frequency distribution analysis showed that of 707 health care workers in the Metropolitan Area Acute Trust Hospital, 401 (56.7%) of the health care workers agreed that their training, learning and development has helped them to do their job more effectively. In contrast, 766 (61.1%) of 1,254 health care workers in the Suburban University Area Acute Trust Hospital agreed that their training, learning and development has helped them to do their job more effectively.

The operational variable my training, learning and development has helped me to stay up-to-date with professional requirements also showed significances levels of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. Of the 703 health care workers in the Metropolitan Area Acute Trust Hospital, 403 (57.3%) agreed that training, learning and development has helped them to stay up-to-date with professional requirements. In comparison, of 1247 health care workers in the Suburban University Area Acute Trust

Hospital, 773 (62%) agreed that their training, learning and development has helped them to stay up-to-date with professional requirements.

The results showed a significant correlation between employee motivation and organizational culture in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. The operational variable "senior managers here try to involve staff in important decisions" had a significance level of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. The frequency distribution analysis showed that of 1,031 health care workers in the Metropolitan Area Acute Trust Hospital, 247 (23.9%) of the health care workers agreed that senior managers try to involve staff in important decisions. In contrast, 466 (24.3%) of 1,917 health care workers in the Suburban University Area Acute Trust Hospital agreed that senior managers try to involve staff in important decisions.

The operational variable "communication between senior management and staff is effective" also showed significances levels of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. Of the 1,032 health care workers in the Metropolitan Area Acute Trust Hospital, 287 (27.8%) agreed that communication between senior management and staff is effective. In comparison, of 1,917 health care workers in the Suburban University Area Acute Trust Hospital, 528 (27.5%) agreed that communication between senior management and staff is effective.

The results showed a significant correlation between employee motivation and monetary compensation in both, the Metropolitan Area Acute Trust Hospital and

Suburban University Area Acute Trust Hospital. The operational variable "my level of pay" and "the recognition I get for good work" had a significance level of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. For "my level of pay", the frequency distribution analysis showed that of 1,022 health care workers in the Metropolitan Area Acute Trust Hospital, 376 (36.7%) of the health care workers were satisfied with their level of pay. In contrast, 600 (31%) of 1,937 health care workers in the Suburban University Area Acute Trust Hospital were satisfied with their level of pay.

The operational variable "the recognition I get for good work" also showed significances levels of .000 < .05 in both, the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital. Of the 1,032 health care workers in the Metropolitan Area Acute Trust Hospital, 447 (43.3%) were satisfied with the recognition they get for good work. In comparison, of 1,950 health care workers in the Suburban University Area Acute Trust Hospital, 724 (37.1%) were satisfied with the recognition they get for good work.

The Pearson Biserial Correlational Coefficient model statistical *t* test was used to test each hypothesis at a .05 level of significance. The test consisted of continuous variables to produce correlation coefficients for each pair of variables in the list. The correlation test was appropriate for the study because it investigated the relationship between the variables. According to Mertler and Reinhart (2016), a conclusion can be made in a nonexperimental study that the independent and dependent variables are related to each other because there is no manipulation or random assignment. Although more research is needed to identify the demographics of respondents, findings suggest a need

to sensitize policy makers such as the Department of Health and Human Services and health care administrators about the factors that influence employee motivation in metamorphose conglomerated health care systems. The next chapter will discuss the key findings, interpretation of the findings, recommendations and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Globally, public concerns about health care systems propelled governments to cope with the challenge of meeting the demands of health care systems (Klein, 1993; Popescu & Predescu, 2016). Health care partnerships are pursuing comprehensive strategies such as mergers and acquisitions as a source to transform health and well-being in their communities (Siegel, Erickson, Milstein, & Pritchard, 2018). Research conducted by Ghiasi et al. (2017) support mergers and acquisitions as a way to improve quality of care, contain cost, and financial performance for health care organizations. The most basic challenge in health care service environments of tension and division of labor is the performance of employees (Platis, Reklitis & Zimeras, 2015). Health care workers form the backbone of any health system (Okello & Gilson, 2015). Balancing the work system and encouraging the active and adaptive role of workers are the key principle for improving health care quality (Carayon, Wetterneck, Rivera-Rodriguez, Hundt, Hoonakker, Holden, & Gurses, 2014). Health care organizations must have the ability to respond to a growing number of needs in the practices and outcomes of public health care systems in order to survive (Rua & Correia, 2017).

This study examined the correlation between growth opportunities, organizational culture and monetary compensation on employee motivation. A Pearson Correlation test was used to test the hypothesis of the variables. The instrument used to collect the data was a consensus questionnaire. Permission was granted from the National Health Service England's (NHS) Survey Coordination Centre to use the 2016 archival dataset (NHS, 2017). The data collection instrument was a paper and online questionnaire containing a

set of core questions. A Cronbach's alpha analysis run in SPSS showed a strong result of .775 for the items of the instrument for validity and reliability. Sample sizes of 3,033 health care workers were from two Acute Hospital Trust sites in England, United Kingdom. The sample size was calculated using G-power version 3.1. The data were summarized using a descriptive statistical test to test the hypotheses. The use of secondary data provides a viable option for researchers who may have limited resources and time (Johnston, 2017).

Key findings from the descriptive frequency distribution test found significance levels of .000 < .05 between growth opportunities, organizational culture, monetary compensation and employee motivation in both, the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. Therefore, we can say that growth opportunities, organizational culture and monetary compensation are correlated with employee motivation in the Metropolitan Area Acute Trust Hospital and Suburban University Area Acute Trust Hospital.

Interpretation of the Findings in the Peer-Reviewed Literature

Findings indicated that employee motivation is significantly correlated with growth opportunities, organizational culture and monetary compensation in the Metropolitan Area Acute Trust Hospital and the Suburban University Area Acute Trust Hospital. These findings have support from existing literature and are critical in influencing intrinsic motivation of health care worker performance (Okello & Gilson, 2015). This study adds to the existing literature on employee motivation by providing information on employee motivation after metamorphose conglomerate health care systems. As was the case with this study, Okello and Gilson (2015) and Karlsberg et al.

(2015) found that good management practices, resources, professional development activities, employee trainings and culture play critical roles in establishing trusting relationships that promote intrinsic motivation. Das et al. (2015) found that employees who are given opportunities for ownership value themselves more and are motivated to indulge them in creative ideas. Das et al. (2015), Ray (2016), Hee and Kamaludin (2016) and Yeboah and Abdulai (2016) concluded that rewards and recognition, monetary compensation and career development opportunities, working conditions, and promotional opportunities motivate employees when there is clear communication with management. These findings align with the study's results.

Studies examining growth opportunities on aspects of employee motivation are scarce. Correspondent to the results of this study, Echoles (2016); Marete (2016); Gautam (2016); Babic, Savovic and Domanovic (2014); Alhassan et al. and de Wit (2013); Swarna and Nantha (2017); Lundin et al. (2015) and Rodriguez and Walters (2017) found that employee advancement opportunities, better working conditions, a democratized work environment, strong leadership, organizational citizenship, career management and modification of job design, a competence management system to document employee competence to improve quality of care, training and development opportunities, as well as, effective employee performance assessments for improving employee engagement, morale and overall competencies. In this current study, growth opportunities were significantly correlated with employee motivation. This result was comparable to expectations based on the findings of previous studies linking growth opportunities to employee motivation. The expectation was that growth opportunities would differ in public health care systems based on the differential influence of skilled health care

workers. In contrast, the result of this study indicated growth opportunity is significantly correlated with employee motivation. The results align with the conclusion of Rodriguez and Walters (2017); Coventry et al. (2015) and Cocuľová, (2017) that the importance for organizations to provide employees with training and development opportunities, as well as, effective employee performance assessments for improving employee engagement, morale and overall competencies. The conclusion of Das et al. (2017) also align with the results of the study that the employee's perception about the time and effort their employer is putting into their training will be perceived as an investment in them and they are more likely to stay on the job. By 2030, the growth rate for health care workers globally will rise to 80 million workers resulting in a worldwide shortage of 15 million health care workers (Liu, Goryakin, Maeda, Bruckner, & Scheffler, 2017). The growth rate is driven by economic and population growth and aging (Liu et al., 2017). This shortage will fuel global competition for skilled health care workers (Liu et al., 2017).

Studies examining organizational culture on aspects of employee motivation are plentiful. Resembling the results of this study, Belias and Koustelios (2014); Nica and Potcovaru (2017); Jalal (2017) and Abbasi and Dastgeer (2017) found that hierarchy organizational culture promotes knowledge governance in organizations to provide opportunities for employees to share and enhance positive behavior at the workplace. In this study, organizational culture significantly correlates with employee motivation. The expectation was that organizational culture would differ in public health care systems based on the differential influence of social identity and culture. In contrast, the result of this study indicated organizational culture is significantly correlated with employee motivation. The results align with the conclusion of Reis et al. (2018); Gabriel et al.

(2017) and Nica and Potcovaru (2017) that public hospital administrators must aim to strengthen the group/human type of culture to produce positive overall quality management, job satisfaction, profitability and commitment; employees must share the values and beliefs of the company and that underdeveloped organizational culture evaluations should be tied to strategies designed to develop the culture.

Studies examining monetary compensation on aspects of employee motivation are limited. Similarly, the results of this study, Kuppuswamy et al. (2017); Hussain and Thau (2017) and Beus and Whitman (2017) found that money is not adversely associated with cooperation, although the salience of money is associated with increases in self-serving behaviors and employee self-censorship on compensation matters may be an unintended consequence of organizational emphasis on work meaning. In this study, monetary compensation significantly correlates with employee motivation. The expectation was that monetary compensation would differ in public health care systems based on the differential influence of skilled health care workers. In contrast, the result of this study indicated monetary compensation is significantly correlated with employee motivation. The study's results align with the conclusion of Kuppuswamy et al. (2017) that organizations that make wages and salaries competitive within their industry will attract and hold people.

Interpretation of the Findings in the Peer Reviewed Literature for the Theoretical Framework

Herzberg's Motivation-Hygiene Theory

The underlying argument of motivational-hygiene theory found that when intrinsic and extrinsic rewards are present, employees may experience job satisfaction

(intrinsic) or job dissatisfaction (extrinsic). To address the research hypotheses, an examination of growth opportunities, organizational culture and monetary compensation on employee motivation responded to these rewards. Descriptive statistics results indicated that the theoretical framework align with the findings.

The descriptive statistics results from the study are consistent with the propositions of the theoretical framework. The hypothesized variables in the study were significantly correlated. The findings align with conclusions by other researchers who relied on the motivational-hygiene theory as a framework. Scholar's Riggio (2016); Ray (2016) and Shirol (2014) examined Herzberg's motivation-hygiene theory on aspects of employee motivation found that motivators such as the type of work, the level of responsibility associated with the job, recognition opportunities, personal achievement and advancement are inherent in the work itself and are related to job content. And hygiene factors such as benefits, working conditions (both physical and social) supervision, company policy and base salary are related to job performance. In this study, Herzberg's motivation-hygiene two-factor theory aligns with the conclusion of Herzberg's (1959, 1987) theory, that motivator and hygiene factors relate to the rewards that flow from the nature of the work and the outcome performance of that work. Conversely, Vijayakumar and Saxena (2015) found that Herzberg's motivation-hygiene theory is impractical in explaining how job satisfaction and motivation address organizational culture in the workplace. Vijayakumar an Saxena (2015) suggest further research on organizational culture when using Herzberg's Motivation-hygiene theory on culture.

Social Identity Theory

The social identity theory also aligns with the hypothesized variable. Ismail et al. (2016); Joseph (2014); Elstak et al. (2015) and Cho et al. (2014) found that group cultures, rational and development, contribute to organizational identification. In this study, organizational culture significantly correlates with the social identity theory. The results align with the conclusion of Cho et al. (2014) that employees who feel deprived of an individual or a group level are less likely to identify with the organization.

Limitations and Delimitations of the Study

Cronbach's alpha was used to estimate the scale quality. Evidence from previous studies was used to substantiate scale choices. The reliability was consistent of scale scores when constructs were assesses. The broadness of the operational of items did not affect scale quality estimates, meaning that very high estimates are indicative of low validity. Assumption violations such as unidimensionality and uncorrelated errors of all items were mitigated by identifying and excluding questions from the calculation of the factor score for further analyses. The minimum reliability standards were .70 and .80. These standards were used to determine whether the decision criterion was satisfied by the observed reliability coefficient.

Validity was assessed by undertaking a scale reliability analysis in SPSS on the survey data questions used in the study to compute Cronbach's alpha. This approach provided information about the structure and factors as designed. Therefore it was more appropriate than using an exploratory analysis of the questions which investigates alternative factor structures. Items that had a factor loading less than .04 were excluded from the list of items.

Although the secondary researcher was not involved in the collection process, the data were not affected by a problem such low response rate or respondent misunderstanding of any survey questions. Information that was missing from the dataset, such as demographics collected in the primary study, were not available to the researcher due to confidentiality reasons.

Assumptions

This study examined theoretical assumptions. The motivation-hygiene and social identity theories framed the study. The first the theoretical assumption for the two theories indicated that specific natural groupings of phenomena existed. Meaning that classification did occur and generalization within a category was meaningful. The dependent and independent variables categorized each operational variable. For example, the dependent variable, employee motivation was operational using the variable I look forward to going to work.

The second theoretical assumption controlled scientific observation so that association was attributed correctly. The specific research problem of interest was public health care systems face internal structural issues and inefficiencies in organizational practices and performance outcomes. The two theories permitted the researcher to transition from describing the phenomenon observed to generalizing the various aspects of that phenomenon. Science assumes some degree of constancy, or stability, or permanence in the world objects and events and must retain some degree of similarity from one time to another (Miner, 2015).

And finally, the theoretical and empirical literature supported the determination of the research problem. Riggio (2016); Ray (2016) and Shirol (2014) found that motivators

in the Herzberg's motivation-hygiene theory such as the type of work, the level of responsibility associated with the job, recognition opportunities, personal achievement and advancement are inherent in the work itself and are related to job content. And hygiene factors such as benefits, working conditions (both physical and social) supervision, company policy and base salary are related to job performance. Herzberg's motivation-hygiene theory aligned with the conclusion of Herzberg's (1959, 1987) theory, that motivator and hygiene factors relate to the rewards that flow from the nature of the work and the outcome performance of that work. On the contrary, Vijayakumar and Saxena (2015) found that Herzberg's motivation-hygiene theory is impractical in explaining how job satisfaction and motivation address organizational culture in the workplace. Therefore, the social identity theory supported the study to align with the hypothesized variable, organizational culture. Ismail et al. (2016); Joseph (2014); Elstak et al. (2015) and Cho et al. (2014) found that group cultures, rational and development, contribute to organizational identification. The results align with the conclusion of Cho et al. (2014) that employees who feel deprived of an individual or a group level are less likely to identify with the organization. The peer-reviewed research provided an objective and rationale for the area of study. The results of the study will offer students and scholars current knowledge in the research area for future studies. The relevance of the theories was applied to the research problem to produce the appropriate conclusion.

Recommendations

The findings of this study indicated a significant correlation between employee motivation, growth opportunities, organization and monetary compensation of public health care workers. Using a sample of 3,033 public health care workers from a

Metropolitan Area Acute Trust Hospital and a Suburban Area Acute Trust University Hospital in the United Kingdom, I examined the correlation between employee motivation and growth opportunities, organizational culture and monetary compensation. Recommendations for further study include using secondary data with demographics rather than secondary data with no demographics as was the case for this study. Subsequent studies using secondary data with demographic variables could allow a better understanding of employee motivation in public health care organizations after they become conglomerated health care systems. Another recommendation for future studies is to determine whether a University Area Acute Trust Hospital offer more learning and training opportunities to their employee than a General or Community Area Acute Trust Hospital.

Implications for Social Change

The importance of the study will impact positive social change to individual, families, organization and societal policy-making level. Brownson et al. (2017) and Cho et al. (2014) noted the importance of informing and providing policymakers, hospital administrators, researchers, human resource managers, and other stakeholders of various approaches to improve health care services and practices such as the importance of post-merger integration from an employee's perception, adoption, implementation, adaptation, and sustainability of evidence-based health interventions. Ghiasi et al. (2017) asserted that research on organizational behavior in the context of consolidated health care system practices and outcomes will provide a meaningful contribution to the empirical literature in the area of public administration and will provide managers, policymakers and researchers with current knowledge in the perspective of public health services. Further

amendments and implementation of laws can improve the performance of health care systems by encouraging more affordable access and efficient organization and delivery of health care (Davis et al., 2014). Health Information Technology can inform stakeholders about experiences of other countries that may be relevant to their state of affairs and report the comparative analysis of health care systems (Chevreul et al., 2015). Models can be implemented and evaluated within academic centers to show that the translation of science to practice is an academic discipline with methods and outcomes that can be assessed like any other discipline (Brownson et al., 2017, p. 12). To bridge the gap between an organization's current and desired state, organizational leaders can commit to support the successful implementation of change and implement strategies that will change employees' perception of their ability to carry out changes.

A theoretical social change from this study contributes to the motivational-hygiene theory by explaining the phenomena of employee motivation in the context of practices and outcomes in public health care systems. This study also contributes to the social identity theory by explaining the phenomena of dynamics of language and speech in the context of practices and outcomes in public health care systems.

Summary and Conclusion

Public administrators, health care workers and the Department of Health and Human Services are affected when there are issues in health care behavioral practices and performance outcomes. This correlational study examined the statistical relationship between growth opportunities, organizational culture, monetary compensation and employee motivation. The problem examined was public health care organizations merged into new systems, but the culture for each merged organization has not been formed under the new system creating internal practice and performance outcome issues.

Health care workers must adapt to system changes. In a study conducted by Platis et al. (2015), they found that in a health care service environment of tension and division of labor, the most basic challenge is the performance of employees. Other scholar's such Okello and Gilson (2015); Knies et al. (2017) and Carayon et al. (2014) contended that health care workers form the backbone of any health system and the key principle for improving health care quality are balancing the work system and encouraging the active and adaptive role of workers which is critical to the delivery of services.

The results of this study found that there is a correlation between employee motivation and growth opportunities, organizational culture and monetary compensation. These results support Ghiasi et al.'s (2017) research that there is limited to non-existence of prominent organizational behaviors in health care systems. Researchers, the Department of Health and Human Services, health care workers, community members, patients and funders will benefit from the study's recommendations.

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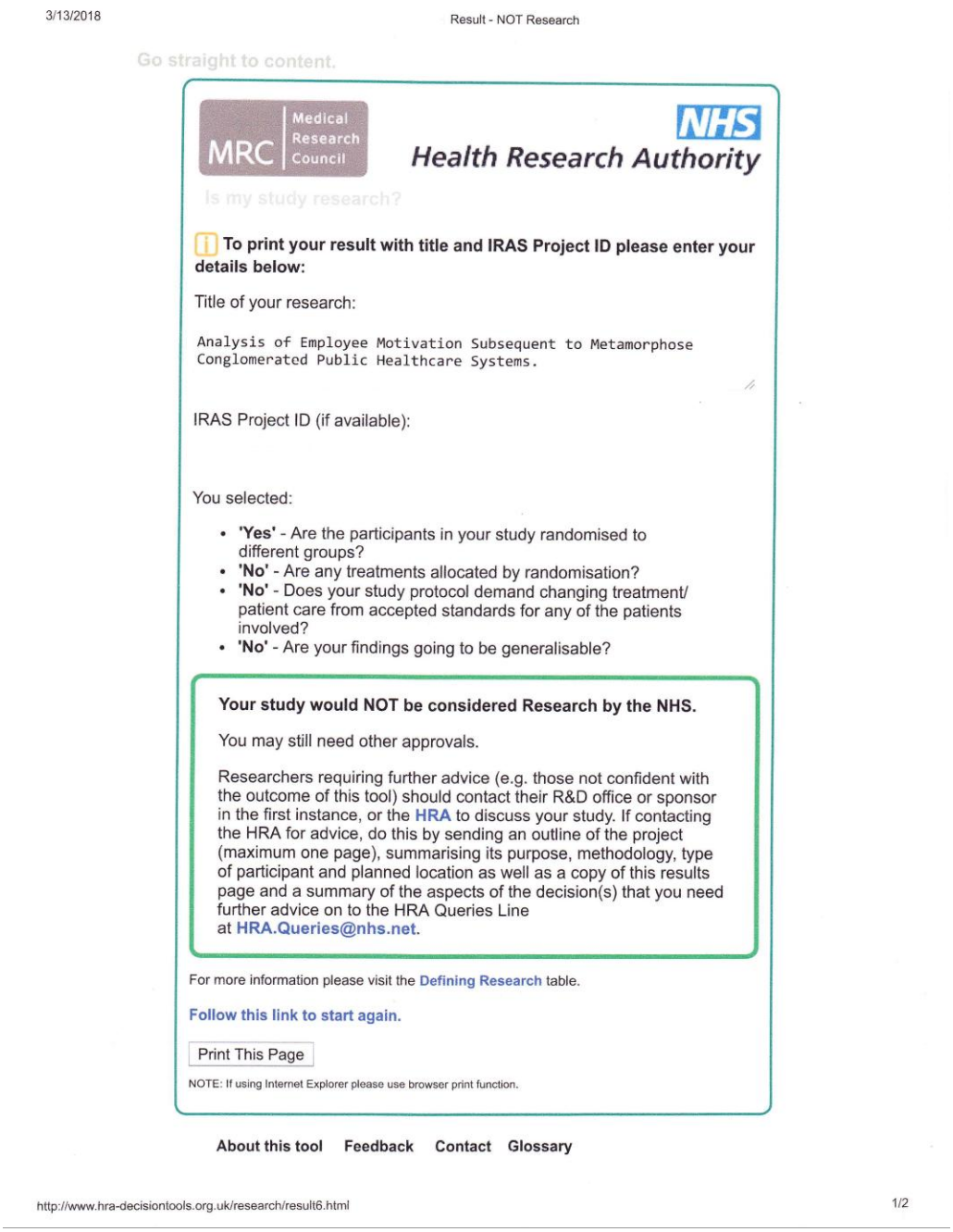
Appendix A: Health Research Authority



3/13/2018 Result - NOT Research

Go straight to content.

MRC Medical Research Council

NHS Health Research Authority

Is my study research?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

Analysis of Employee Motivation Subsequent to Metamorphose Conglomerated Public Healthcare Systems.

IRAS Project ID (if available):

You selected:

- **'Yes'** - Are the participants in your study randomised to different groups?
- **'No'** - Are any treatments allocated by randomisation?
- **'No'** - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- **'No'** - Are your findings going to be generalisable?

Your study would NOT be considered Research by the NHS.

You may still need other approvals.

Researchers requiring further advice (e.g. those not confident with the outcome of this tool) should contact their R&D office or sponsor in the first instance, or the HRA to discuss your study. If contacting the HRA for advice, do this by sending an outline of the project (maximum one page), summarising its purpose, methodology, type of participant and planned location as well as a copy of this results page and a summary of the aspects of the decision(s) that you need further advice on to the HRA Queries Line at HRA.Queries@nhs.net.

For more information please visit the Defining Research table.

Follow this link to start again.

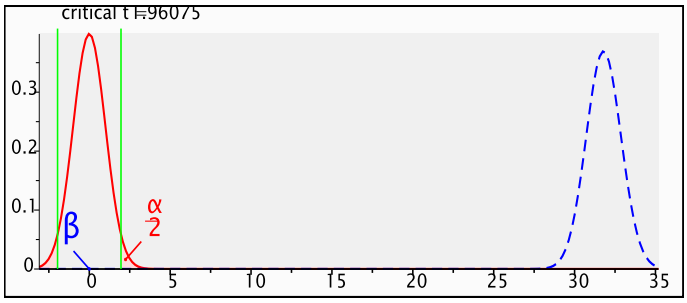
Print This Page

NOTE: If using Internet Explorer please use browser print function.

About this tool Feedback Contact Glossary

http://www.hra-decisiontools.org.uk/research/result6.html 1/2

Appendix B: Cronbach's Alpha Reliability and Validity Test



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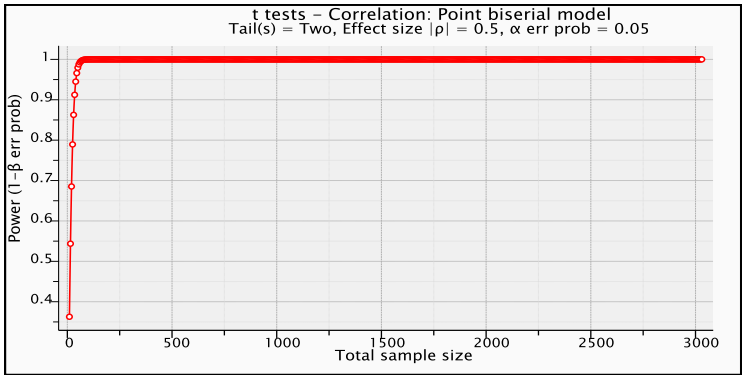
[6] -- *Saturday, August 18, 2018 -- 09:29:37*
t tests - Correlation: Point biserial model
Analysis: Post hoc: Compute achieved power

Input: Tail(s)	=	Two		
Effect size |ρ|	=	0.50		
α err prob	=	0.05		
Total sample size		= 3033		
Output:		Noncentrality parameter δ	=	31.7962262
Critical t	=	1.9607470		
Df	=	3031		
Power (1-β err prob)		= 1.0000000		



Appendix C: National NHS 2016 Staff Survey

NATIONAL NHS 2016 STAFF SURVEY

What is this survey and why are we asking you to complete it?

This is an independent survey of your experience of working in your organisation. The overall aim is to gather information that will help to improve the working lives of staff in the NHS and so help to provide better care for patients.

Your organisation will be able to use the results of the survey to improve local working conditions and practices and to increase involvement and engagement with staff. Other organisations, including NHS commissioners, the Care Quality Commission, the Department of Health, and NHS England, will make use of the results.

Please complete the survey for your current job, or the job you do most of the time. If you work across two or more employers in the NHS, please answer in relation to the organisation that pays your salary. Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Who will see my answers?

The survey is being conducted by Contractor Name and the NHS Staff Survey Coordination Centre on behalf of your organisation and NHS England.

Your answers will be treated in confidence. No one in your organisation will be able to identify individual responses. The bar code / number below is only used by Contractor Name to identify which staff should be sent a reminder and will not be available to staff in your organisation.

The survey findings will be analysed by Contractor Name and the NHS Staff Survey Coordination Centre and the results will be presented in a summary report in which no individual, or their responses, can be identified.

Please return this questionnaire, in the envelope provided, to:

Contractor Name
Address 1
Address 2
Address 3
Postcode

YOUR JOB

1. Do you have face-to-face contact with patients / service users as part of your job?

1 ☐ Yes, frequently 2 ☐ Yes, occasionally 3 ☐ No

2. For each of the statements below, how often do you feel this way about your job?	Never	Rarely	Sometimes	Often	Always
a. I look forward to going to work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I am enthusiastic about my job.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Time passes quickly when I am working.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. To what extent do you agree or disagree with the following statements about your job?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I always know what my work responsibilities are.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I am trusted to do my job.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I am able to do my job to a standard I am personally pleased with.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. To what extent do you agree or disagree with the following statements about your work?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. There are frequent opportunities for me to show initiative in my role.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I am able to make suggestions to improve the work of my team / department.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I am involved in deciding on changes introduced that affect my work area / team / department.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. I am able to make improvements happen in my area of work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. I am able to meet all the conflicting demands on my time at work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. I have adequate materials, supplies and equipment to do my work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. There are enough staff at this organisation for me to do my job properly.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h. The team I work in has a set of shared objectives.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i. The team I work in often meets to discuss the team's effectiveness.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
j. I receive the respect I deserve from my colleagues at work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. How satisfied are you with each of the following aspects of your job?	Very dissatisfied	Dissatisfied	Neither satis. nor dissatisfied	Satisfied	Very satisfied
a. The recognition I get for good work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. The support I get from my immediate manager.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. The support I get from my work colleagues.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. The amount of responsibility I am given.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. The opportunities I have to use my skills.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. The extent to which my organisation values my work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. My level of pay.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h. The opportunities for flexible working patterns.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

6. How often do the following statements apply to your job?	Never	Rarely	Sometimes	Often	Always
a. I have unrealistic time pressures.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I have a choice in deciding how to do my work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Relationships at work are strained.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. Do the following statements apply to you and your job?	Not applicable to me	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I am satisfied with the quality of care I give to patients / service users.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I feel that my role makes a difference to patients / service users.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I am able to deliver the care I aspire to.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

YOUR MANAGERS

8. To what extent do you agree or disagree with the following statements about your immediate manager?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (who may be referred to as your 'line manager')...					
a. ...encourages me at work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. ...can be counted on to help me with a difficult task at work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. ...gives me clear feedback on my work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. ...asks for my opinion before making decisions that affect my work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. ...is supportive in a personal crisis.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. …takes a positive interest in my health and well-being.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. …values my work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

9. To what extent do you agree or disagree with the following statements about senior managers where you work?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I know who the senior managers are here.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Communication between senior management and staff is effective.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Senior managers here try to involve staff in important decisions.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Senior managers act on staff feedback.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

10a. How many hours a week are you contracted to work?

1 ☐ Up to 29 hours 2 ☐ 30 or more hours

b. On average, how many *additional* PAID hours do you work per week for this organisation, over and above your contracted hours? *Please include paid overtime, bank shifts, and additional paid hours on-call.*

1 ☐ 0 hours 2 ☐ Up to 5 hours 3 ☐ 6-10 hours 4 ☐ 11 or more hours

c. On average, how many *additional* UNPAID hours do you work per week for this organisation, over and above your contracted hours? *Please include unpaid overtime and additional unpaid hours on-call.*

1 ☐ 0 hours 2 ☐ Up to 5 hours 3 ☐ 6-10 hours 4 ☐ 11 or more hours

11. Health & well-being

a. Does your organisation take positive action on health and well-being?

1 ☐ Yes, definitely 2 ☐ Yes, to some extent 3 ☐ No

	Yes	No
b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	1 ☐	2 ☐
c. During the last 12 months have you felt unwell as a result of work related stress?	1 ☐	2 ☐
d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?	1 ☐	2 ☐

If YES to d, please answer parts e to g below; if NO, go to Question 12

e. Have you felt pressure from **your manager** to come to work?	1 ☐	2 ☐
f. Have you felt pressure from **colleagues** to come to work?	1 ☐	2 ☐
g. Have you put **yourself** under pressure to come to work?	1 ☐	2 ☐

12. In the last 12 months how many times have you personally experienced physical violence at work from...?

a. Patients / service users, their relatives or other members of the public

1 ☐ Never 2 ☐ 1-2 3 ☐ 3-5 4 ☐ 6-10 5 ☐ More than 10

b. Managers

1 ☐ Never 2 ☐ 1-2 3 ☐ 3-5 4 ☐ 6-10 5 ☐ More than 10

c. Other colleagues

1 ☐ Never 2 ☐ 1-2 3 ☐ 3-5 4 ☐ 6-10 5 ☐ More than 10

d. The last time you experienced physical violence at work, did you or a colleague report it?

1 ☐ Yes, I reported it 2 ☐ Yes, a colleague reported it 3 ☐ No 4 ☐ Don't know 9 ☐ Not applicable

13. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?

a. Patients / service users, their relatives or other members of the public

1 ☐ Never 2 ☐ 1-2 3 ☐ 3-5 4 ☐ 6-10 5 ☐ More than 10

b. Managers

1 ☐ Never 2 ☐ 1-2 3 ☐ 3-5 4 ☐ 6-10 5 ☐ More than 10

c. Other colleagues

1 ☐ Never 2 ☐ 1-2 3 ☐ 3-5 4 ☐ 6-10 5 ☐ More than 10

d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

1 ☐ Yes, I reported it 2 ☐ Yes, a colleague reported it 3 ☐ No 4 ☐ Don't know 9 ☐ Not applicable

14. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

1 ☐ Yes 2 ☐ No 9 ☐ Don't know

15. In the last 12 months have you personally experienced discrimination at work from any of the following?

a. Patients / service users, their relatives or other members of the public 1 ☐ Yes 2 ☐ No

b. Manager / team leader or other colleagues 1 ☐ Yes 2 ☐ No

If YES to either a or b above, please answer part c below; if NO, go to Question 16

c. On what grounds have you experienced discrimination? *Please tick all that apply*

1 ☐ Ethnic background 3 ☐ Religion 5 ☐ Disability 7 ☐ Other *(please specify)*

2 ☐ Gender 4 ☐ Sexual orientation 6 ☐ Age

16. In the last month have you seen any errors, near misses, or incidents that could have hurt...

a. Staff ☐ 1 Yes ☐ 2 No

b. Patients / service users ☐ 1 Yes ☐ 2 No

If YES to either a or b above, please answer part c below; if NO, go to Question 17

c. The **last** time you saw an error, near miss or incident that could have hurt **staff** or **patients / service users**, did you or a colleague report it?

☐ 1 Yes, I reported it ☐ 2 Yes, a colleague reported it ☐ 3 No ☐ 4 Don't know

17. To what extent do you agree or disagree with the following?	**Don't know**	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
a. My organisation treats staff who are involved in an error, near miss or incident fairly.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. My organisation encourages us to report errors, near misses or incidents.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. We are given feedback about changes made in response to reported errors, near misses and incidents.	☐ 9	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

18. Raising concerns about unsafe clinical practice	**Yes**	**No**	**Don't know**
a. If you were concerned about unsafe clinical practice, would you know how to report it?	☐ 1	☐ 2	☐ 9

To what extent do you agree with the following statements about unsafe clinical practice?	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
b. I would feel secure raising concerns about unsafe clinical practice.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I am confident that my organisation would address my concern.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

YOUR PERSONAL DEVELOPMENT

19a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

☐ 1 Yes ☐ 2 No ☐ 3 Can't remember

If YES, please answer parts b to f below; if NO, go to Question 20

	Yes, definitely	**Yes, to some extent**	**No**
b. It helped me to improve how I do my job.	☐ 1	☐ 2	☐ 3
c. It helped me agree clear objectives for my work.	☐ 1	☐ 2	☐ 3
d. It left me feeling that my work is valued by my organisation.	☐ 1	☐ 2	☐ 3
e. The values of my organisation were discussed as part of the appraisal process.	☐ 1	☐ 2	☐ 3

f. Were any training, learning or development needs identified?

☐ 1 Yes ☐ 2 No

If YES, please answer part g below; if NO, go to Question 20

	Yes, definitely	**Yes, to some extent**	**No**
g. My manager supported me to receive this training, learning or development.	☐ 1	☐ 2	☐ 3

20. Have you had any training, learning or development in the last 12 months? (Please do not include mandatory training)

1 ☐ Yes 2 ☐ No 3 ☐ Can't remember

YOUR ORGANISATION

21. To what extent do these statements reflect your view of your organisation as a whole?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Care of patients / service users is my organisation's top priority.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. My organisation acts on concerns raised by patients / service users.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I would recommend my organisation as a place to work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

22. Patient / service user experience measures	Yes	No	Don't know	Not applicable to me
a. Is patient / service user experience feedback collected within your directorate / department? (e.g. Friends and Family Test, patient surveys etc.)	☐ 1	☐ 2	☐ 3	☐ 9

If YES, please answer parts b and c below; if NO, go to Question 23

To what extent do you agree with the following statements about feedback from patients / service users?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
b. I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
c. Feedback from patients / service users is used to make informed decisions within my directorate / department.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9

23. To what extent do you agree or disagree with these statements?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I often think about leaving this organisation.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I will probably look for a job at a new organisation in the next 12 months.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. As soon as I can find another job, I will leave this organisation.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

d. If you are considering leaving your current job, what would be your **most likely** destination?

*Please only select **one** answer*

- I am not considering leaving my current job. ☐ 9
- I would want to move to another job within this organisation. ☐ 1
- I would want to move to a job in a different NHS Trust/organisation. ☐ 2
- I would want to move to a job in healthcare, but outside the NHS. ☐ 3
- I would want to move to a job outside healthcare. ☐ 4
- I would retire or take a career break. ☐ 5

BACKGROUND INFORMATION

We would like to know a bit more about you so that we can compare the experiences of different types of staff.

24. About you

a. Gender: 1 ☐ Male 2 ☐ Female 3 ☐ Prefer to self-describe: 9 ☐ Prefer not to say

b. Age: 1 ☐ 16-20 2 ☐ 21-30 3 ☐ 31-40 4 ☐ 41-50 5 ☐ 51-65 6 ☐ 66+

25. What is your ethnic background?

White

01 ☐ British
02 ☐ Irish
03 ☐ Any other White background

Mixed

04 ☐ White and Black Caribbean
05 ☐ White and Black African
06 ☐ White and Asian
07 ☐ Any other mixed background

Asian/Asian British

08 ☐ Indian
09 ☐ Pakistani
10 ☐ Bangladeshi
11 ☐ Any other Asian background

Black/Black British

12 ☐ Caribbean
13 ☐ African
14 ☐ Any other Black background

Chinese and other ethnic background

15 ☐ Chinese
16 ☐ Any other ethnic background *(please specify)*

26. Which of the following best describes how you think of yourself?

1 ☐ Heterosexual (straight) 2 ☐ Gay Man 3 ☐ Gay Woman (lesbian)
4 ☐ Bisexual 5 ☐ Other 6 ☐ I would prefer not to say

27. What is your religion?

1 ☐ No religion
2 ☐ Christian
3 ☐ Buddhist
4 ☐ Hindu
5 ☐ Jewish
6 ☐ Muslim
7 ☐ Sikh
8 ☐ Any other religion *(please specify)*
9 ☐ I would prefer not to say

28a. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

1 ☐ Yes 2 ☐ No

If YES, please answer part b below; if NO, go to Question 29

b. Has your employer made adequate adjustment(s) to enable you to carry out your work?

1 ☐ Yes 2 ☐ No 3 ☐ No adjustment required

29. How many years have you worked for this organisation?

If your organisation has merged with another or changed its name, please include in your answer all the time you have worked with this organisation and its predecessors

1 ☐ Less than 1 year 2 ☐ 1-2 years 3 ☐ 3-5 years
4 ☐ 6-10 years 5 ☐ 11-15 years 6 ☐ More than 15 years

30. What is your occupational group?

Please tick one box only

Allied Health Professionals / Healthcare Scientists / Scientific and Technical

01 ☐ Occupational Therapy

02 ☐ Physiotherapy

03 ☐ Radiography

04 ☐ Pharmacy

05 ☐ Clinical Psychology

06 ☐ Psychotherapy

07 ☐ Arts therapy *(e.g. art, music, drama therapy)*

08 ☐ Other qualified Allied Health Professionals *(e.g. dietetics, speech and language therapy, complementary therapy)*

09 ☐ Support to Allied Health Professionals *(e.g. support worker, therapy helper, therapy assistant or student)*

10 ☐ Other qualified Scientific and Technical or Healthcare Scientists *(e.g. haematology, clinical biochemistry, microbiology)*

11 ☐ Support to healthcare scientists *(e.g. technicians, assistants or students)*

Medical and Dental

12 ☐ Medical / Dental - Consultant

13 ☐ Medical / Dental - In Training *(e.g. Foundation Y1 & Y2, StRs (incl FTSTAs & LATs), SHOs, SpRs / SpTs / GPRs)*

14 ☐ Medical / Dental - Other *(e.g. Staff and Associate Specialists / Non-consultant career grade)*

15 ☐ Salaried Primary Care Dentists

Ambulance (operational)

16 ☐ Emergency Care Practitioner

17 ☐ Paramedic

18 ☐ Emergency Care Assistant

19 ☐ Ambulance Technician

20 ☐ Ambulance Control Staff *(e.g. call handler, dispatchers, PTS controllers)*

21 ☐ Patient Transport Service *(e.g. ambulance drivers, support staff)*

Public Health

22 ☐ Public Health / Health Improvement

Commissioning

23 ☐ Commissioning managers / support staff

Registered Nurses and Midwives

24 ☐ Adult / General

25 ☐ Mental health

26 ☐ Learning disabilities

27 ☐ Children

28 ☐ Midwives

29 ☐ Health Visitors

30 ☐ District / Community

31 ☐ Other Registered Nurses

Nursing or Healthcare Assistants

32 ☐ Nursing auxiliary / Nursing assistant / Healthcare assistant *(including Health / Clinical / Nursing Support Worker)*

Social Care

33 ☐ Approved social workers / Social workers / Residential social workers

34 ☐ Social care managers

35 ☐ Social care support staff

Wider Healthcare Team

36 ☐ Admin & Clerical *(including Medical Secretary)*

37 ☐ Central Functions / Corporate Services *(e.g. HR, Finance, Information Systems, Information Technology)*

38 ☐ Maintenance / Ancillary *(e.g. housekeeping, domestic staff, maintenance, facilities, estates)*

General Management

39 ☐ General Management *(N.B. If you are a manager and can choose a group from elsewhere in the list, please select that other occupational group)*

40 ☐ Other occupational group *(please specify)*

31. Team working

a. Do you work in a team? 1 ☐ Yes 2 ☐ No

If YES, please answer the following question about the main team or group you work in:

b. How many core members are there in your team?

1 ☐ 2-5 2 ☐ 6-9 3 ☐ 10-15 4 ☐ More than 15

Any other comments? Please write these on a separate sheet of paper and attach them to this questionnaire. Written comments you provide will be passed to your organisation, so do not include any personal details in your comments if you want to remain anonymous.