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**The Characteristics and Perceptions of Goals in Swedish Primary
Healthcare and their Consequences on Motivation**

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Abstract

The role of goals as part of strategy work and as a mean for motivation is the object of large amounts of research. Earlier studies show that goals and how they are measured is related to both motivation and performance, therefore it is interesting to investigate how it is used by managers and perceived by employees. In healthcare a sector which has been going through several reforms that have transformed it more towards the private sector. Motivation is especially important for the performance and quality of the care given; at the same time there is research that suggests that goals in healthcare are often ambiguous. Through interviews with 14 managers and employees at 9 different primary care facilities in Sweden the characteristics and possible consequences of ambiguous goals was studied through three questions; *what are the goal characteristics, how are goals and goal setting perceived and what consequences does current goals have on motivation.* The results show that currently goals are characterized by often not being specific or measurable and that there is a contradictory attitude towards the use of goal setting with consequence for goal commitment and acceptance. Together these factors suggest that the current use of goals in healthcare have little or no positive consequences for motivation.

Introduction and background

Several works by Norton and Kaplan (1992, 1993, 1996), Pandey (2006) and others describe the importance of linking the strategic planning with everyday operations through goals and measurements. Regardless of the method used the need for this link is supported by numerous other authors such as Bevan & Hood (2006) who describes the symbolic importance assigned to goals or objectives that are measured, or Norman (2001) who sees goals as an essential part of strategic planning. This is from a strategical perspective but setting goals does not only allow employees to be more closely aligned with strategies but perhaps even more important it's also one of the best ways to increase motivation and performance (Hollenbeck & Klein, 1987; Schweitzer, Ordóñez & Douma, 2004; Ordóñez et al, 2009). Employee motivation is important in

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any industry or organization but according to Franco, Bennet & Kanfer (2002) it is especially important in healthcare since the service performance, quality and equity are so tightly linked to the employees' motivation. In an article from 2007 Buetow also identifies this relationship and suggests that further research is needed to fully understand the effects of motivation on behavior for health professionals.

For public organizations one of the most important objectives is to obtain the strategic capacities to deliver the greatest value to their stakeholders at a reasonable cost (Bryson, Ackerman & Eden, 2007). Although there are differences between these public organizations and private ones research has shown that from a managerial perspective they are very similar (Lau & Pavett, 1980). Public management and more specifically healthcare are sectors that have been experiencing a number of transformations over the last decades these changes are generally referred to as New public Management (Almqvist, 2004; Dunleavy et al, 2006; Kaboolian, 1998). Among these transformations are trends towards privatization with more competition and management inspired by private sector practices (Groot & Budding, 2008; Green Pedersen, 2002). One example of these management trends has been to try to incorporate more goal oriented management systems as often used by private organization. In spite of this, organizations within public management often have unclear and contradictory goals (Christensen et al 2005; Adolfsson, 2009).

Goonan & Stoltz (2004) describe how leaders in healthcare have had problems implementing ideas from other industries. This could be troublesome as any organization benefits from finding and developing strategy and management practices, and need them in order to remain purposeful and be effective (Moore, 2000). In order for organizations to follow or have a use for strategies they need to be understood and translated to operational goals (Kaplan & Norton, 1992). To set goals or measurement on all levels so that they are linked to, and contribute to the overall strategy is of great importance and also something where many fail. This creates a gap between the desired strategy and the actions taken in an organization (Ittner & Larcker, 2003; Norreklit, 1999). There is plenty of research that shows the use of goal setting for management and motivational purposes (Norton and Kaplan 1993, 1993, 1996; Hollenbeck & Klein, 1987; Schweitzer, Ordóñez & Douma, 2004; Ordonez et al, 2009) in combination with the special importance motivation holds in healthcare described by Franco, Bennet & Kanfer (2002). Show how important the topic of goal setting is, this paper will add to research on how goal setting is

used and what the consequences are for motivation in healthcare by answering the following questions:

- What are the characteristics of the goals?
- How is goals and goal setting perceived?
- What is the effect of current goals on motivation?

Methodology

The empirical data for the paper was gathered through semi structured interviews with 14 healthcare workers; 9 managers and 5 practitioners from a total of 9 different institutions and through reading official documents stating how the institutions should be run (Krav- och Kvalitetsbok, 2011). To make the results more general interview was held with personnel from different facilities, professional backgrounds and with both practitioners and managers. The facilities selected were chosen based on geographical availability in two different regions of healthcare; Region Västra Götaland and Sörmlands Landsting. This was to rule out the possibility that any findings would be specific to a healthcare region. The research approach was a mix of abductive and inductive in nature and iterative (Abnor & Bjerke, 2007; Wallen, 1993) because first the general setting of primary healthcare was chosen and a rough idea towards the purpose was conceived, afterwards some ideas regarding interesting issues was formed that laid the foundation for the empirical research. Only after the interviews had been carried out the final theoretical frame of reference materialized as is the case in inductive and adductive research (Kovács & Spens, 2002). Since the final research question couldn't be formed before the empirics was gathered the interviewed persons were contacted by telephone. In this phone call they were informed that the paper would revolve around managerial issues in healthcare and that the final purpose was not yet determined. They were also informed that it would be anonymous and they received this information again in an e-mail prior to the interview along with the interview questions. As a qualitative case study methodology was used which is generally the case for inductive research (Boolsen, 2005; Merriam, 2008) it allowed for freedom in the interviews new ideas were always welcomed and then allowed to become part of the discussion in the following ones. The gathered empirics was treated with a critical and interpretative approach, rather than just taking everything said at face value I tried to theorize and hypothesize

as to the actual deeper meaning similar to how . Through this I hoped to find significance in contradictions and paradoxes and as much in the things left unspoken.

Paper overview

The structure of the paper takes its base in explaining the setting of the primary healthcare organizations and the effects that the reforms generalized as new public management has lead to. This renders a picture of the management paradigm currently present and the problems with unclear goals. To understand why this is a problem in general and more specific in this context goal setting and the link to motivation and strategic management is then explored. After this the empirical data gathered in the interviews is presented followed by the analysis. Finally the conclusions are presented along with suggestions for further research.

A general description of relevant public management reforms

New public management

The changes that have been taking place in public management and the healthcare sector during the last two decades is commonly referred to as New Public Management (Almqvist, 2006). These changes often have their basis in the idea that public organizations would be better served to adopt strategies method and organizational techniques from private sector companies and that they should come under more pressure to perform (Green-Pedersen, 2002; Ferlie & Staene, 2002; Almqvist, 2006). The effects this has had on primary care that are most closely linked to this paper are;

- More emphasis on a client-centered quality and increased use of performance measures to ensure this, often from private sector or other organizations.
- Financial figures have been given more importance and much focus has been shifted towards performance and output oriented demands on organizations. This has also lead to an increased use of this as performance measurements.
- Increases competition or exposure to competition for organizations.
- Introduction of principal/provider relationships where there is a clear distinction to whom and by who a service is provided.

Interpreted by the work of Almqvist (2006) and Dunleavy & Hood (1994)

The effects of these reforms in terms of quality and effectiveness of public services and healthcare, and other factors have been studied by many such as (Almqvist, 2004, 2006; Lynn, 2001; Behn, 1995). Given the current state where NPM reforms have transformed healthcare organizations to strive towards organizational forms close to those of private sector both in terms of management practices but also in that it strives to not be so distinguishable from the private sector (Dunleavy and Hood, 1994). As research have shown that motivation is especially important in healthcare (Franco, Bennet & Kanfer, 2002) and suggest that goal setting which is a powerful motivational tool is not being used to its full potential (Christensen et al 2005) and that this is an interesting topic to explore.

Goal setting the idea, how it's done and its consequences on motivation

The idea and use of goals and goal setting

A goal is a desired future state or as described by Locke & Latham (2002); “*a goal is the object or aim of an action, for example, to attain a specific standard of proficiency, usually within a specified time limit*”. There is much research supporting the positive effect of goal setting on motivation (Locke and Latham, 1990; 2002; Locke, 1968) where it has been shown that setting difficult and specific goals result in higher motivation and better performance than just telling people to do their best or setting to hard or easy goals (Campion & Lord, 1982).

Franco, Bennet & Kanfer (2002) describe the special importance of employee motivation in healthcare, since it can be directly related to the efficiency and quality of the care given because of the level of impact that practitioners have on the outcome of this. There is a growing body of research regarding the importance of motivation among healthcare employees by authors such as Vilma and Egle (2006), Glen (1998) and Franco, Bennet & Kanfer (2002) that show how interesting the topic is. Motivation itself is defined in numerous ways (Kleinginna and Kleinginna, 1981) in this paper the definitions used is the one created by Kreitner (1995), Higgin (1994) and Begat et al (2005) that Vilma and Egle (2006) use. They describe motivation as the drive to satisfy something unmet, and the psychological process that guide behavior. Aside from the positive impact goals can have on individual's motivation and performs another important part is the strategical. That was first introduced by Druckner (1976) and his work on management by objectives that later have been the backbone in much research such as that of Kaplan and Norton (1992, 1993, 1996). Where setting clear goals on an individual level is an important step

towards aligning individuals with the overall strategies and goals of an organization. Furthermore goal setting is also a good way to show people what is expected of them, and that doing so in can positively affect performance Vigoda-Gadot & Angert, 2007.

So there are several ideas why goal setting should be used in organizations; the positive effects on motivation and performance alone that has been proven by research. Add to this the usefulness of goals as a tool to communicate expectations and to steer all parts of an organizations towards the same general goals. To accomplish these ideas there are some general characteristics that the set goals need to have.

Desired goal characteristics

In order for goals to be the powerful tool described in the previous section and affect motivation and performance, research has shown that there are several characteristics they need to have. Goals need to be difficult and specific, setting challenging goals have been shown to have a stronger effect on performance and motivation than setting easy goal, however in order to have a positive effect it is important that they are attainable (Shalley & Oldham, 1985; Latham & Locke, 1990). It has also been proven important that the goals are specific (Locke & Latham, 1990) that in order for them to have the best effect in most situations a goal cannot be vague like; 'Do your best'. With more specific goals it's also easier to measure and evaluate performance against the set goals which is an integral part in order to attain the positive effects of goal setting (Campion & Lord, 1982). This is also an important aspect in order to make feedback possible which as previously mentioned is an important part of goal setting. An example of the importance of a clear goal setting is a study of public organizations by Jung and Rainey (2011) that showed that ambiguous goals negatively affected the motivation of employees to carry out their jobs. However in certain situations when the task at hand is complex having a specific performance goal can serve as a stressor so even though specificity is generally desirable in certain situations it can be counter-productive (Locke & Latham, 2002).

These are some of the general characteristics of goals that most researcher agree on, there is ongoing research and debate as to other important attributes they need to have. Some common features which most agree on regarding goals are found in the frequently used acronym SMART that describe important characteristics goals need to have; Specific, Measurable, Attainable, Relevant and Time-bound (Doran, 1981; Thomson, 2007) and although the exact word for some

letters vary the previously mentioned specific and attainable are found in there and even if the exact words can differ the meaning is usually close.

So there are certainly some all but easy criteria that goals need to meet to be useful, the perhaps most important being that they are difficult but attainable and that in most situations they have to be specific and measurable. So there are several characteristics goals need to hold and perceptions also play a role, I will now explore the potential consequences thereof.

The consequences of goal setting on motivation

As mentioned briefly there are several important positive consequences of goal if used correctly such as increased motivation and through this increased job performance (Latham & Locke, 1990). Or by an increased sense of competence that can follow when goals are met and evaluated positively (Oldham & Shalley, 1982). Furthermore with goals set and measured there is also an increasing possibility to identify the instrumentality of goals, that is to see how obtaining a goal could result in a desired reward which have been shown to increase motivation (Latham & Locke, 2002). Setting specific challenging goals can also serve to increase the intrinsic motivation associated with boring tasks (Hirst, 1988; Mossholder, 1980) and it can also facilitate feedback which in term allows for development and improvement of work methods (Locke, 1979).

There is much research to support the positive consequences of goal setting on motivation (Locke, 1968; Hollenbeck and Klein, 1987; Schweitzer, Ordóñez & Douma, 2004; Ordonez et al, 2009; Hall and Foster, 1977). In situations such as in healthcare were extrinsic motivation such as salary is usually not the primary motivator compared to intrinsic motivation (Speedling, 1990; Glen, 1998). This would mean that setting goals could help boost the intrinsic motivation of doing so, or potentially to add extrinsic motivation in the form of some kind of rewards. Rubin (2002) mentions rewards linked to goals as an important part of working with goal setting.

Goal setting however is not a just a universal remedy that can be used without any possible negative effects. If taken lightly and implemented the wrong way goals can serve to reduce intrinsic motivation or result in a very narrow focus on the goals (Ordonez et al, 2009). Moreover if goals are not set correctly they can be counterproductive (Soman and Cheema, 2004; Latham & Yukl, 1975). Examples of these are when goals are set individually for interdependent tasks and result in sub-optimization at the expense of the whole and when goals are likely to

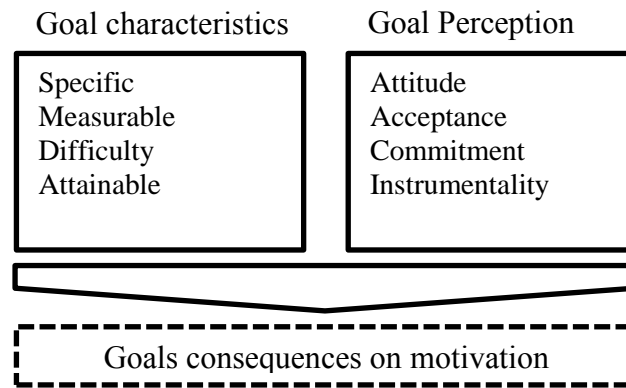
result in failure. This can lead to personnel ignoring the goals as they feel they don't have any chance of fulfilling them or being negatively affected by not feeling competent for the task (Shalley & Oldham, 1985). Two other important aspects for goals to positively affect motivation are goal acceptance and commitment (Hollenbeck & Klein, 1987; Latham & Locke, 2002). Goal acceptance refers to the process where a person has to accept the goals assigned to him or her in order for them to be able to affect motivation, whereas commitment is the degree a person is willing to commit towards trying to achieve the goals. Both are aspects that can moderate the effectiveness of goal setting. According to Locke (1968) reward structure and incentives are important factors that affect goal commitment.

There is ample evidence to support the positive effects goals can have on motivation and performance, but there is also a need to be cautious. As research has shown goal setting can be a double edged sword, and if not wielded properly can have adverse effects on both motivation and performance.

From goals to increased motivation and performance

As previously explored the ideas behind setting goals are that they can attribute to increased clarity of what is expected from individuals, they can help align individual efforts with organizations and they can help improve motivation and performance (Latham & Locke, 1990; 2002; Locke, 1968; Mossholder, 2002; Hirst, 1988). In order for goals to result in these positive consequences they need to hold some general characteristics such as they need to be difficult and challenging, while still remaining attainable. They also need to be specific and measurable (Latham & Locke, 1990; Champion & Lord, 1982; Jung & Rainey, 2011, Doran, 1981). If these criteria's are met the consequences can be increased motivation and performance through, improved intrinsic motivation (Latham & Locke, 1979; Mossholder, 2002). So the characteristics of the goals are one important side to it and another one is how the goals are perceived which affect goal acceptance, commitment and how instrumental they are. Together these two sides regulate how goals affect motivation.

This basic model freely interpreted from the works of Latham & Locke (1990, 2002), Campion & Lord (1982) and Jung & Rainey (2011) illustrates how both goal characteristics and the perception of goals affect the consequences on motivation.



Empirical Results

Through the interviews carried out a number of key issues arose that in some way could be linked to the three parts of goal setting outlined in the previous section. Although some topics and issues that were brought up in the interviews might overlap somewhat they will follow the model outlined in the previous section; *what are the characteristics of the goals, what are the ideas and perceptions of goals, what are the consequences of the current goals on motivation.*

Goal characteristics

When asked what goals and values they had in their organizations most of the respondents didn't reveal any clear goals or organizational values. Rather the first thing on top of their minds were things like

“To put the patient first “

“To provide the best possible care at all times”

“Respect for the individual and compassion”

The managers and practitioners alike from different professions had these things on top of their minds as the most important goals and values. Most of the respondents also reflected on that there is a problem with the often ambiguous and unclear goals that govern their organizations.

“There are certainly a lot of unclear decisions as we are often caught in political decisions that affect us without considering the effects on us”

“It’s hard to create specific goals as the laws and directives which govern us are usually up for interpretation and sometimes very fuzzy”

“The goals we have are decided by the laws”

Most of the people interviewed found this frustrating and spoke about the difficulties it presented for them to have to govern their organizations or jobs after vague goals. It was brought up several times that the goals were vague because of the fact that they were political organization that had to deal with directives from politicians.

There were examples of goals that were not vague that were brought up but they often were described as counter-productive. An example was a new systems where the facilities were reimbursed based on the number of patients they treated but not on the quality of the care given, so for a doctor to needlessly meet a patient several times were the best thing to do if they only looked to the monetary incentives.

“This new system has good aspects but to pay us based on the amount of doctor visits is not good, it rewards the wrong kind of behavior and not what’s best for the patient”

There seemed to be some opposition to quantifying things and a substantial fear that potential ways of measuring could be counter-productive or inadequately adopted for different professions. There were also some good examples of situations where it could be hard to measure quality of care versus “customer satisfaction”

“If we were to measure things it could be bad for the patients because it’s not easy to measure exactly what’s best for them, giving a patient prescriptive drugs could make them happy for example but not be best for the medically”

Another problem was inadequately adopted goal where it was described how general goals were used over several professional categories an example of this was one therapist that described how

she was measure in the same way as a doctor of general medicine with regards to the amount of patients booked on short notice.

“For a doctor a patient would only mean a single session and whereas for me as a therapist booking a patient, necessitates being able to book at least four sessions over a long period of time”

This was an example of how the use of goals that was designed and implemented without attention for the specific situation. In other interviews there was skepticism towards goals without giving specific examples.

Goal perceptions

Two topics that were often brought up with regards to the perception and ideas of goals, are how to measure goals and how to reward performance according to goals. Few of the respondents reflected or spoke about measureable goals, however almost everyone in some way mentioned the hardship associated with measuring performance in healthcare. Evidently there was almost a consent that measuring performance and quality in healthcare was hard or impossible vis-à-vis other industries especially the private sector. A statement from one of the interviewees that showcase this is;

“It’s not possible to be as rational in healthcare as in other industries”

Another one that

“The goals we are assigned are often fuzzy and hard to measure in tangible ways”

With regards to measurements and the possibilities for feedback a desire for more feedback and to be seen for what was done at work was brought up several times.

“To get acknowledgement and feedback on the work you do is important but hard as it’s difficult for others to see exactly what I do”

“I believe it’s very important that everyone feel that they are being seen for what they do and gets told when they do something good”

However in one of the organizations the manager had worked hard with the goals from the political regional level and crafted a business plan from them. In this business plan specific goals had been broken down in three different categories: Economical, Staff and Patient related goals. However the manager described that even though the staff of the organization had been a part of workshops where the business plan had been crafted and individual goals had been set, they remained reluctant to remember and act on these goals. The manager described the frustration when people wouldn't reflect and remember goals that they themselves had help set up and often failed to understand the reason behind them. Some insights to these problems were:

“Well it doesn't really matter if we were to set goals and implement rewards some of the staff has not adopted the mindset that we are here for the patient, they are used to the old ways were we could do things as we pleased with little regard for budgets and other constraints and the patients didn't really have a choice were to go”

In a similar manner a practitioner said:

“If we were to have clearly stated goals it would probably showcase how big the differences is in the amount of work some people carry out in the similar amount of time”

Or as in the one case where the manager of a facility had incorporated the staff into operationalizing goals through workshops and rigorous work only to later have the staff forget or disregard the goals they themselves had been a part of establishing.

“They appeared as deaf with regards to the goals even though they themselves had been a part of creating them”

Over all there was an expressed desire for more clear goals, but also a fear or dislike for the idea of measuring things in healthcare. With goals and measurement both managers and practitioners expressed that they felt feedback was very important. The link between goals measurements and potential for feedback was only touched on few occasions. However when rewards or so was discussed feedback and increased autonomy at work was mentioned as important unofficial rewards that were given sometimes.

Consequences for motivation

None of the visited primary care facilities have any form of structured rewards for good performance except salary.

“We don’t have any direct reward other than individual salaries”

And rarely did anyone during the interviews mention any possible benefits that rewards could have. Rather the possibility of inequalities if they did have rewards that were distributed unfairly was brought up. The idea of rewards was also discarded based on the fact that they deemed it hard to measure performance and quality as previously mentioned. In almost all interviews the interviews associated possible rewards only with monetary rewards at first. Everyone described unofficial kind of rewards that were used such as parties, dinners or for individuals increased flexibility with regards to work hours or vacations.

“If I do a good job I know I get more flexibility with my work hours, and that’s an important reward for me”

In these cases there was no systematic approach for this rather it was handled on an ad-hoc basis. Another desired form of reward that was brought up frequently was feedback, many described this as an important reward they received or would like to receive more of.

“When I do something good and it gets noticed that’s also an important reward”

“To get more feedback on how I am actually doing would be a great reward for me”

Managers and employees had similar views on what were important abilities to have as a leader in a healthcare organization. Recurring was the need to be attentive to the organization and staff, to see employees and be good at listening. There was also lots of talk about the need for leaders to be clear and precise with orders, directives and goals. The managers all thought that employees appreciated high levels of freedom in their work and allowing this was also seen as an important ability to have. Similarly employees enjoyed high levels of freedom in their work.

“I have very much freedom in my everyday job and is not really dependent on my boss to carry it out”

“I believe the practitioners desire autonomy in their jobs and I strive to provide them with that”

As previously stated increased freedom at work was seen as a potential reward for good employees. One manager in one of the public facilities was interested in the increased possibilities of rewards, or gain-sharing was believed to be easier to implement in a public facility

“With gain-sharing I believe it would be easier to motivate employees to go that extra mile to service a patient”

A hypothetical scenario that she described was if a practitioner have a goal of seeing X amount of patients each day and would receive a bonus for any extra after this number. She also believed that in general it would be easier to recruit people with a mindset suitable for that into a private organization. That a problem with public healthcare was that before recent reforms it employees had been too complacent since the patients didn't have a choice where they received care there was no less need for practitioners to reflect on their performance and strive to improve them.

Analysis and Discussion

Goal characteristics

Almost every one of the interviewed persons, when asked about the goals and values that they worked towards, at first had very general goal such as:

“To provide the best possible healthcare”

And in many cases they didn't mention any more specific goals. This is a vague goal similar to the example Locke and Latham (1990) use with their: ‘do the best you can’. This would do a good job as a vision or mission and it felt like it was something that was important for all the persons I interviewed (As it should be). A goal like this doesn't really help show what is expected of the employees which is an important reason to have goals (Vigoda-Gadot & Angert, 2007) as it is appeared self-evident that they should provide a good healthcare. It appeared that everyone

both managers and practitioners were quite used to not having clear goals as previous research has shown is often the case in healthcare (Christensen et al 2005; Adolfsson, 2009). A reason commonly mentioned for the lack of measurability or measurable goals was the idea that it was harder to specify and measure goals in healthcare than other industries. At the same time on a larger scale there is sometimes well defined goals measured on things like the amount of patients that enlist to a certain care facility (Krav- och Kvalitetsboken, 2011). It was mentioned that these goal sometimes didn't help at all, that they rather made things harder as Soman and Cheema, (2004), Latham and Yukl (1975) describe goals can do if not set correctly. Examples of this were when a healthcare facility was paid for the amount of patients that met with a physician and not on the quality of the care received. So if a patient was needlessly booked in for more appointments necessary it would yield the facility more money, which meant that the economic goals set were in incongruity with the best interest of the patient.

In summation the current goals seemed too often be ambiguous and not really serve as guidelines or help for how things should be done. The more specific goals that were mentioned were often seen as inadequately designed and counterproductive. Often they were not measureable challenging or attainable either.

Perception of goals

In general the their seemed to be a culture with a negative or reluctant attitude toward goals as described by two of the managers that described attempts in their organizations where action plans had been built around more specific goals, the results though had been that employees had still failed to recall these goals or act on them. This is what Hollenbeck and Klein (1987) refer to as goal acceptance and goal commitment, employees may accept goals but can chose to still not commit towards them over time. These are important aspect that regulates how well goals can affect motivation (Latham & Locke, 2002). Since the goals described in most cases were unclear they also lacked measurements and a common theme that was addressed was the difficulty in measuring quality of care. Even though there were measurements for this on a larger organizational level they were often not tied to goals for individual employees. Many of them mentioned it as something negative but didn't really reflect one possible explanation for this could be that all of the interviewed persons stated that freedom in their work was important and that they believe this was important for personnel in healthcare in general. If they viewed clear

goals as restrictive to their freedom it could explain one reason why they chose not to adhere to them. Another explanation could be the fact that reward structure and incentives directly affects goal commitment (Latham & Locke, 2002; Locke, 1968) and in these cases there were no reward structures at all in place hence any formal systems that supported the introduction of more specific goals. Statements like:

“It’s not possible to be as rational as in other industries”

Often appeared in some form when this was discussed, there seemed to be a common hidden perception that using goals or measurements was hard, inapplicable or not suitable. I say this in spite of the fact that unclear goals were often mentioned as something negative. Furthermore clarity in terms of both goals decisions and communication was also a commonly mentioned desired trait that all interviews stated were important for managers. Here it appears that there is a discrepancy in how both managers and practitioners described the situation today where they often said that increased clarity and more well defined goals would be a good thing, only to later describe situations where they expressed opinions to the contrarily. Another possible explanation for this could be that the lack of clear goals and use thereof have resulted in that the staff doesn’t really have any experiences of positive application of this. And the examples given of when clear goals were implemented they were often not developed so that they suited the organization, with this in mind a hesitant attitude toward goals is understandable.

The interviews gave a somewhat mixed idea on how goals were actually perceived, on one hand it was frequently brought up both that goals were unclear and that there was a wish for clarity in their jobs both for managers and practitioners. So given this there seemed to be an aspiration for well-defined goals. Then on the other hand there seemed to be an opposition towards goals and it was often mention that it was not possible to use goals and measure them as in other industries. So there is definitely an interesting discrepancy between the desire they express for more feedback and to be seen and there fear and dislike for measurements that could be an invaluable tool in helping managers provide feedback. A topic that was brought up on several occasions was the difference between different professions in healthcare and the need for goals and measurements to be unique to each profession and situation.

With regards to the possible uses of this there was also a skew towards seeing the possible negative effects with for example rewards, rather than the positive ones. And as described by a

manager that tried implementing goals there was a resistance towards them. One possible reason for this could be that given the current lack of structured feedback and reward systems goals are only seen as a way to measure performance and detect bad performance but with no possible upsides. This could be understandable as the increased possibilities of feedback is an important aspect of using goals (Latham & Locke, 2002; Shalley & Oldham, 1982) as is rewards and incentives (Locke, 1968).

The consequences of current goals on motivation

The way goals and goal setting was used and described in most of the interviews suggest that the effects on motivation are probably very small if any. There seemed to be a consensus regarding the importance of job autonomy among everyone interviewed, it was seen as an important part of working in healthcare. Given this importance attached to freedom it could appear natural for people to shy away or dislike more clear goals if they believed that they would impede on their autonomy or freedom at work. At the same time the lack of rewards or feedback would mean that there would be no positive upside to setting goals and measuring them. Perhaps one reason for this was the lack of systems for feedback, as described by Locke (1979) goals can serve as the basis for feedback and through this improve the possibilities of reflecting on work methods and thereby improving them.

The fact that increased measurement of performance for any sake could potentially serve to increase the abilities and opportunities for feedback didn't seem to dawn on people in the interviews. This in spite of the fact that being seen, getting feedback and acknowledgement for their job was described as important by both managers and employees.

Over all the current use of goals and the way they were viewed suggests that to the degree they are used they do not contribute to motivation or performance. The problem can be traced both to the characteristics as they are often not specific challenging or attainable which they need to be in order to positively affect motivation (Latham & Locke, 1990). Furthermore with regards to how goals are perceived in some cases there also seem to be problems with goal acceptance and commitment which are important factors for how goals can affect motivation (Hollenbeck & Klein, 1987). This suggests that there are several areas where goals and goal setting as it is used today do not reach the potential positive consequence for motivation that it could have.

Conclusions

So with this I will now conclude by answering the three questions proposed:

- *What are the characteristics of the goals?*

The goals were characterized by being vague, ambiguous, unspecific not measurable and either not challenging or attainable. As portrayed in the interviews the goals that were most often mentioned were general and very unspecific.

- *How is goals and goal setting perceived?*

There was a contradictory attitude towards goals and goal setting, where it was desired by most and yet there were examples where it had been implemented only to be ignored. This suggest that even if there is a desire for clear goals as it is today there were examples of when goal acceptance and commitment were not present, which are two important moderators for how goals can affect motivation.

- *What are the consequences of current goals on motivation?*

As the current goals that were discussed in most cases lacked the necessary characteristics that goals need to have in order to positively affect motivation and performance. In combination with some problems with how they were perceived and through this affected goal acceptance and commitment. This suggests that this current use of goals and goal setting in healthcare have minimal positive consequences on motivation.

Closing remarks

Even though the current use of goals and goals setting are not optimal this could be seen as something positive as there is lots of untapped potential there. Some key outtakes from the interviews and literature are that if goals are to be used more in healthcare it is important that they are designed for the specific situations and that everyone involved see how they can benefit both the patients themselves and their organizations. Furthermore that there is some skepticism towards practices from private organization is understandable and there is certainly a need to adapt any practice to a specific organization and situation.

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