

Public service motivation and professionalism

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Abstract

The public service motivation (PSM) literature has primarily conceptualized professionalism as individual identification with a professional organization, and it has not differentiated between its effects on the different PSM dimensions. In contrast, this paper discusses professionalism as an occupational variable and develops specific expectations for each traditional PSM dimension and user orientation, which is altruistic motivation directed toward the individual user of public service. These expectations are tested for 9 occupations with varying levels of professionalism (951 individuals). The analyses of the associations between professionalism and the PSM dimensions are controlled for the type of task (education, health care and administration), sector (public versus private) and personal characteristics (gender and age). This enables us to isolate the effect of professionalism on the PSM dimensions, and we find that professionalism affects compassion and user orientation negatively, while it affects attraction to policy making positively. There is no association between professionalism and commitment to the public interest, suggesting that this is a question of sector rather than professionalism. The results indicate that professionalism affects PSM in more complex ways than earlier supposed, and the differences between individuals working with education, health and administration point towards an institutional approach to professionalism and PSM.

Introduction

Many providers of public services are professionals. They belong to occupations with high levels of specialized, theoretical knowledge and strong intra-occupational norms. This means that their motivation and behavior potentially differ from other public employees. While the sociology of professions has already been rediscovered in some parts of the discipline of public administration

(Teodoro, 2009; Tonon, 2008), it has not yet been integrated in the study of public service motivation. Are professionals more or less motivated by doing good for others and society than other providers of public services? Does socialization within a profession increase public service motivation (PSM), or is this altruistic type of motivation replaced by professional norms or even occupational self-interest? Does professionalism have the same effects on the different PSM dimensions? This is important questions, especially given that public service motivation may increase individual and organizational performance (Brewer, 2008; Leisink & Steijn, 2009; Andersen & Serritzlew, 2009). This paper therefore investigates how professionalism and PSM are related.

The association between professionalism and PSM may be positive, negative, or differ between the different sub-dimensions of PSM. A *positive relationship* may exist, because (1) individuals with a high initial level of PSM is attracted to highly professionalized occupations; (2) the selection process (both during education and in the hiring process) favors individuals with high PSM; and (3) the socialization within the professions increases PSM (Leisink and Stein, 2008). Especially the socializing argument assumes that the professions have ethical codes which emphasize the promotion of the public interest (Pandey and Stazyk, 2008), and this assumption comes from the functionalist approach to professions, which sees professionals as altruists who comply with ethical codes in order to do good.

Still, professionalism may also be *negatively associated* with PSM. The neo-weberian approach to professions thus questions the functionalist assumption and warns us that professions can be collectively self-interested, trying to obtain wealth, status and power by maintaining/establishing a monopoly on providing certain services. This collective self-interest may supplant an individual motivation to help others and society, resulting in a negative association between the level of professionalism and PSM.

The institutionalist approach to professionalism, which synthesizes the insights from neoweberians and functionalists, does, however, suggest that PSM and professionalism may be negatively associated for another reason. Specifically, intra-occupational norms are expected to make professionals from the same occupation behave and perform similarly, because the professionals find the norms the right way to do thing and/or because of (collective) self-interest in upholding the privileged position of the profession. This implies that when professional norms apply, other types of motivation (both altruistic such as PSM and egoistic such as pecuniary motives) matter less for professionals. In other words, professionals may have less PSM because

their professional norms overrule this individual motivation. Ironically, professionalism may be relevant for PSM, because PSM matters less for professionals. Professional norms do not, however, apply to all types of behavior, and their correspondence with PSM is also expected to differ between PSM dimensions. Some dimensions of PSM may be consistent with professional norms, whereas others may not. This implies that professionalism *affects the different types of PSM differently*. Additionally, professional capacities such as knowledge and education may also affect the dimensions differently. Different professions may also do good for others and society in different ways; classical bureaucrats may be attracted to public policy making whereas health care workers may be more oriented towards doing good for the individual users. In line with this approach, this paper's central claim is that professionalism affects the dimensions of public service motivation differently.

Existing studies predominantly treat public service motivation as a unified concept, but the public service motivation literature has begun to treat the concept as first order reflective and second order formative (Kim & Vandenberg, 2009; Wright & Christensen, 2009). The dimensions may therefore very well have different causes and consequences. We both investigate the traditional PSM dimensions (commitment to public interest, compassion, attraction to public policy) and user orientation as expressing another type of altruistic motivation linked to the provision of public service.

The main contribution of the paper is that it integrates the sociology of professions and public service motivation literature and empirically tests the effect of professionalism, using different operationalizations of professionalism. The existing literature has predominantly investigated the effect of individual identification with the professional organization. For this specification, the results have been somewhat inconsistent (Perry, 1997; Moynihan and Pandey, 2007). We argue that we can more fully understand the relationship by also drawing on the sociology of professions. We therefore conceptualize professionalism as the occupational level of specialized, theoretical knowledge combined with the existence of firm intra-occupational norms (Andersen, 2005: 25). Professionalism is thus ultimately a continuous occupational variable. In line with this, a profession is an occupation with a high level of professionalism, and professionals are members of highly professionalized occupations.

The study has been designed to get variation in the level of professionalism while holding other variables constant. The investigation is based on a survey of 3304 Danish employees from the private and public sector. We compare nine occupations from three different parts of the public

sector (education, health and administration). For education, university teachers for example have a higher level of professionalism than high school teachers who again (at the occupational level) have more specialized, theoretical knowledge and firmer norms than primary school teachers. Comparing these different types of teachers enables us to hold the basic task (education) constant while varying professionalism, and the same applies for health care and administration. Including employees performing three different tasks (education, health and administration) ensures that the results are robust in terms of their applicability to different tasks, and it also allows us to investigate differences in the level of PSM between different public services.

The next section presents the theoretical framework and proposes three hypotheses concerning the relationship between professionalism and PSM. After a discussion of the data and methods, we present and discuss our results, and the paper ends with a discussion of the potential for further integration of the PSM literature and the sociology of professions.

Theoretical framework

Within the public administration literature, professionalism is typically associated with specialized technical knowledge acquired from a formal educational program; ethical responsibility; working for the common good and lifetime careers (Mosher 1968). This definition does, however, rely only on one of the two most important approaches within the sociology of professions, namely the functionalist approach. This approach expects professionals (in the course of their education) to become socialized to “an ideology that asserts greater commitment to doing good work than to economic gain” (Freidson, 2001: 127). On the other hand, the neo-weberians warn us that professions can be collectively self-interested, trying to maintain or establish a monopoly on providing certain services. ‘Social closure’ thus refers to the way in which status groups such as professions (Weber, 1978: 306) try to improve their own situation by limiting rewards and opportunities to themselves (Parkin, 1974: 3). The major difference between the two traditional approaches to professions is that while functionalists see the profession’s knowledge as necessary (Goode, 1957: 195) and assume that altruism makes them follow a number of professional norms (MacDonald, 1995: 3), the neo-weberian approach (in its most extreme form) sees the professional knowledge as a cover used to get power and the professional norms as a way to uphold the privileged status of the occupation (Johnson, 1972; Murphy, 1888: 15-42, Parkin, 1974). The neo-weberians assume that professions maximize “power, wealth and status” (Collins, 1990: 24), while (at least the early) functionalists assume that they are pure altruists (Parsons 1954: 372;

Durkheim, 1992). In relation to PSM, the neoweberian approach implies that professionals are socialized to occupational self-interest, meaning that professionals might be less willing to help others and society (have lower PSM). This contrast with the functionalist expectation that professionals are socialized to do good.

Our position is that professionals (like other individuals) are neither knights (altruists) nor knaves (egoists) (Le Grand, 2003). Their knowledge is often necessary, but they are not expected to follow norms for altruistic reasons alone. We follow thus follow the trend in the sociology of professions which combines insights from the functionalist and neoweberian approaches. In our opinion, neither the neoweberian nor functionalistic approach can stand alone in an analysis of the relationship between PSM and professionalism. Additionally, both approaches have a blind spot concerning institutions. In an increasingly internationalized world, we need to understand professional providers of public services in different macro institutional set-ups, and the introduction of market mechanisms in the public sector has also challenged the professional logic of governing based on expert authority. This has brought the role of micro level institutions (such as incentives) to the fore. This implies that professions should be understood in an institutional perspective, and our definition of professionalism explicitly incorporates the most important institution for professionals: Professional norms.

The starting point of our argument concerning the definition of professionalism is that the production of some services (e.g. heart surgery) demand special expertise which only one occupation possesses. Especially if this knowledge is theoretical and therefore less transferable, others will then be unable to evaluate whether the members of the occupation did the right thing (Robert & Dietrich, 1999: 985). When persons outside the profession do not know how a job should be done, the usual information asymmetry is increased due to the knowledge asymmetry (Sharma; 1997). The principals might not even be able to evaluate the outcome; it can, for example, be difficult to say whether a university student has obtained adequate knowledge and skills. The first element in our understanding of professions is thus that professions have a specialized, theoretical knowledge (Andersen, 2005). ‘Specialized’ means that only the profession has the knowledge. ‘Theoretical’ means that the knowledge involves general understanding of relevant concepts and causal relationships within the field, but that the knowledge cannot be codified because of the complexity of the area and the corresponding need for discretionary assessment.

The second element is the existence of professional norms. For services demanding specialized, theoretical knowledge, politicians face a serious dilemma, because they cannot control

the service production, while voters still hold them responsible. The politicians may therefore be interested in a settlement with the profession, according to which the profession promises to keep their house in order by upholding certain standards in exchange for higher status and pecuniary rewards (Day and Klein 1987:19; Watson, 2003: 192). The need to uphold certain standards leads to the second part of our professionalism definition, the professional norms. Despite the information asymmetry, an occupation can hardly keep its status as a profession in the long run if sloppy practices are widespread among individual professionals. The professions defend their status by boasting careful and competitive selection procedures, training and credentials and by establishing protocols, specifying best practices and creating ethics codes to limit agent discretion (Shapiro, 2005: 275). In other words, professions formulate and sanction professional norms defined as prescriptions commonly known and used by the members of an occupation, referring to which actions are required, prohibited or permitted in a specific situation (Andersen, 2005: 71-73; Ostrom 1986: 4). Professions are thus seen as occupations where a knowledge and information asymmetry (due to specialized, theoretical occupational knowledge) is handled by institutionalizing intra-occupational norms.

Professions have both an objective and a subjective side. Objectively, professionalism refers to how much specialized, theoretical knowledge they actually have and how firm their professional norms are. Subjectively, professional status concerns how the public perceives the profession in terms of these two characteristics. The public includes both the population at large and the politicians in the sponsor bodies. This distinction between professionalism and professional status corresponds to Robert and Dietrich's (1999) differentiation between the sociological and economic foundation of a profession. Both concepts are relevant in Public Administration research, but they can have rather different causes and effects. Empirically, they are positively associated, but there exist both occupations with high professional status but without many norms or much specialized, theoretical knowledge (such as pilots), and some occupations have also experienced low professional status despite a substantial specialized, theoretical knowledge and firm norms (in some countries nurses). Especially professional status is an asset in negotiations concerning salary and working condition, and many occupations try actively to obtain professional status (Evetts, 2003). It might both be to benefit themselves and to be better able to benefit society. We argue that both motives are at play, and that the institutional context is highly relevant when formulating more specific expectations to the effect of professionalism. This is also the case for the association

between public service motivation and professionalism. After a short discussion of public service motivation in general, we will formulate three hypotheses concerning professionalism and PSM.

Public service motivation (PSM) is a subset of the overarching notion of altruism, and the different definitions delimit this subset differently. The basic idea is, however, that an individual can be more or less motivated to help others and society. Hondeghem and Perry (2009: 6) thus define PSM as ‘an individual’s orientation to delivering service to people with the purpose of doing good for others and society’, while Rainey and Steinbauer see it as a ‘general, altruistic motivation to serve the interests of a community of people, a state, a nation or humankind’ (1999: 20).

Vandenabeele (2007, 547) defines it as “the belief, values and attitudes that go beyond self-interest or organizational interest, that concern the interest of a larger political entity and that motivate individuals to act accordingly whenever appropriate.” The last two definitions see PSM as directed towards a collective entity, whereas the first one also includes specific others.

The incidence and dimensionality of PSM is fairly well established. The top rows in table 1 show the four classical dimensions developed by Perry (1996). In this paper, we follow Coursey and Pandey (2007) and exclude self-interest due to its high correlation with public interest. In order to take altruistic motivation to ‘do good’ for specific others seriously, we include a user orientation dimension. Whether it should be included in the PSM construct can be discussed; in this context it is inconsequential as we will treat the dimensions separately. The next question is thus how these dimensions (and the other insights from the PSM literature) relate to professionalism.

Table 1: Understanding of the classical PSM dimensions and user orientation

Dimension:	Understanding of dimension:	Discussed in:
Commitment to public interest (public values)	Motivation to deliver public services to serve the relevant society, based on values and duty	Perry (1996)/Kim & Vandenabeele 2009
Compassion	Emotionally (empathically) based motivation to do good for others by improving public services	Perry (1996)
Attraction to policy making /public participation	Motivation to improve decision making concerning public services to help others and society	Perry (1996)/Kim & Vandenabeele 2009
Self sacrifice	The will to bypass one’s own needs to help others and society by providing public services	Perry (1996)
User orientation	Motivation to help the specific user of public services	Vandenabeele (2008a) Andersen et al. (2009)

The discussion of PSM and professionalism is structured by the mechanisms through which the concepts can be linked (attraction, selection, attrition and socializing) combined with the different actor assumptions (altruism versus egoism).

Attraction denotes process where an individual is attracted to something, in this case an occupation with more or less professionalism. This mechanism could potentially sort individuals into occupations based on their motivational structure. Perry and Wise (1990: 370) thus argued that the greater the strengths of public service motives are to an individual, the more likely the individual is to seek environments which satisfy these needs. Employees with high initial levels of PSM may thus seek out specific professions (e.g. within health care), where the mission is to help other people. If these individuals were more attracted to highly professionalized occupations, PSM would affect professionalism of the individuals positively (if they succeeded in becoming members of these occupations), and a negative effect would be the result if they were especially attracted to occupations with a low level of professionalism. In this paper, we are able to control for the overall job contents, by analyzing health care, education and administration separately. We therefore argue that although attraction due to PSM might very well be important for the choice between different tasks (curing, teaching, or doing administrative work) and sectors (public versus private), it does not affect the level of professionalism substantially. Within health care (and education and administration) we expect the choice of occupation in terms of professionalism (that is, choosing for example between becoming a doctor, a nurse or a health assistant) to be determined much more by gender, individual ability and socio-economic background than by PSM. We therefore argue that attraction is not an important mechanism for the relationship between professionalism and PSM.

Selection refers to the processes within an occupation/an organization which prioritize some individuals over other individuals. If professional educational institutions prioritized individuals with high PSM over individuals with low PSM (or oppositely), PSM would also affect professionalism. Similarly, if employers of professional workers emphasized high PSM (and had the choice between different professionals) individuals with low PSM might become unemployed and therefore leave the profession. At least in Denmark, these mechanisms are unlikely, because acceptance in a professional education is not based on individual motivation, and because few professionals leave their profession due to lacking chances to get a job. Like for attraction, we therefore assume that the selection effect of PSM on the level of professionalism is not substantial.

Attrition denotes the gradual, natural reduction in membership or personnel, as through retirement, resignation, or death. Similar to selection and attraction, our assessment is that

attrition is of minor importance for the association between professionalism and PSM. Quite few leave their occupation before retirement, and age-based differences can be handled by controlling for age. The assumption that attraction, selection and attrition can not be expected to cause substantial effects from PSM to professionalism can, of course, only be confirmed by panel studies over a long period, but given that we control for task and sector, we find it reasonable to specify the direction of causality as going from professionalism to the level of PSM. This is also in accordance with the rest of the literature (Perry, 1996; Perry & Hondeghem, 2008: 298). We therefore concentrate on the last mechanism, *socialization*, which means the process where individuals internalize the values and norms of their peers. We discuss (1) the arguments for a positive effect, (2) the arguments for negative effect and finally (3) the arguments for a conditional effect.

Freidson claims that professionals are socialized to “an ideology that asserts greater commitment to doing good work than to economic gain” (2001: 127). The functionalistic approach within the sociology of professions assumes that the professions really mean this, and this has also been the typical view on professionalism within the PSM literature. Existing studies of PSM and professionalism have (as mentioned) operationalized professionalism as an individual characteristic relating to identification with the professional associations. Accordingly, it has been measured by indicators such as membership and active engagement in the professional associations (DeHart-Davis, Marlowe and Pandey 2006; Moynihan and Pandey, 2007). Pandey and Stazyk (2008: 105-6) argue that professions have ethical codes emphasizing the promotion of the public interest, but that the effect on PSM depends on the socializing institutions of the professional associations. In terms of this paper, strong socialization necessarily exists within professions, because firm professional norms is a defining characteristic, but it is not self-evident that this socialization is directed towards (all dimensions of) PSM. Socialization within professions can potentially happen already during the formal education. Within the PSM literature, Perry (2000: 480-1) also argues that schools are an important source in terms of influencing the motivation of individuals. He expects both educational level and professional training to affect the level of PSM. Socialization can also happen after the education is finished, both spontaneously between individual professionals and within the settings of professional organizations. The existing literature has primarily investigated the socialization linked to the professional organization. Perry (1997: 185) thus expects that professional organizations shape the ethical norms of their members and that membership and active participation of these organizations therefore increase public service motivation. Moynihan and Pandey (2007: 46) also find that professional identification affects PSM strongly and uniformly

positive. In contrast, Perry (1997) finds that professional identification had no overall positive effect and was a negative influence for attraction to policy making. The difference might be attributable to the measurement; Moynihan and Pandey used a dummy measure of membership in professional organizations, whereas Perry measured activities in and attitudes towards professional organizations.

In contrast to these studies, this paper conceptualizes professionalism as an occupational variable. This conceptualization is especially important for the discussion of why professions may socialize to (occupational) selfishness, implying that professionalism negatively affects PSM as implicitly implied by the neoweberian approach. Freidson argues that professional power exists as a protected position for the occupation in the social division of labor; as authority, status, and expertise in interactions with individual users; and as dominance in the larger political economy of ideas (1970 and 1986). Frankford (1997: 196) argues that this power is based on professionals creating ideas about their subject area; that these ideas come to dominate the laity, and that this power over ideas is embodied in educational (and other types of) institutions. He argues that both professions as collectives and professionals as individuals possess this power, and that it is exercised against other occupations, individual users and society as a collective, particularly as embodied in the political and legal systems. In the public administration literature, Mosher has (1968: 210) called attention to the perspective on professionals, arguing that the general interest might be substituted by the (narrower) professional perspective influenced by the professionals' own interests (see also Perry, 2007: 5). Perry (1997: 185) touches on this issue, stating that "The degree to which professionalism influences public service motivation is likely to be constrained by tension between professional self-interest and the ideal of professional responsibility to higher ethical and moral standards". Despite this tension, Perry still expects that identification with a profession is positively related to public service motivation. In contrast, we argue that a more nuanced discussion, relating to the PSM dimensions, is necessary to account for the countervailing forces of professionalism.

An institutional approach to professionalism calls attention to the fact that professional norms and PSM sometimes can be competing motivations. If a firm professional norm exists, professionals from the same occupation is expected to behave and perform similarly (either because the professionals find the norms the right way to do thing or because of (collective) self-interest in upholding the privileged position of the profession. This implies that other types of motivation (both altruistic such as PSM and egoistic such as pecuniary motives) matter less. The

professional norms do, however, differ from profession to profession, and it is also different for the PSM dimension whether they clash with the professional norms.

Commitment to the public interest (motivation to deliver public services to serve the entire relevant society based on values and duty) hardly clashes with professional norms in any profession. Given the argument presented above for including these norms in the definition of professionalism, they are created to guarantee good service for society in the implicit bargain between profession and public. In contrast, we clearly expect all professionals to have lower levels of *compassion*. Given that professionals act in accordance with norms and based on the specialized, theoretical knowledge, this emotionally based type of motivation should not characterize them. The professional socialization is expected to be directed towards internalizing norms and removing emotions as the basis of decision making; professional power is based on the ability to convince the public that the professional autonomy is based on expertise. Professionals are supposed to respond analytically (rather than emotionally) to people in need. The same logic applies to *user orientation*. Seen from a profession's perspective, only professionals (and not the users) have the right theoretical and specialized knowledge to take decisions, and professionals should not be oriented towards the perceived needs of the user. As Mosher (1968: 109) formulated it "there are *correct* way of solving problems and doing things".

Concerning *attraction to policy making*, it is harder to form specific expectations. Mosher (1968: 108) argues that there is "a built-in aversion between the professions and politics", originating in the historical fact that most professions have fought politicians who are seen as amateurs trying to infiltrate, dominate and influence their work substance to the expense of "specialized knowledge, science and rationality". On the other hand, the literature on political efficacy and political participation (Milbrath, 1965; Verba et al. 1995 and Vecchione et al. 2009) has shown that higher education increases participation (Vecchione & Caprara, 2009), and professionals have normally a long education. As it is impossible to say which effect dominates, we cannot offer specific expectations for attraction to policy making. The three investigated hypotheses thus are:

Hypothesis 1: Professionalism does not affect commitment to the public interest

Hypothesis 2: More highly professionalized public service providers have lower levels of compassion.

Hypothesis 3: More highly professionalized public service providers have lower levels of user-orientation.

The institutional approach to professionalism also calls attention to the institutional context in which professionalism affects PSM. This is not the main focus here, but including the subject area (education, health and administration) allows us to explore this factor. For example, we would expect that administrators, especially in the public sector, are more attracted to politics, because Danish administrators organizationally are placed closer to the political core and thus are institutionally closer to decision-making.

Data and methods

The units of analysis are Danish employees between 25 and 64 years old. The sample includes both private sector and public sector employees. The data was collected by Zapera in June 2009 in a web-survey undertaken using a web-panel. The representativeness of web-panels can be seriously questioned, but as we are interested in testing a causal relation, rather than getting a full picture of the Danish population, this does not constitute an important problem in the present context.

3,304 individuals answered the questionnaire, and for this paper we analyze a subsample of these, namely the ones belonging to nine occupations which have been chosen to maximize variation in professionalism while we are able to control for the type of service. The nine investigated occupation produce three different kinds of services (health, education and administration). Table 1 shows how the choice of occupations enables us to hold the basic task constant while varying the professionalism of the individuals. We thus investigate four types of teachers (university, high school, primary and higher secondary and pre-school teachers); three types of health care workers (physicians, nurses and health assistants) and two types of administrators (with and without a university degree). Apart from our wish to be able to vary professionalism, while holding the area constant, the criterion for selecting an occupation was that more than 25 from this occupation answered the questionnaire. An occupation is defined as a group of employees who share the same education and perform approximately the same task. Practically, we asked the respondents to describe their job category in detail, and we afterwards coded them based on DISCO 88. It is the official Danish version of the international occupational classification ISCO-88. A description of DISCO 88 can be seen at <http://www.dst.dk/Vejviser/Portal/loen/DISCO/DISCO-88.aspx>. The choice of occupations was

both theoretical and empirical; we made a preliminary version of table 1 to calculate the necessary sample to obtain more than 25 in each group (given the proportions in the population) and when we had the data, we made a list of all occupations with more than 25 persons. Both approaches pointed towards the occupations listed in table 1.

The level of professionalism was measured for these nine occupations using two very different approaches. First, we coded them into four categories based on semi-structured interviews, secondary data, and analyses of their formal education (see appendix 4). The criteria for the coding are listed in table 1. Second, we made a formative index of the length of their education and the public's assessment of their prestige (quantitative indicators of professionalism and professional status, respectively). The assessment was made by A4 in 2006. 2155 randomly selected Danes were asked to place 99 different occupations on a scale from 0 to 10 depending on the prestige of the occupation. The results from this survey are available on the internet http://www.ugebreveta4.dk/~media/UBA4/2007_27/1_20til2099%20pdf.ashx.

These two measures have different strength and weaknesses. While the first mentioned classification is very close to the theoretical definition, it is also subjective. On the other hand, education and prestige do not reflect professionalism perfectly, but can be objectively and reliably measured. In this paper, we ran all analyses with first one measure and then the other. They showed the same results; the analyses with the 'objectivistic measure are shown in appendix 2.

Table 1: Investigated occupations after their professionalism and service area. Number of respondents. Years of education and prestige measure in brackets.

	Criteria:	Teaching occupations	Health occupations	Administrative occupations
Very high professionalism	Specialized and theoretical knowledge which only the occupation possess combined with strict norms which are sanctioned	University teachers (8 years/7.20) n=29	Physicians (8 years/7.74) n=56	
High professionalism	Specialized and theoretical knowledge combined with norms which are sometimes sanctioned	High school teachers (5 years/5.32) n=28		Administrators with university degree (5 years/6.25) n=83
Medium professionalism	Theoretical knowledge combined with norms which are sometimes sanctioned	School teachers (4 years/4.64) n=189	Nurses (3.5 years/ 5.71) n=78	
Low professionalism	A little theoretical knowledge and maybe norms which are not sanctioned.	Pre-school teachers (3.5 years/4.08) n=104	Health assistants (1.5 years/3.10) n=88	Administrators with vocational training (3/4.11) n=304

We based our measures of the PSM dimensions on the short form developed by Coursey and Pandey (2007). Wright and Christensen (2009: 15) found that this short form had a moderately good fit with the data. Appendix 1 presents principal component analyses of the items, and these analyses show that the used indexes (commitment to public interest, compassion, attraction to policy making and user-orientation) are consistent and reliable.

Results

In this section, we present a series of OLS regressions of the different dimensions of PSM. Hypothesis 1 expects that professionalism does not affect commitment to the public interest. As expected, table 2 shows that professionalism does not systematically affect the level of commitment to the public interest controlled for age and gender (model 1-3). Model 1-4 and 1-5 show that the same result is seen when controls for service area (education, health or administration) and sector (public/private) are included. The level of commitment to the public interest is highest for education, and it is higher in the public sector than in the private sector (Pedersen & Andersen, 2010 discuss this finding). Our interpretation is that commitment to the public interest is a question of sector (public/private) and service area, rather than profession.

Table 2. OLS regressions of Commitment to Public Interest.

	All respondents		Only 'service area'-relevant respondents		
	Model 1-1	Model 1-2	Model 1-3	Model 1-4	Model 1-5
(Intercept)	68.774*** (57.109)	75.644*** (32.832)	72.154*** (24.767)	77.53*** (25.356)	72.945*** (22.824)
Age (years)	0.189*** (7.171)	0.099* (2.123)	0.105* (2.232)	0.094* (2.034)	0.086 (1.868)
Gender (1=woman)	2.051*** (3.857)	-0.26 (-0.249)	0.374 (0.343)	0.359 (0.327)	0.043 (0.039)
Professionalism (1-5)			1.017 (1.953)	0.359 (0.661)	0.371 (0.689)
Service area ^a					
Health				-2.912* (-2.278)	-2.927* (-2.313)
Administration				-5.972*** (-5.349)	-2.891* (-2.219)
Sector (1=public)					5.631*** (4.472)
N	3274	944	944	944	944
Adj. R-square	0.019	0.003	0.006	0.033	0.052
F-value for full model	33.051***	2.32	2.823*	7.465***	9.679***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Hypothesis 2 expects that a higher the level of professionalism leads to a lower level of compassion. Table 3 confirms this expectation. We find the highest level of compassion for education. The level is much lower for administration than for the other two areas, probably reflecting professional administrative (anti-emotional) norms concerning objectivity, lawfulness and equality. Public employees have less compassion (as discussed in Pedersen and Andersen, 2010). Our interpretation is that professionals are governed by norms rather than emotions, and that they have been socialized out of being motivated by compassion; it is not considered ‘professional’ to feel rather than know.

Table 3. OLS regressions of Compassion

	All respondents		Only 'service area'-relevant respondents		
	Model 6	Model 7	Model 8	Model 9	Model 10
(Intercept)	49.995*** (41.194)	57.2*** (24.101)	56.538*** (18.756)	65.419*** (21.127)	62.9*** (19.288)
Age (years)	0.266*** (10.027)	0.195*** (4.037)	0.196*** (4.049)	0.179*** (3.82)	0.174*** (3.735)
Gender (1=woman)	8.094*** (15.103)	5.875*** (5.456)	5.994*** (5.315)	5.476*** (4.931)	5.305*** (4.779)
Professionalism (1-5)			0.192 (0.357)	-1.107* (-2.012)	-1.103* (-2.01)
Service area ^a					
Health				-1.911 (-1.476)	-1.92 (-1.487)
Administration				-9.194*** (-8.143)	-7.517*** (-5.676)
Sector (1=public)					3.084* (2.408)
N	3304	951	951	951	951
Adj. R-square	0.09	0.042	0.041	0.106	0.111
F-value for full model	163.697***	21.948***	14.661***	23.573***	20.71***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Hypothesis 3 expects that professionalism leads to lower levels of user orientation, and table 4 confirms this expectation. User orientation is higher for health, and this corresponds with the professional norms of health professionals (codified in the medical codex based on the Hippocratic Oath (Von Staden, 1996) and similar oaths for nurses (e.g. Lingås 2005). These norms emphasize that health care skills should be used to benefit both society and the individual users of health services (poor as well as rich). We also think that user orientation is less against the norms of health

professionals, because they normally treat the patients separately, whereas teachers must attend to the collective (the class) and ultimately society (the ultimate user of education). For administration, being oriented toward the user can be a direct problem for regulation, where the administrator must ensure that the user does not harm others in society (e.g. environmental regulation). In other words, our interpretation is that user orientation has been replaced by professional norms to a varying degree for the different occupations.

Table 4. OLS regressions of user orientation.

	All respondents		Only investigated occupations		
	Model 16	Model 17	Model 18	Model 19	Model 20
(Intercept)	65.669*** (48.929)	70.094*** (27.466)	76.382*** (23.86)	78.449*** (23.041)	81.593*** (22.836)
Age (years)	0.241*** (8.254)	0.138** (2.663)	0.131** (2.525)	0.125* (2.416)	0.131* (2.55)
Gender (1=woman)	2.089*** (3.540)	2.38* (2.066)	1.221 (1.016)	0.677 (0.554)	0.894 (0.733)
Professionalism (1-5)			-1.857*** (-3.225)	-2.338*** (-3.853)	-2.331*** (-3.857)
Service area ^a					
Health				2.141 (1.508)	2.154 (1.522)
Administration				-1.514 (-1.216)	-3.659* (-2.511)
Sector (1=public)					-3.95** (-2.802)
N	3233	930	930	930	930
Adj. R-square	0.024	0.009	0.019	0.024	0.031
F-value for full model	40.215***	5.431**	7.125***	5.583***	5.995***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

We had no expectation to the association between professionalism and attraction to policy making, because countervailing forces could theoretically mean positive and negative effects, respectively. Table 5 shows that the association is positive. We suppose that this is due to the mentioned association between education and political participation/efficacy, but it is hard to confirm this. Still, although we do not know the mechanism behind the association, we know now that professionalized workers are more attracted to policy making. This association is strongest for administration (interactions shown in appendix 3), and the level of attraction to policy making is also highest for this area.

Table 5: Attraction to policy making

	All respondents		Only 'service area'-relevant respondents		
	Model 11	Model 12	Model 13	Model 14	Model 15
(Intercept)	52.791*** (33.909)	54.34*** (17.808)	47.089*** (12.231)	43.000*** (10.521)	46.677*** (9.879)
Age (years)	-0.194*** (-5.719)	-0.18** (-2.899)	-0.17** (-2.745)	-0.157* (-2.531)	-0.157* (-2.537)
Gender (1=woman)	-2.318*** (-3.376)	-5.874*** (-4.267)	-4.533** (-3.151)	-3.799** (-2.607)	-3.818** (-2.615)
Professionalism (1-5)			2.112** (3.065)	2.912*** (4.022)	2.913*** (4.021)
Service area ^a					
Health				2.573 (1.497)	-2.575 (-1.498)
Administration				-3.28* (-2.207)	3.491* (2.003)
Sector (1=public)					0.392 (0.232)
N	3237	928	928	928	928
Adj. R-square	0.013	0.025	0.034	0.044	0.043
F-value for full model	22.145***	12.826***	11.76***	9.498***	7.916***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Conclusion

This paper investigated how professionalism and PSM are related. Based on theoretical arguments, we assumed that socialization dominates over attraction, selection and attrition, and we accordingly treated PSM as the dependent variable. Studying 9 different occupations (951 individuals) we found that professionalism negatively affects user orientation and compassion and positively affects attraction to policy making. There seems to be no association between professionalism and commitment to the public interest, when service area and sector (private/public) are controlled for. Additionally, we found substantial differences between health care, education and administration both in terms of the level of PSM and in terms of the effects of professionalism.

While the major strength of the study is our ability to control for sector and service area, the major weakness is that the data is cross-sectional. We hope that future research will investigate the relationship between professionalism using panel data, because this would shed more light on the causal direction between professionalism and PSM. Concerning generalizability, our assessment is that our conclusion applies to most European countries, although the webpanel is

not strictly representative even for Danish employees. None of the two professionalism measures are perfect, but as they have opposite weaknesses and strengths and still show the same, this is not considered a serious limitation.

Despite the mentioned limitations, the study strongly suggests that professionalism affects the different PSM dimensions differently. This supports the claim that PSM is a first order reflective and second order formative construct and that we (in each study) should carefully consider whether it is most meaningful to treat the dimensions separately or in an additive index. The results also indicate that a conditional theory concerning professionalism and public service motivation is necessary. Although we have found some general trends, the results still indicate that we can get a better understanding of PSM among professionals if we look at their professional norms and institutional contexts more closely. This is in line with the institutional approaches both within the sociology of professions and within the PSM literature.

Appendix 1: Factor analyses

Table A1: Principal component analysis of all items (pattern matrix)

	Component			
	1	2	3	4
I associate politics with something positive	0.290	0.739	0.078	-0.008
The give and take of public policy making doesn't appeal to me (R)	0.162	0.680	0.051	-0.064
I do not care much about politicians (R)	0.001	0.848	0.009	0.112
I contribute to my community	0.658	-0.090	0.114	0.130
Meaningful public service is very important to me	0.619	0.159	-0.054	-0.257
I would prefer seeing public officials do what is best for the whole community even if it harmed my interests	0.759	0.002	-0.120	-0.016
I consider public service my civic duty	0.766	-0.068	-0.012	-0.121
It is difficult for me to contain my feelings when I see people in distress.	0.099	0.059	0.126	-0.674
To me, considering the welfare of others is one of the most important values	0.177	0.037	0.101	-0.719
I have little compassion for people in need who are unwilling to take the first step to help themselves (R)	0.154	0.121	0.133	-0.681
I am often reminded by daily events about how dependent we are on one another	0.245	0.078	0.174	-0.681
The individual user is more important than formal rules	-0.187	-0.007	0.631	-0.141
It gives me energy to know that I helped the user/patient	0.216	-0.043	0.695	0.026
If the user/patient is satisfied, the job is done	-0.036	0.040	0.818	0.085

R: Reversed. Extraction Method: Principal Component Analysis. Rotation Method: Oblimin with Kaiser Normalization. All respondents (not only selected occupations) are included in the analysis).

Appendix 2: Regressions with the alternative measures of professionalism

Public Interest (professionalism measure based on education and prestige)

	All respondents	Only 'service area'-relevant respondents			
	Model 1	Model 2	Model 3	Model 4	Model 5
(Intercept)	68.774*** (57.109)	75.644*** (32.832)	74.098*** (29.064)	78.104*** (29.871)	73.655*** (26.547)
Age (years)	0.189*** (7.171)	0.099* (2.123)	0.104* (2.209)	0.094* (2.032)	0.085 (1.86)
Gender (1=woman)	2.051*** (3.857)	-0.26 (-0.249)	0.186 (0.171)	0.329 (0.302)	-0.017 (-0.016)
Professionalism (0-100)			0.029 (1.413)	0.013 (0.624)	0.012 (0.559)
Service area ^a : Health				-2.867* (-2.253)	-2.873* (-2.28)
Administration				-6.047*** (-5.513)	-2.991* (-2.329)
Sector (1=public)					5.616*** (4.458)
N	3274	944	944	944	944
Adj. R-square	0.019	0.003	0.004	0.033	0.052
F-value for full model	33.051***	2.32	2.214	7.455***	9.65***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Compassion (professionalism measure based on education and prestige)

	All respondents	Only 'service area'-relevant respondents			
	Model 6	Model 7	Model 8	Model 9	Model 10
(Intercept)	49.995*** (41.194)	57.2*** (24.101)	57.84*** (21.948)	63.764*** (24.077)	61.266*** (21.636)
Age (years)	0.266*** (10.027)	0.195*** (4.037)	0.193*** (3.987)	0.178*** (3.814)	0.174*** (3.723)
Gender (1=woman)	8.094*** (15.103)	5.875*** (5.456)	5.693*** (5.058)	5.536*** (5.022)	5.346*** (4.85)
Professionalism (0-100)			-0.012 (-0.559)	-0.042* (-1.991)	-0.043* (-2.037)
Service area ^a : Health				-2.042 (-1.584)	-2.047 (-1.592)
Administration				-8.974*** (-8.09)	-7.276*** (-5.573)
Sector (1=public)					3.135* (2.448)
N	3304	951	951	951	951
Adj. R-square	0.09	0.042	0.042	0.106	0.111
F-value for full model	163.697***	21.948***	14.726***	23.554***	20.731***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

APM (professionalism measure based on education and prestige)

	All respondents	Only 'service area'-relevant respondents			
	Model 11	Model 12	Model 13	Model 14	Model 15
(Intercept)	52.791*** (33.909)	54.340*** (17.808)	50.258*** (14.92)	48.394*** (13.818)	48.168*** (12.810)
Age (years)	-0.194*** (-5.719)	0.18** (2.899)	0.17** (2.735)	0.16** (2.577)	0.16** (2.58)
Gender (1=woman)	-2.318*** (-3.376)	5.874*** (4.267)	4.672*** (3.252)	4.237** (2.921)	4.253** (2.924)
Professionalism (0-100)			-0.077** (-2.813)	-0.093*** (-3.324)	-0.093*** (-3.32)
Service area ^a : Health				2.165 (1.262)	2.166 (1.262)
Administration				-2.579 (-1.76)	-2.731 (-1.584)
Sector (1=public)					-0.283 (-0.167)
N	3237	928	928	928	928
Adj. R-square	0.013	0.025	0.032	0.039	0.038
F-value for full model	22.145***	12.826***	11.252***	8.44***	7.03***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

User orientation (professionalism measure based on education and prestige)

	All respondents	Only 'service area'-relevant respondents			
	Model 16	Model 17	Model 18	Model 19	Model 20
(Intercept)	65.669*** (48.929)	70.094*** (27.466)	73.101*** (26.043)	73.716*** (25.177)	76.758*** (24.595)
Age (years)	0.241*** (8.254)	0.138** (2.663)	0.131* (2.534)	0.128* (2.468)	0.135** (2.602)
Gender (1=woman)	2.089*** (3.540)	2.38* (2.066)	1.479 (1.23)	1.152 (0.945)	1.383 (1.136)
Professionalism (0-100)			-0.058* (-2.537)	-0.066** (-2.839)	-0.065** (-2.79)
Service area ^a : Health				1.76 (1.241)	1.769 (1.252)
Administration				-0.908 (-0.738)	-3.012* (-2.085)
Sector (1=public)					-3.886** (-2.746)
N	3233	930	930	930	930
Adj. R-square	0.024	0.009	0.015	0.017	0.024
F-value for full model	40.215***	5.431**	5.788***	4.207***	4.787***

^aReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Appendix 3: Interaction models

Interaction models with professionalism measure based on education and prestige				
	Public Interest	Compassion	Attraction to Policy Making	User Orientation
	Model 1	Model 2	Model 3	Model 4
(Intercept)	75.237***	61.083***	48.609***	81.057***
	-24.144	-19.21	-11.562	-23.099
Age (years)	0.094*	0.177***	-0.138*	0.132*
	-2.023	-3.752	(-2.211)	-2.531
Gender (1=woman)	0.082	5.42***	-3.847**	1.106
	-0.075	-4.881	(-2.635)	-0.907
Professionalism*Health area (1-100)	0.018	-0.049	0.07*	-0.017
	-0.698	(-1.894)	-2.029	(-0.587)
Professionalism*Education area (1-100)	-0.041	-0.044	0.047	-0.166***
	(-0.923)	(-0.967)	-0.786	(-3.215)
Professionalism*Administration area (1-100)	0.055	-0.017	0.242***	-0.143**
	-1.116	(-0.334)	-3.707	(-2.622)
Service area ^b	0			
Health	-5.171*	-1.848	-3.116	-4.002
	(-2.21)	(-0.773)	(-0.983)	(-1.508)
Administration	-6.34*	-8.099**	-3.62	-4.546
	(-2.457)	(-3.074)	(-1.044)	(-1.547)
Sector (1=public)	5.637***	3.166*	0.421	-4.026**
	-4.471	-2.467	-0.249	(-2.853)
N	944	951	928	930
Adj. R-square	0.06	0.107	0.051	0.04
F-value for full model	7.526***	15.564***	6.112***	4.761***

^aOverall PSM is a formative index based on Public Interest, Compassion and Attraction to Policy Making.

^bReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Interaction models with professionalism measure based on qualitative coding

	Public Interest	Compassion	Attraction to Policy Making	User Orientation
	Model 1	Model 2	Model 3	Model 4
(Intercept)	75.375*** (19.853)	62.766*** (16.216)	44.96*** (8.783)	87.139*** (20.445)
Age (years)	0.093* (2.014)	0.179*** (3.796)	-0.142* (-2.273)	0.137** (2.629)
Gender (1=woman)	0.129 (0.118)	5.347*** (4.806)	-3.675* (-2.513)	0.975 (0.8)
Professionalism*Health area (1-5)	0.606 (0.719)	-1.684 (-1.954)	2.344* (2.047)	-0.507 (-0.542)
Professionalism*Education area (1-5)	-0.582 (-0.622)	-1.16 (-1.211)	1.863 (1.48)	-4.263*** (-3.974)
Professionalism*Administration area (1-5)	1.053 (1.124)	-0.327 (-0.343)	4.643*** (3.729)	-2.748** (-2.643)
Service area ^b				
Health	-6.482 (-1.635)	-0.294 (-0.073)	-3.933 (-0.732)	-9.167* (-2.061)
Administration	-7.366* (-1.964)	-9.535* (-2.488)	-3.801 (-0.754)	-8.414* (-1.982)
Sector (1=public)	5.615*** (4.45)	3.149* (2.454)	0.454 (0.268)	-4.152** (-2.95)
N	944	951	928	930
Adj. R-square	0.052	0.11	0.044	0.037
F-value for full model	7.467***	15.666***	6.316***	5.455***

^aOverall PSM is a formative index based on Public Interest, Compassion and Attraction to Policy Making. ^bReference category to 'service area' is teaching. *0.05≥p>0.01; **0.01≥p>0.001; ***0.001≥p. NOTE: t-values in ()

Appendix 4: Sources used to code professionalism

Occupation	
Researchers	Ministerial order on PhD Programme at the Universities, order no. 18 14. January 2008 (www.au.dk/da/regler/2008/bek18.pdf). 3 telephone interviews with representatives for professional organizations
High school teachers	Vestergaard & Løsmar (2009). Thesis investigating professionalism of high school teachers.
School teachers	12 interviews with teachers, 6 with school principal, analysis of formal education (Andersen, 2005)
Pre-school teachers	6 interviews with pre-teachers
Physicians	20 interviews with orthopaedic surgeons (Andersen and Jakobsen, 2008), 6 interviews with general practitioners (Andersen and Serritzlew, 2006)
Health assistants and nurses	Kjeldsen, Anne Mette (2009)
Administrators	6 interviews with administrators (Andersen, 2000). For university educated: Analysis of academic regulation of law, economy and political science studies (studieordninger). For not university educated: Web pages for the general office education ('den generelle kontoruddannelse).

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