

Does Ownership Matter? Public Service Motivation among Physiotherapists in the Private and Public Sectors in Denmark

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Abstract: Is public service motivation higher in the public sector than in the private sector? Or does the level of public service motivation depend on the task or function rather than on the sector in which the employee works? This is the central question addressed in this article. It is often difficult to investigate sector differences, as employees in the private and public sectors perform different tasks and functions. Here, we investigate the differences in the PSM levels for a single occupational group performing the same tasks in the private and public sectors: Danish physiotherapists. The paper also aims to investigate whether public and private sector employment is related to different types of PSM. The most important findings in the study are that there is no difference in the general level of PSM between employees performing the same tasks in public and private organizations, but while private sector physiotherapists seem to be more narrowly oriented towards the user, physiotherapists in the public sector have a broader orientation towards the public interest.

Keywords: Public service motivation; difference in PSM between private and public employees; public service motivation dimensions.

Introduction

Is public service motivation (PSM) a matter of *what you do* or *where you do it*? This is a central question in the PSM literature (Perry & Hondeghem, 2008a, p. 3). Specifically, the question is whether PSM is higher in the public sector than in the private sector *per se*, or whether the level of PSM depends on the task or function rather than the sector in which the task or function is performed.

PSM is traditionally considered to be higher in the public sector than in the private sector, not only because of the better opportunities to serve the public good in the public sector, but also because the public sector attracts more people with high PSM in the first place. PSM is identified in private organizations as well (Perry & Hondeghem, 2008a, p. 3). Brewer and Selden (1998) argue that PSM is an interest in serving the public that cuts across the public and private sectors and that PSM is especially high in private voluntary organizations. Steinhaus and Perry (1996) also find that industry (*what you do*) is a better explanation of variation in PSM than the sector of employment (*where you do it*). The problem of settling the relative importance of *what you do* in comparison with the impact of *where you do it* is that many studies often compare public and private employees performing different tasks and functions. As there is reason to believe that PSM also depends on job tasks and functions, the reported PSM variation may be due to these differences rather than employment in the public or private sectors *per se*.

This article considers these concerns and investigates sector differences in the PSM levels for a single occupational group performing the same tasks in the private

and public sectors. Specifically, we compare the PSM levels among Danish physiotherapists employed in the private and public sectors. It is essentially a conservative test of whether employment in the public and private sectors is associated with differences in PSM. Physiotherapists are professionally trained and licensed, and – at least in Denmark – they perform the same tasks for the same types of patients regardless of whether they are employed in the private and public sectors. Moreover, Danish private-sector physiotherapists are private “in name alone,” i.e. in terms of ownership. The public regulation of private physiotherapists is intense, and the primary income of private physiotherapists stems from public funds, because patient treatment in the private sector is heavily subsidized. In this case, therefore, we can thus isolate the effect of the ownership of the organization.

More importantly, even if the overall PSM levels turn out to be similar, the PSM found in the private and public sectors may not be of the same type. The primary aim of the paper is to investigate whether public and private sector employment is related to different types of PSM – when taking care of the same tasks. In this endeavor, we build on Perry’s original dimensioning of PSM (1996), and the more recent discussion of the target of PSM. Brewer, Selden and Facer (2000) documented four distinct conceptions of PSM that differed according to the specificity of their targets when performing public services from one-to-one interactions to local, national and global concerns. In a similar vein, Vandenabeele (2008a, p. 147) includes customer orientation in order to account for the level of service delivery. Further along these lines, we investigate whether privately and publicly employed physiotherapists differ

in terms of a more or less generalized – or more or less personalized – wish to help others. This is expected to vary with the task, as indicated by Vandenaabeele (2008a), but we are able to take advantage of the fact that the units of analysis in this study (physiotherapists) to a very high extent perform the same functions and deliver the same services both in the public and private sectors.

The paper is organized as follows: We start with a discussion of the PSM concept and its dimensions. Second, we present our case and expectations regarding privately and publicly employed physiotherapists. Third, we present the data and analyze the relationship between sector employment and PSM. Finally, we relate our results to the existing research and discuss the possible generalization of the findings.

The “public service motivation” concept

Although there are different definitions of PSM in the literature, PSM is generally associated with an interest in serving the public good (Perry & Hondeghem, 2008a, p. 3). In the development of the concept, it was initially assumed that public servants had a distinct public service ethos. PSM was defined as “an individual’s predisposition to respond to motives grounded primarily or uniquely in public institutions and organizations” (Perry & Wise, 1990, p. 368). In their later work, Perry and Vandenaabeele downplay the organizational affiliation of PSM (2008, p. 59). They argue that the idea of community or some form of collective interest is inherent in the notion of “public.”

Similarly, Vandenabeele sees PSM as “the beliefs, values and attitudes that go beyond self-interest and organizational interest, that concern the interest of a larger political entity and that motivate individuals to act accordingly whenever appropriate” (2007, p. 549). This definition is akin to that of Rainey and Steinbauer (1999, p. 23), who define PSM as a general, altruistic motivation to serve the interests of a community of people, a state, a nation or humankind. This definition does not preclude the existence of PSM outside the public sector. Similarly, Brewer and Selden (1998, p. 417) referred to PSM as “the motivational force that induces individuals to perform meaningful ... public, community, and social service.” In sum, the definition of PSM has increasingly emphasized “doing something good for others” rather than linking PSM to the formal organizational affiliation.

The wish to do something good for others is associated with different types of motives. Perry and Wise (1990) suggest that PSM derives from three types of motives: normative, affective, and rational. Normative-based motives represent a sense of duty and loyalty towards government and community. Affective motives are a commitment to a program due to “a genuine conviction about its social importance,” while rational motives relate to the satisfaction in changing things (for the better) in the policy process.

Perry (1996) uses these three types of human motives (normative, affective, and rational) to identify four distinct dimensions of public service motivation: attraction to public policy making, public interest, compassion and self-sacrifice. Self-sacrifice, however, is highly correlated with public interest (Perry 1996, p. 19), and a three-

factor solution coincides with the three mentioned types of motives that serve as the theoretical underpinnings of the scale (Perry, 1996, p. 20). Affective motivation can be seen as linked to compassion, normative commitment to the public interest, and rational motivation to public policy making (Wright, 2008, p. 82). For these reasons and because they found that a three-dimensional solution was statistically acceptable, Coursey and Pandey (2007) omitted self-sacrifice in their measure of PSM. We do the same in order to increase parsimony. Perry himself (1996, p. 20) wrote that there is relatively little difference between the three- and four-dimensional models, and the strong positive correlation with public interest (Perry, 1996) indicates that including self-sacrifice would not alter the findings.

Another strand in the PSM literature is striving to improve our understanding of the dimensions (Vandenabeele, 2008a; Kim & Vandenabeele, forthcoming). One of the discussions concerns the target of altruistic motivation: Is it a “generalized other” or “specific other” person? The traditional PSM dimensions (attraction to public policy making, public interest, compassion and self-sacrifice) do not include measures of altruistic motivation oriented towards the “specific other.” Brewer, Selden and Facer (2000) do, however, document four distinct conceptions of PSM that differ according to the specificity of their targets when performing public services.

“Samaritans” are focused on helping others in one-to-one interactions; “communitarians” intend to serve their neighbors and local communities; “patriots” want to serve country or nation; and “humanitarians” are focused more broadly on humankind and other global concerns. The motivation of the three latter-mentioned

ideal types are, at least to some extent, captured by the classical PSM construct, but we find that it could fruitfully be supplemented with a dimension measuring the motivation to help others in one-on-one interactions.

Vandenabeele (2008a, p. 145) began the effort to do this by introducing a dimension referred to as customer orientation into the PSM construct. This targets the motivation to help specific others (customers). In the business management literature, customer orientation has long been a central element in the market orientation model (Walker et al., forthcoming). A customer-oriented organization seeks to understand the needs, both expressed and latent, of its customers in order to more effectively respond to those needs (Slater & Narver, 1999). Placing a high priority on customer interests, generating and using information about customers, and creating systems to act on such information have been seen as central characteristics of a customer-oriented organization (Day, 1994). In this literature, “customer orientation” is mainly seen as existing at the organizational level, but Paarlberg (2007) suggests that customer orientation may also enhance the motivation of individual employees. The argument is essentially the same as in the public service motivation literature. Individuals are seen as “‘other regarding’ - strongly motivated by meaningful work that provides opportunities to make a significant difference in the lives of others” (Paarlberg, 2007, p. 204). The key is that customer-oriented employees know that they are responsible for improving the conditions for the customers (Paarlberg, 2007, p. 204). For publicly financed services, however, the term “customers” is often neither meaningful nor precise. In daycare institutions, for example, the children are the direct

users, but the customers are the parents (or maybe even society, which in some countries subsidizes more than two-thirds of the costs). Consequently, we use the term “user orientation” to refer to the motivation to deliver public services in order to do good for the direct user of the service.

Including user orientation in the PSM construct is especially relevant for welfare services delivered to individuals, because user orientation is expected to flourish in contexts characterized by a sense of relatedness (Deci & Ryan, 2000, p. 235). Thus, relatedness to the specific user may nurture a higher level of public service motivation. This finds some empirical support. Grant (2008) thus shows that the motivation of public employees is enhanced when connected to its pro-social impact.

In sum, there are both theoretical and empirical arguments for including a dimension measuring the motivation to help “the specific other” in addition to Coursey and Pandey’s (2007) three dimensions. The four investigated dimensions are thus: commitment to the public interest, compassion, attraction to policy making, and user orientation.

The case of private and public physiotherapists

Physiotherapy in Denmark is a suitable case for analyzing the relationship between PSM and sector affiliation for three reasons. The physiotherapists working in the private and public sectors perform almost identical tasks, belong to the same occupation, and the differences between them primarily relate to the ownership of the organization (as opposed to financing or regulation). Below, we discuss in detail how

this case allows for the rigorous testing of the relationship between ownership sector and PSM.

First, physiotherapists in the private and public sectors both deliver physiotherapy to ordinary and disabled persons, and physical rehabilitation is also provided after operations in both private and public organizations. Thus, the tasks performed are very similar. This is an important advantage, given that for example, Steinhaus and Perry (1996) found that industry (what you do) is a better explanation of PSM variation than the sector of employment (where you do it). In order to investigate whether the sector of employment matters for public service motivation, therefore, we must compare employees performing the same tasks.

Second, both groups belong to the same occupation. Becoming a licensed physiotherapist requires 3½ years of theoretical and practical training, and the education is increasingly based on research. Furthermore, the physiotherapy occupation is characterized by professional norms, though they are not as firm as in the most advanced professions.

Third, the comparison allows us to very specifically examine *ownership* in relation to PSM, given that Danish private physiotherapists are only private in terms of working in privately owned organizations. This means that the organizations can go bankrupt and that the owner is the residual claimant. Still, the main income of private physiotherapists stems from public funds, as patient treatment in the private sector is heavily subsidized. The treatment of disabled patients is 100 percent publicly reimbursed, and ordinary patients (e.g. patients with tension headaches) receive a 40

percent refund from universal public health insurance. Public funding provides a total of two-thirds of the revenue for private physiotherapy. In addition to this significant public funding, privately provided physiotherapy is intensely regulated by agreements between the Association of Danish Physiotherapists and the relevant public authorities (Regionernes lønnings- og takstnævn & Danske Fysioterapeuter 2008a + b), legislation (e.g. law announcements no. 95 of 7 February 2008 and no. 1350 of 17 December 2008) and guidelines (e.g. National Board of Health, 2004). Obtaining public subsidy for such treatment requires a referral from a physician. Patients can choose from between private physiotherapists, but the public authority (regions and municipalities) limits the number of private physiotherapists entitled to providing publicly subsidized services. Moreover, the service fees and extent of the user payments are fixed in the agreement between the Association of Danish Physiotherapists and the authorities.

In sum, Danish private physiotherapists are not very private, neither judicially or financially. Combined with the similarity of task and profession, this makes the comparison between public and private physiotherapists a conservative test of ownership differences in terms of PSM levels and types.

Differences in the *type* of PSM may still be important, however, even for employees where the sector difference only concerns the ownership of the organization. Publicly employed physiotherapists are expected to be motivated to serve both the general public and the individual user, whereas private physiotherapists may be more exclusively focused on the individual user. Thus, we expect a difference

between those who are publicly and privately employed on the traditional PSM dimension “commitment to the public interest” and the new “user orientation” dimension.

In addition to sector and PSM, we include age and gender in the analyses, given that they are the most relevant control variables. Age is expected to be positively correlated with PSM, and women are expected to have higher levels of compassion than men (Pandey & Stazyk, 2008). This necessitates controlling statistically for both, given that the gender and age composition vary for publicly and privately employed physiotherapists. Before testing the expectations, the next section describes the data.

Data

The analysis is based on a web-based survey involving 4168 valid respondents, which is two-thirds of all Danish physiotherapists with e-mail addresses (at least 75 % of the physiotherapists have an e-mail address). We carried out a pilot survey with 100 respondents to test the questionnaire, and the respondents received two electronic reminders. The respondents could also request a paper version of the questionnaire. The survey was conducted in February-March 2009.

Apart from the new user-orientation dimension (concerning the specific other), the measurement of PSM is based on a shortened version of Perry’s (1996) scale. We translated and tested the abbreviated scale tested by Coursey and Pandey (2007). Some of the items were difficult to translate to the Danish context, but we succeeded in obtaining consistent indexes with at least three items per dimension, which

according to principal component analyses (see Appendix A) are one-dimensional. Table 1 below presents the items used (the Danish phrasing in parentheses).

Some of the items require some explanation. First, we had to change PSM8 slightly, because “patriotism” has somewhat negative associations for many Danes, being linked to the nationalist Danish People’s Party. The new wording then became: “For me, considering the welfare of others is one of the most important values.” Second, we were inspired by Vandenberghe (2008a) to ask the new questions A and C, but we changed the wording to “user/patient” instead of “customers;” Danish physiotherapists, even in the private sector, do not refer to their patients as customers. If used in a more general context, the question could be formulated “users/customers/citizens.” Third, we included an additional item to measure user-orientation (new B) and a positively worded item concerning “attraction to policy making” (new D).

[TABLE 1 HERE]

Based on these items, we produced six indexes, all ranging theoretically from 0 to 100: One for each dimension (4), a general formative index of all four dimensions, and a more traditional conceptualization of PSM containing the three traditional dimensions. Only the respondents answering all items for a given measure are included in the analysis of this measure. Some of the dimensions are associated (as shown in Table 2 below), but we find that the general PSM measures should be seen

as formative indexes, summarizing different types of PSM. The dimensions have equal weight in the formative indexes.

[Table 2 here]

Appendix B presents some descriptive statistics for the variables used in the analyses. As Table B1 in Appendix B shows, the four dimensions and the two additive indexes of total PSM theoretically vary from 0 (minimum PSM) to 100 (maximum PSM), and the dimensions all have observations scoring both minimum and maximum. As no respondents have a minimum PSM for all of the dimensions, the observed minimums for the additive indexes are 19.3 and 19.4, respectively. The mean scores of the dimensions show that physiotherapists (as expected) have high levels of PSM (mean scores between 77.2 and 80.1), except for the attraction to the policy dimension (mean score 41.9).

Results

Our expectations are tested in this section. First, we investigate whether the general level of PSM (including and excluding the user-orientation dimension) differs between publicly and privately employed physiotherapists. Second, we investigate the relationship between sector and the four PSM dimensions for the same group of respondents.

Table 3 contains a series of OLS regressions in which the level/dimension of PSM is the dependent variable. The first question is whether the level of general PSM differs between physiotherapists working in the public and private sectors. According

to models 3-5 and 3-6 in Table 3, there is no systematic difference between the two groups.

The second question thus becomes whether the PSM dimensions differ between the private and public sectors. As already mentioned, we expect physiotherapists working in the public sector to have a higher level of “commitment to the public interest” and a lower level of “user orientation” than those in the public sector. This is tested in models 3-1 and 3-2. The unstandardized regression coefficient for sector affiliation is negative (and statistically significant) for user orientation, meaning that public employment and user orientation are negatively associated. The opposite is the case for the commitment to the public interest, though the sector difference is somewhat limited for both dimensions. On average, public physiotherapists have a 1.77 point higher score on the commitment to the public interest than privately employed physiotherapists have on this scale, which ranges from 0 to 100 (the standard deviation is 14.5). Correspondingly, private physiotherapists score on average 1.28 points higher in user orientation on a similar 0 to 100 scale (where the standard deviation is 13.7). Finally, the level of compassion is significantly higher among publicly employed physiotherapists, while the level of attraction to policy making is lower, though the latter is not statistically significant. In sum, the PSM dimensions actually differ between the sectors in the expected manner, and the level of compassion PSM is higher among publicly employed physiotherapists.

[TABLE 3 HERE]

The strongest impact of the control variables is the tendency for women to be motivated more by compassion and men to be motivated more by an attraction to policy making. Commitment to the public interest and compassion are positively associated with age, while attraction to public policy making is negatively associated with age. We tested all of the models with age squared, but doing so did not change the associations between ownership and PSM. For this reason, we only present the more parsimonious models.

In sum, the analysis highlights two major results. First, the general level of PSM does not differ between private and public physiotherapists. Second, the type of PSM differs, as privately employed physiotherapists have a higher orientation towards the user, but lower commitment to the public interest and compassion as compared to publicly employed physiotherapists.

Discussion

The most important finding of the paper is that private physiotherapists appear to be more motivated to do good for the individual users, while publicly employed physiotherapists have higher levels of motivation linked to the general public interest and higher levels of compassion. This indicates that the target of the altruistic behavior may vary according to the sector of employment.

The other finding – that there is no difference in the general level of PSM between privately and publicly employed physiotherapists – does not totally square with the existing research. The findings could be peculiar to the Danish national

setting and the role of physiotherapists in that particular context, but the fact that this context is one of the few cases allowing an isolated test of the relationship between ownership sector and PSM still makes it highly relevant to discuss this finding in relation to other studies. Some of the difference seems to be due to differences in research methodology rather than substantial differences. For example, Crewson (1997) reports that public employees place greater value on helping others and being useful to society than private sector employees do. The results are based on questionnaires to engineers in the public and private sectors, and this study cannot preclude that the variation is due to differences in tasks and job content rather than employment sector, as engineers in the public and private sectors may perform very different tasks.

Similarly, Frank and Lewis (2004) show that public sector employees place greater value on being helpful to others and useful to society than do private sector employees. But the motivational effect of having an interesting job that is of benefit to others appears to be the same in both sectors. The study is based on reports of work attributes rather than measures of PSM. Also in this case, variations in job content and occupation may cause the reported differences, rather than the sector of employment. Steijn (2008) shows that Dutch civil servants have a higher level of PSM than do employees in the private sector. The result is robust in terms of the statistical control for age, gender and education. However, even though the conclusion is clear, the measurement is based on a single item: “How important for you is the factor ‘doing work that is useful for society’ in choosing an employer?” (Steijn, 2008: 18).

Other studies focus on behavioral variations between public and private sector employees. Houston (2006) finds that public sector employees are more likely to donate blood and volunteer for charity. This is seen as a behavioral expression of high levels of PSM and indicates that public sector employees “don’t just talk the talk, but also walk the walk.” Brewer (2003) finds that public employment is an important predictor of civic participation. These results are interesting, as they point out the possible behavioral implications of PSM. Notwithstanding the merits of these studies, it is also difficult in these cases to assess whether the reported differences are due to the specific work tasks in the public sector, or if it is genuinely a matter of the ownership of the organizations in which the employees work.

Despite the very limited difference between sectors in the physiotherapists’ relationship to the government (isolating the difference to the actual ownership of the organization), we still find statistically significant differences in the *type* of PSM. Although organizational ownership is not associated with the overall PSM levels for Danish physiotherapists, the relationship between ownership and type of PSM indicates that considering the PSM dimensions is analytically promising.

These results are not necessarily irreconcilable with the existing research. Even if previous studies largely find that PSM is higher in the public sector than in the private sector, this may be due to the fact that variations in occupation and job content are not fully taken into account; and perhaps more importantly, most of these studies do not take the level of employee professionalization into account. They also typically use a broader conceptualization of “private versus public” than mere

ownership, and this study demonstrates the importance of specifying exactly what is meant by “sector.”

Conclusion

The most important finding in this study is that there are sector differences in the PSM dimensions, while there is no difference in the general level of PSM between Danish physiotherapists in the public and private sector when occupation and job content are taken into account. These findings may initially appear to be in contrast with the main part of the PSM literature, where the vast majority of the studies indicate that PSM is higher for public employees than for employees in the private sector. However, the empirical foundation of the previous findings is very diverse, the quality of data and measures employed varies greatly, and they do not isolate the ownership dimension of the difference between private and public.

One of our main findings is negative: that there is no difference in the level of PSM between the public and private employees when the tasks performed are taken into account. Another finding is positive: the type of PSM differs for the public and private sector employees, respectively. Private sector physiotherapists seem to be more narrowly oriented towards the user, whereas physiotherapists in the public sector have a broader, more complex orientation towards public interest and compassion.

In terms of generalizability, the findings could be unique to the Danish setting and the role of the physiotherapist in that context; however, we believe they have a broader relevance. They will hopefully be followed by other studies which are also

able to control the association between ownership sector and PSM for differences in task and occupation. Until then, the findings should not be over-extended beyond Denmark and the physiotherapist profession. We have held the level of professionalism constant, and the findings are, thus, primarily likely to apply to occupations which are similar in that sense to the physiotherapists. Acquiring a firmer grip on public-private differences in PSM obviously requires studies that include different occupations. Such studies would also provide us with a more comprehensive knowledge of the impact of the private-public difference if we also study occupations with stronger de facto and de jure differences between the private and public sectors.

Still, the most important contribution of the present study is that the employment sector primarily matters for the type, not the level, of public service motivation when the sector difference is narrowed down to the ownership of the organization. This indicates that the development in the literature from a sector focus to a service focus is fruitful. If other studies can confirm that the findings can be generalized beyond the investigated context, this would suggest that the political decision-makers should keep service provision in the public sector if they want to give priority to the public interest in the broader sense, whereas they should consider private sector providers if they prefer a narrower focus on the users of the services.

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Table 1: Public Service Motivation (PSM) Items by Dimensions

Attraction to Policy Making	
PSM 27	The give and take of public policy making doesn't appeal to me (I) (Jeg bryder mig ikke om politiske studehandler)
PSM 31	I do not care much for politicians (I) (Jeg har ikke særligt høje tanker om politikere)
New D	I generally associate politics with something positive (Jeg forbinder generelt politik med noget positivt)
Commitment to the public interest/civic duty	
PSM 23	I unselfishly contribute to my community (Jeg føler at jeg bidrager til samfundet)
PSM 30	Meaningful public service is very important to me (Det er meget vigtigt for mig at de offentlige ydelser er i orden)
PSM 34	I would prefer seeing public officials do what is best for the whole community even if it harmed my interests (Jeg så helst at offentligt ansatte gjorde det, der er bedst for hele samfundet, selvom det skulle gå ud over mine egne interesser)
PSM 39	I consider public service my civic duty. (Det er min borgerpligt at gøre noget der tjener samfundets bedste.)
Compassion	
PSM 8	To me patriotism includes seeing to the welfare of others [reformulated to: For me, considering the welfare of others is one of the most important values]. (For mig er hensyntagen til andres velfærd en af de vigtigste værdier.)
PSM 4	It is difficult for me to contain my feelings when I see people in distress. (Jeg bliver følelsesmæssigt berørt, når jeg ser mennesker i nød.)
PSM 13	I am often reminded by daily events about how dependent we are on one another (Daglige begivenheder minder mig ofte om, hvor afhængige vi er af hinanden.)
User orientation	
New A (VW VAR52)	The individual user is more important than formal rules. (Hensynet til den enkelte er vigtigere end hensynet til formelle regler.)
New B	It gives me energy to know that I helped the user/patient. (Det giver mig energi at vide at jeg har gjort det godt for brugeren/patienten.)
New C (VW VAR26)	If the user/patient is satisfied, the job is done. (Hvis brugeren/patienten er tilfreds – så er opgaven løst.)

Table 2. Associations between PSM dimensions. Pearson Correlations

	Compassion	Commitment to the public interest	Attraction to policy making
User orientation	0.262**	0.130**	-0.083**
Compassion		0.384**	-0.025
Commitment to the public interest			0.034

Table 3: OLS regressions of different PSM measures and dichotomized ownership. Certified physiotherapists working actively with physiotherapy. 2009

	Dimensions of PSM				General PSM	
	Commitment to the public interest	User orientation	Compassion	Attraction to policy making	PSM traditional	PSM incl. user orientation
	Model 3-1	Model 3-2	Model 3-3	Model 3-4	Model 3-5	Model 3-6
Constant	72.63 *** (60.72)	81.2 *** (74.96)	73.8 *** (59.6)	45.9 *** (32.46)	64.6 *** (71.3)	68,8 *** (85.6)
Ownership (1=public)	1.77 ** (2.89)	-1.28 * (2.32)	1.71 ** (2.72)	-1.16 (1.63)	0.56 (1.21)	-0.030 (0.07)
Age	0.133 *** (2.89)	-0.004 (0.18)	0.058 * (2.19)	-0.09 ** (2.97)	0.029 (1.50)	0.023 (1.37)
Gender (1= man)	0.61 (0.88)	-1.552 * (2.43)	-4.53 *** (6.25)	1.81 * (2.23)	-0.87 (1.70)	-1.073 * (2.27)
N	3093	3530	3364	3359	2754	2685
Adjusted R ²	0.11	0.002	0.019	0.005	0.002	0.002
F-value of full model	12.10 ***	2.987 *	22.36 ***	7.06 ***	2.99 *	2.84 *

Note: *** = p < 0.001 ** = p < 0.01; * = p < 0.05 (two-tailed). Cell entries are unstandardized regression coefficients with the absolute value of t-statistics in parentheses.

Appendix A

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

	Component			
	1	2	3	4
I generally associate politics with something positive	0.260	0.719	0.028	0.017
The give and take of public policy making doesn't appeal to me (turned)	-0.249	0.544	-0.024	0.021
I do not care much about politicians (turned)	0.004	0.830	-0.040	-0.051
I contribute to my community	0.458	0.017	-0.040	-0.235
Meaningful public service is very important to me	0.581	-0.071	-0.089	-0.167
I would prefer seeing public officials do what is best for the whole community even if it harmed my interests	0.804	0.030	0.076	0.194
I consider public service my civic duty	0.749	0.029	0.067	-0.052
It is difficult for me to contain my feelings when I see people in distress	-0.131	0.011	0.028	-0.824
For me, considering the welfare of others is one of the most important values.	0.064	0.041	0.214	-0.639
I am often reminded by daily events about how dependent we are on one another	0.191	-0.038	-0.060	-0.608
The individual user is more important than formal rules	-0.075	-0.073	0.562	-0.063
It gives me energy to know that I helped the user/patient	0.046	0.103	0.639	-0.058
If the user/patient is satisfied, the job is done	0.052	-0.052	0.783	0.065

Extraction Method: Principal Component Analysis. Rotation Method: Oblimin with Kaiser Normalization.

Table A2: Principal component analysis of items measuring compassion

Compassion	Loadings
It is difficult for me to contain my feelings when I see people in distress.	0.758
For me, considering the welfare of others is one of the most important values.	0.772
I am often reminded by daily events about how dependent we are on one another	0.671

Note: Extraction Method: Principal Component Analysis. Only one component with an Eigen value over 1 was extracted. Cronbach's alpha 0.57

Table A3: Principal component analysis of items measuring “Commitment to the public interest”

Commitment to the Public Interest	Loadings
I contribute to my community	0.615
Meaningful public service is very important to me	0.663
I would prefer seeing public officials do what is best for the whole community even if it harmed my interests	0.720
I consider public service my civic duty	0.771

Note: Extraction Method: Principal Component Analysis. Only one component with an Eigen value over 1 was extracted. Cronbach’s alpha 0.63

Table A4: Principal component analysis of items measuring “Attraction to policy making”

Attraction to public policy making	Loadings
I generally associate politics with something positive	0.739
The give and take of public policy making doesn't appeal to me (turned)	0.538
I do not care much about politicians (turned)	0.829

Note: Extraction Method: Principal Component Analysis. Only one component with an Eigen value over 1 was extracted. Cronbach's alpha 0.51

Table A5: Principal component analysis of items measuring user orienteering

User orientation	Loadings
The individual user is more important than formal rules	0.519
It gives me energy to know that I helped the user/patient	0.689
If the user/patient is satisfied, the job is done	0.760

Note: Extraction Method: Principal Component Analysis. Only one component with an Eigen value over 1 was extracted. Cronbach's alpha 0.31.

Appendix B

Table B1: Variable definitions and descriptive statistics

Variable	Theoretical definition	Operational definition	Mean	Min	Max	Std. Dev.	Valid N
PSM traditional	Level of general, altruistic motivation to serve the interests of a community of people, a state, a nation or humankind	Formative index (unweighted) of the following PSM dimensions: public interest, compassion, and attraction to public policy making (theoretical range 0-100)	66.2	19.4	97.2	10.2	3558
PSM incl. user orientation	Level of general, altruistic motivation to serve the interests of specific user or communities of people, a state, a nation or humankind	Formative index (unweighted) of the following PSM dimensions: public interest, compassion, attraction to public policy making, and user orientation (theoretical range 0-100)	69.7	19.3	97.9	8.89	3449
Commitment to the public interest	Motivation to serve the <i>general</i> public (the generalized other)	Reflective index (unweighted) of the following items: PSM 23, PSM 30, PSM 34, PSM 39 (theoretical range 0-100)	79.4	0	100	14.5	4088
Compassion	Emotionally based motivation to serve the interest of community of people, a state, a nation or humankind	Reflective index (unweighted) of the following items: PSM 8, PSM 4, PSM 39 (theoretical range 0-100)	77.2	0	100	15.6	4532
Attraction to policy making	Motivation to serve the interests of community of people, a state, a nation or humankind by affecting the public policy process	Reflective index (unweighted) of the following items: PSM 11, PSM 27, PSM 31 (theoretical range 0-100)	41.9	0	100	17.9	4388
User orientation	Motivation to serve the user of the service (the specific other)	Reflective index (unweighted) of the following items: New A, B and C (theoretical range 0-100)	80.1	0	100	13.7	4758
Ownership	Ownership of the organization in which the individual works	Answer to question: In what kind of organization do you have your main job? Private includes: Private clinic, hospital or other type of private organization. Public includes: Public hospital or municipal, regional or state organization. Non-profit and interest organizations are excluded	72% public	0.45	0	1	3891
Gender	Biological sex	Questionnaire selection of categories Man and Woman	19% men	0	1	0.39	4931
Age	Number of years since birth	2009 minus year of birth	38.9	20	84	11	4941

Note: Statistics made for ordinary physiotherapists and students. Passive members of Danish Physiotherapists excluded. Wording of the items can be found in Table 1.