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The Relationship Between Work Motivation and Subjective Career Success for Latina Healthcare Managers: A Correlational Study

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Abstract

Background: The purpose of this study was to determine if, and to what extent, there was a significant relationship between work motivation and subjective career success among Latina healthcare managers working in the Southwestern United States.

Methods: A correlational study was conducted. A total of 210 Latina healthcare managers participated in the study. Data were collected using the Work-related Basic Need Satisfaction Survey, Subjective Career Success Inventory, and a demographic survey. Pearson correlations were conducted to address the study's research questions.

Results: There was a significant moderate positive correlation between subjective career success, the work motivation subscale of autonomy (r = .535 p < .001), and the work motivation sub-dimension of competence as assessed by Pearson correlations (r = .488, p < .001).

Conclusions: The study findings may indicate the need for additional social improvement and awareness programs to improve Latina's work motivation or increase expectations to close the performance gap. In addition, the findings demonstrated the significance of the relationship between work motivation and subjective career success among Latina healthcare practitioners in the Southwestern United States. Findings from the analysis advanced practitioners' knowledge of work motivation and subjective career success and implications for training.

Keywords: Motivation, self-determination theory, subjective career success, work motivation.

Declarations

Ethics approval and consent to participate: The Grand Canyon University Institutional Review Board determined this study to be exempt from IRB review according to federal regulations (IRB reference #: IRB-2021-3764). Participants provided informed consent after reading the informed consent form by clicking the "I agree" link on the first page of the anonymous online survey.

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Background

Women of Hispanic ethnicity, commonly known as Latinas, are underrepresented in U.S. healthcare management (Catalyst, 2014; U.S. Bureau of Labor Statistics [BLS], 2018). Latinas represented 9.2% of the healthcare and social services labor force but held only 1.9% of the management positions in the healthcare industry, versus Whites, who represented 70% of both labor and management (BLS, 2019). Despite industry-wide efforts to increase diversity, mentoring programs, continuing professional development programs, and leadership training, Latinas in healthcare organizations remain underrepresented in management positions (Bazzi et al., 2017). In addition, while research suggested that racial diversity among managers provides significant organizational benefits, Latina managers remain clustered in low-level administrative roles (Cherng & Halpin, 2016; Kameny et al., 2014).

Latina women face a variety of obstacles to their career success (Cruz & Blancero, 2017), which may affect work motivation and subjective career success (Dahling & Lauricella, 2017; Ng & Feldman, 2014a). While it is known that Latinas are underrepresented in healthcare management (Cruz & Blancero, 2017), it is not known whether their work motivation is associated with their subjective career success. The study extended the work of Dahling and Lauricella (2017) on the predictive relationship between work motivation and subjective career success using SDT as the theoretical framework. Dahling and Lauricella (2017) found a significant positive correlation between work motivation and subjective career success among adult U.S. workers across a variety of industries. Promoting subjective career success through work motivation benefits employees, organizations, and professions, and therefore it is important to determine the relationship between the two constructs.

Employee work motivation is a critical aspect of any workplace that affects the performance of a specific department and even the whole organization (Kanfer, Frese & Johnson, 2017; Rožman et al., 2017). Keeping employees motivated is an ongoing task filled with opportunities to experiment and learn what works and what does not work. When employees are motivated, they are more engaged, and they tend to become more productive. However, if employees are not motivated, they are unfocused which may result in poor performance or worse could entertain thoughts of quitting their work. Researchers asserted that there is no one-size-fits-all approach for motivating employees (Jungert et al., 2018). Kanfer et al. (2017) suggested that studies about motivation must be targeted at a specific demographic as the needs and circumstances of one group may be different from another. Kanfer et al. (2017) asserted that work motivation can vary based on gender, socioeconomic status, and race, and therefore work motivation must be studied further.

Meta-analyses regarding the predictors of subjective career success indicated that work motivation played a role in this form of success (Ng & Feldman, 2014a). However, the research focused broadly on several variables that affected subjective career success, and the specific role of work motivation was explored. It was observed that low work motivation was associated with lower work engagement, which led to lower levels of subjective career success. The findings of Ng and Feldman (2014a) provided at least some initial evidence that work motivation was associated with career success, at least from a subjective perspective. However, there have been few studies that have examined subjective career success and work

motivation among Latinas, most especially in high-paying industries such as the healthcare industry (Cruz & Blancero, 2017).

In Latino men, Cruz and Blancero (2017) purported that there is a relationship between subjective career success and work motivation, as measured by the needs for autonomy, relatedness, and competence. However, the authors' findings indicate an assumption that is yet to be empirically tested and includes Latina healthcare managers in the United States. According to a study conducted by Vela et al. (2018) with 130 Latino and Latina students, factors associated with positive psychology tended to be strong predictors of career development.

Other factors, including human capital, environmental, motivational, and career management, have been examined as significant key factors for career success (Hirschi et al., 2018). However, the recent literature has been somewhat limiting in its examination of variables relating to psychology and other subjective evaluations, such as personality dimensions, social desirability, and value, to name a few (Hirschi et al., 2018), highlighting the importance of including such variables when studying workplace success. In other words, psychological variables are important to be considered when studying factors affecting workplace success.

Cruz and Blancero (2017) purported that among Latino men, there is a relationship between subjective career success and work motivation, as measured by the needs for autonomy, relatedness, and competence. However, the authors' findings indicate an assumption that is yet to be empirically tested, which is to determine whether the relationship between subjective career success and work motivation exists among Latina healthcare managers. In addition to Cruz and Blancero (2017), other researchers such as Moakler and Kim (2014) and Shockley, Ureksoy, Rodopman, Poteat, and Dullaghan (2016) have also noted a gap in the literature is the absence of research on work motivation and mentorship as a factor in subjective career success for the Latino/a population.

At present, Latinas are considerably underrepresented in healthcare managerial roles compared to lower-level roles (Catalyst, 2014). Underrepresentation of Latinas in healthcare managerial roles is problematic for several reasons—for example, it may indicate to women in lower-level positions that aspiring to those senior-level positions is unobtainable. Consequently, highly qualified and experienced women may not apply for senior-level positions. As a result, organizations lose the opportunity to capitalize on the skills and talent of a portion of their workforce (Silver et al., 2017).

Researchers have suggested a gap in quantitative research on how motivation correlates with subjective career success in a variety of racial groups (Boyd, 2020; Dahling & Lauricella, 2017; Nedjat-Haiem et al., 2018; Simpkins et al., 2018). Nedjat-Haiem et al. (2018) suggested the need for additional research to establish the relationship between subjective career success and motivation because individual perceptions about motivation are likely to influence how they perceive motivation. Boyd (2020) further recommended the need for additional research to investigate the impact that subjective success constructs have on employees' sense of motivation in an organization. Simpkins et al. (2018) offered inconsistent findings on the relationship that exists between employee motivation and subjective career success and called the need for further quantitative studies to investigate this relationship for policy formulation and practice. Dahling and Lauricella (2017) also recommended the need for future to investigate the relationship between motivation correlates with subjective careers among different races. Thus, the gap in the literature this study was conducted to address is that it was not known if, or to what extent, there was a significant relationship between work motivation and subjective career success among Latina healthcare managers located in the Southwestern United States.

Methods

Purpose of the Study

The purpose of this quantitative correlational study was to determine if, and to what extent, there was a significant relationship between work motivation and subjective career success among Latina healthcare managers working in the Southwestern United States. The target population was Latina healthcare managers living in the Southwestern United States. The unit of measurement and analysis was the individual female healthcare manager. The study sample included 210 Latina healthcare managers. The variables for this study were the work motivation dimensions (autonomy, competence, and relatedness) and subjective career success.

Subjective career success. Subjective career success refers to one's perception of how one perceives their work accomplishments actually achieved versus expectations (Ng & Feldman, 2014b). For this study, subjective career success was operationalized as the mean response score on the 24-item SCSI (Shockley et al., 2016). Subjective career success is measured using an interval scale. For this study, the survey responses were scored with a 5-point Likert-type ranging from *not at all* (1) to *a great deal* (5).

Work motivation. Work motivation refers to the human drive to work and obtain rewards from that work, whether those rewards be physical, emotional, social, or monetary (Ryan & Deci, 2017). The conceptual definition of work motivation is based on the SDT, which states that well-being, personal growth, and individual optimal functioning are strongly associated with the fulfillment of three basic psychological needs: autonomy, competence, and relatedness (Ryan & Deci, 2017). The need for autonomy is defined as an inherited desire to experience a sense of freedom and volition in making one's choices (Deci & Ryan, 2000). The need for competence refers to the desire to develop new skills and gain mastery over the environment (Deci & Ryan, 2000).

Finally, the need for relatedness represents the inherited desire to be loved and cared for, to experience closeness and connection with other people (Deci & Ryan, 2000). For this study, work motivation was operationalized as the mean response to each of the three subscales of autonomy, competence, and relatedness in the 18-item W-BNS (Broeck, Vansteenkiste, Witte, Soenens, & Lens, 2010). These work motivation dimensions were measured using an interval scale. Work motivation Gagne et al. (2015) reported that the factor loadings of MWMS were between .45 to .87, which indicates high convergent validity. Moreover, Shockley et al. (2016) reported that the English version of MWMS has a Cronbach's α of .85, which indicates high internal consistency.

Research Questions

The following research questions and corresponding hypotheses addressed and examined this quantitative, correlational study:

RQ1: If and to what extent is there a statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States?

$H_0$1: There is no statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States.

H_a1: There is a statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States.

RQ2: If and to what extent is there a statistically significant relationship between the work motivation dimension of competence, and subjective career success among Latina healthcare managers located in the Southwestern United States?

$H_0$2: There is no statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States.

H_a2: There is a statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States.

RQ3: If and to what extent is there a statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States?

$H_0$3: There is no statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States.

H_a3: There is a statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States.

Participants

G*Power 3.1 software was used to calculate the minimum sample size necessary to power the study for Pearson correlation statistics powered at 80% using the following assumptions: $\alpha = .0167$, and effect size = .30, two-tailed (Appendix F; Faul et al., 2007). The minimum total sample size is 109 Latina healthcare managers. Based on research in social sciences, the sample size was adequate for a correlational study in the social sciences (Chase & Chase, 1976). To account for the potential of incomplete cases and participant attrition, an additional 20% of participants (Leedy et al., 2019) were recruited, totaling 130 healthcare managers.

A purposive sample of at least 130 Latina healthcare managers was recruited for the study by employing the SMAS. SMAS recruits research study participants from a proprietary database of more than 30+ million individuals located in the United States. To qualify for inclusion in the SMAS database for use in commercial and academic research studies, individuals must complete a detailed demographic profile that SMAS verified using public and private databases to ensure accuracy. As a result of the rigorous SMAS standards for data accuracy, SMAS is widely accepted for dissertation sample recruitment (Survey Monkey, 2018). Given that the necessary sample size represents a tiny fraction of the sample population, it is reasonable to assume that enough participants were recruited through SMAS to satisfy the power analysis. However, to account for attrition, should this fail to be accurate, further sampling may be conducted by expanding the source of recruitment and targeting participants on websites of healthcare services or other directories.

The participant recruitment procedure was as follows. First, SMAS identified Latina healthcare managers in the Southwestern United States who meet the inclusion criteria (Appendix D). The inclusion criteria were given to SMAS and were processed on their end for the recruitment process. Secondly, potential participants were required to certify that they met the inclusion criteria before proceeding to the Informed Consent Form (ICF; Appendix E). Finally, the list of inclusion criteria was listed in the informed

consent form for the potential participants to check whether they were eligible. Participants were assured of their anonymity and that no personally identifiable information was provided to the researcher by SMAS. Only individuals who selected "I agree" to participate in the informed consent form were directed to the survey. Otherwise, the participants were directed to the "Thank You" page and asked to exit the survey. Those who declined the Informed Consent for the study were redirected away from the survey's page.

Data Sources

Data collection was accomplished using a Survey Monkey® online portal hosting the 18-item W-BNS (Broeck et al., 2010), the 24-item SCSI (Shockley et al., 2016), the 6-item demographic survey, and the informed consent form. Table 1 presents the variable name, measurement scale, and instrument source. Work motivation was measured using three subscales with three scores, whereas subjective career success was measured using the total score from the SCSI for each variable.

Table 1.
Study Variable Scales of Measurement, Variable Type, and Source

Variable name	Measurement Scale	Source
Subjective career success	Interval	SCSI mean score (Shockley et al., 2016)
Work motivation	Interval	W-BNS subscale mean scores (Broeck et al., 2010)

Participants were required to complete the informed consent form (Appendix C), the demographic form, W-BNS, and SCSI. The informed consent form was required for all participants. Only those participants who affirmatively signed the informed consent form were allowed to continue answering the other surveys. The demographic form was used to gather demographic information. The W-BNS and SCSI were used to measure work motivation and subjective career success, respectively.

Screening form. The screening form includes questions to verify that the participants meet the inclusion criteria of being Latina, female, between the age of 21 and 65, employed as a manager in the healthcare industry, and fluent in English.

Demographic form. Questions for variables included job role, age, and educational attainment. These demographics were gathered to characterize the participants but were not part of any research questions. Job role was measured in a categorical form, while age was measured continuously. Educational level is a categorical variable and was operationalized using the following choices: HS graduate, some college, associate degree, college degree, and more than a college degree.

Work-related Basic Need Satisfaction (W-BNS). The W-BNS is an 18-item instrument developed by Broeck et al. (2010) based on SDT. SDT is a multidimensional conceptualization of work motivation, which posits sub-dimensions of autonomy, competence, and relatedness that contribute to individuals' optimal functioning, meaning personal well-being and job performance (Ryan & Deci, 2017). Autonomy refers to an individual's ability to exert rational self-control, develop strategies, engage in behavior to satisfy goals, and make decisions (Ryan & Deci, 2020) and is measured by six W-BNS items (Questions 1-6). Competence is defined as the knowledge, skills, and abilities necessary to fulfill one or

more roles (Ryan & Deci, 2020) and is measured by six W-BNS items (Questions 7-12). Finally, relatedness is defined as one's ability to engage in meaningful relationships (Ryan & Deci, 2020) and is measured by six W-BNS items (Questions 13-18). W-BNS was validated using 1,185 Dutch-speaking employees (Broeck et al., 2010) and 600 Italian-speaking employees (Colledani, Capozza, Falvo, & Di Bernardo, 2018). The MWMS uses a five-point Likert-type scale. Therefore, work motivation sub-dimensions were measured in an interval form. One example of a W-BNS item is "I don't really feel connected with other people at my job." Participants rate items on a scale of 1-5: 1 = *strongly disagree,* and 5 = *strongly agree* (Broeck et al., 2010). Eight W-BNS items are reverse scored; items 1, 3, 5, 7, 10, 14, 15, and 18. A mean score for each of the W-BNS subscales (or the work motivation dimensions) was used for this study. Gagne et al. (2015) reported that the factor loadings of MWMS were between .60 to .85, and the average variance extracted was above .5, which indicates construct validity has been achieved. Moreover, Shockley et al. (2016) reported factor loadings following the three-factor structure. The author reported that the factor loadings ranged between 0.42 and 0.79 for autonomy, 0.56 and 0.96 for competence, and between 0.54 and 0.77 for relatedness. Colledani et al. (2018) further reported the English version of MWMS has a Cronbach's alpha. The alphas were 0.81, 0.82, and 0.74 for autonomy, competence, and relatedness. An alpha value, α, of .0.70 and above 85, indicates high internal consistency; therefore, W-BNS is valid and reliable.

Subjective Career Success Inventory (SCSI). Subjective career success was measured with the SCSI and operationalized as the mean for all 24 SCSI items. Shockley et al. (2016) developed and validated the SCSI instrument and designed to measure career success as perceived by workers. The SCSI was developed and validated through four phases of data collection: interviews and focus groups, item sorting tasks, item refinement through confirmatory factor analysis, and finally, convergent and discriminant validity quantitative analysis (α= .0.81 and .85).

The scale contains 24 items rated on a 5-point Likert scale ranging from 1 (*Disagree*) to 5 (*Strongly Agree*). Therefore, the scale of measurement for the SCSI is an interval. Sample survey items are "my supervisors have told me I do a good job," "I have been recognized for my contributions," and "I believe my work has made a difference." The scale was developed and validated through factor analysis examining the eight domains: authenticity, growth, development, influence, meaningful work, personal life, quality work, recognition, and satisfaction (Shockley et al., 2016).

Data Collection and Management

All data were pre-processed using Microsoft Excel. Then the SMAS was exported in Microsoft Excel. Pre-processing ensures a clean data set by excluding data outliers and missing data. In addition, only participants with complete information on the demographic data needed for the study and survey questions were included in the data analysis. Once a complete, clean data set has been prepared, it was then exported into SPSS 24® for statistical analyses.

The participants were given a chance to withdraw from the study at any time with no risk or consequences. The results were anonymous because no personal identifying information was collected, such as names, addresses, and social security numbers. Only pseudo-codes were used to identify each participant, i.e., P01 for Participant 1. The soft copies of data were stored in a data-encrypted laptop/hard drive/thumb drive for the safety of the participants. Hard copies of the data were stored in a password-protected file in a locked drawer in the researcher's home for 3 years, and the physical media were destroyed. Soft copies were deleted from the computer/hard drive/thumb drive, while hard copies were

shredded. Only the researcher and appropriate GCU personnel had access to study data.

Data Analysis Procedures

Data analysis was conducted using the Statistical Package for the Social Sciences 25® (SPSS) software application. Data were examined for outliers and missing data, and if a value is missing or an outlier, the entire case was removed (listwise deletion) from the analysis (Leedy et al., 2019). Descriptive statistics (frequencies, mean, and standard deviation) for demographic and study variable data were calculated and reported to characterize the study samples.

Assumptions testing. Five assumptions need to be satisfied before Pearson's correlation analysis can be used. These five assumptions are level of measurement, normality, related pairs, absence of outliers, and linearity. The level of measurement assumption was tested by ensuring that the two variables being examined should be measured at the interval or ratio level (i.e., they are continuous). The normality assumption is that for each categorical group, each dependent variable must represent a normal distribution of scores (Huber & Melly, 2015). Outliers in the data set or data transformation were removed to ensure the normality assumption was met (Huber & Melly, 2015).

The normality assumption was tested Procedurally by constructing a histogram of the data and examining whether the plot resembles a normally distributed random variable. The related pairs assumption was tested by ensuring that each participant or observation should have a pair of values. Each participant should have responses or values for all the variables being measured. The absence of outliers' assumption was tested using the SPSS function to screen for outliers. Outliers were removed from the data set. Lastly, the linearity assumption was tested by creating a scatterplot, plotting one variable against the other variable. The relationship displayed in the scatterplot should be linear.

Pearson's correlation was then computed for the normality distributed data, with the alpha level for significance set at 0.0167. Thus, hypothesis testing was conducted on all analyses, with a 0.0167 level of significance (Weakliem, 2016). This means all p-value output of Pearson's correlation analysis was assessed using a 0.0167 level of significance. A p-value of less than 0.0167 dictates a significant relationship between the variables, and the null hypothesis is rejected, whereas a value greater than 0.0167 dictates there is no statistically significant relationship between the variables.

Results

Descriptive Findings

Preparation of raw data for analysis. All data were pre-processed using Microsoft Excel. Pre-processing ensured a clean data set by excluding data outliers and missing data. In addition, only participants with complete information on variables were included in the data analysis. Once a clean data set was achieved, it was exported to SPSS for data analysis.

Participants with outliers or missing data were excluded from the analysis, and the reasons for exclusion were recorded and summarized. Table 2 summarizes the operationalization of each study variable, including the variable name, the measurement scale, and the source of work motivation variables were measured using interval scales (Gagne et al., 2015), and eight W-BNS items were reverse scored. In addition, subjective career success is measured on an interval scale using the SCSI mean response for all items (Shockley et al., 2016).

Sample profile. The researcher used a purposive sampling strategy to identify individuals that met the inclusion criteria, which were a) Latina, b) female, c) between the ages of 21 and 65, d) employed as

a manager in the healthcare industry, and f) fluent in English. A study sample of 294 healthcare workers were recruited using the Survey Monkey Audience® service. A total of 295 participant responses were received in the form of an Excel spreadsheet. Upon visual inspection using data sort functionality in Excel, 84 participants were excluded due to missing data. These surveys were discarded, and the resulting data was uploaded to SPSS for further analysis. After cleaning and screening the data in SPSS, the total number of surveys included was 210.

Data collection was accomplished for this study using a Survey Monkey® online portal hosting the 18-item W-BNS (Broeck et al., 2010), the 24-item SCSI (Shockley et al., 2016), and the 6-item demographic survey, and the informed consent form. Data were collected from $N = 294$ healthcare managers. However, only 210 individuals met the inclusion criteria which were a) Latina, b) female, c) between the age of 21 and 65, d) employed as a manager in the healthcare industry, and f) fluent in English. The 84 participants that did not meet the inclusion criteria were removed from the analysis. Most people were between 45 and 54 years of age, 58 (27.6%). This was followed by 25-34, 52 (24.8%); 35-44, 52 (24.8%); 55-64, 26 (12.4%); 24 or younger, 21 (10.0%); and one person (0.5%) 65 years old (Table 2).

Table 2.
Participant's Age Categories

	Frequency	Percent
24 or younger	21	10.0
25-34 years old	52	24.8
35-44 years old	52	24.8
45-54 years old	58	27.6
55-64 years old	26	12.4
65 years old and older	1	.5
Total	210	100.0

Regarding the highest educational attainment, most participants had a bachelor's degree, 52 (24.8%). This was followed by 38 (18.1%) individuals indicating they were high school graduates, 38 (18.1%), indicating they had a master's degree, 37 (17.6%) individuals indicating some college, and 35 (16.7%) indicating an associate degree. Nine (4.3%) individuals held a doctoral degree. One person (0.5%) did not respond (Table 3).

Table 3. Highest Educational Attainment

	Frequency	%
High school graduate	38	18.1
Some college	37	17.6
Associate degree	35	16.7
Bachelor's degree	52	24.8
Master's degree	38	18.1
Doctorate degree	9	4.3
No response	1	0.5
Total	210	100.0

Descriptive statistics on the variables of interest. The W-BNS and SCSI were used to measure the variables of work motivation and subjective career success, respectively. The W-BNS is an 18-item

instrument developed by Broeck et al. (2010). The W-BNS is a multidimensional conceptualization of work motivation, which measures sub-dimensions of autonomy, competence, and relatedness. Participants rated items on a scale of 1-5, with 1= strongly disagree and 5 = strongly agree (Broeck et al., 2010). Eight W-BNS items are reverse scored: items 1, 3, 5, 7, 10, 14, 15, and 18.

Subjective career success was measured with the SCSI and operationalized as the mean for all 24 SCSI items. Shockley et al. (2016) developed and validated the SCSI instrument and designed it to measure career success as perceived by workers. Participants rated items on a scale of 1-5, with 1 = strongly disagree and 5 = strongly agree. The mean of all 24 items was calculated to determine each participant's SCSI score. Higher scores correspond to greater levels of the specific sub-dimensions.

The reliability of these scales was assessed by calculating Cronbach's alphas. A generally accepted rule is that α of 0.6-0.7 indicates an acceptable level of reliability, and 0.8 or greater is a very good level. A minimum level of .7 is considered acceptable (Leedy et al., 2019). Table 4 provides Cronbach's alpha for each scale, ranging from .73 to .94. All scales demonstrated acceptable reliability based on previous studies that reported Cronbach's alpha between .81 and .89 (Nunnally, 1978). In another study, the total SCSI Cronbach's α ranged between .77 and .94, including the total score, indicating high levels of reliability (Dahling & Lauricella, 2017). Colledani et al. (2018) measured Cronbach's alphas of .81, .82, and .74 for autonomy, competence, and relatedness, respectively. Colledani et al. did not report Cronbach's alpha for total work motivation.

Table 4. *Cronbach's Alpha for Study Variables*

Scale	# Items	Cronbach's Alpha
Subjective Career Success	24	.94
Work Motivation		
Competence	6	.79
Autonomy	6	.73
Relatedness	6	.80
Work motivation total	18	.77

The mean response of each item on the scales was formed to obtain an overall measure of work motivation (competence, autonomy, relatedness) and career success. Items on each instrument ranged from 1 (Strongly disagree) to 5 (strongly agree). Reverse scored items were changed as follows: 1=5; 2=4; 3=3; 4=2, and 5=1.

As shown in Table 5, participants scored highest on the competence subscale ($M = 4.18$, $SD = 0.78$) compared to the work motivation dimensions of autonomy ($M = 3.50$, $SD = 0.78$), and relatedness ($M = 3.66$, $SD = 0.82$). Career success ranged from 1 to 5 ($M = 4.04$, $SD = 0.69$). Descriptive statistics of these measures are provided in Table 5. The skewness and kurtosis index was used to identify the normality of the data. Skewness is a measure of the asymmetry of a distribution. A distribution is asymmetrical when its left and right sides do not mirror images. A distribution can have right (or positive), left (or negative), or zero skewness. Kurtosis is a measure of whether the data are heavy-tailed or light-tailed relative to a normal distribution. Skewness and kurtosis calculations confirmed normalcy.

Table 5. *Descriptive Statistics, Skewness and Kurtosis*

	Min.	Max.	*M*	*SD*	Skewness	Kurtosis
Competence	1.00	5.00	4.18	.78	-.793	.216
Autonomy	1.00	5.00	3.50	.78	.113	-.188
Relatedness	1.00	5.00	3.66	.82	-.224	-.533
Subjective Career Success	1.00	5.00	4.04	.69	-.834	1.268

Note: Total work motivation is not used in any research question or hypothesis.

Data Analysis Procedures

Pearson correlations were conducted to address the study's research questions. Since the purpose was to assess relationships between variables measured at the interval level of measurement, Pearson correlations were the appropriate statistical technique (Field, 2018). The Pearson product-moment correlation is used to determine the degree and direction of a linear relationship between two continuous variables. The first research question aimed to assess a relationship between the work motivation dimension of autonomy and subjective career success. Pearson correlations were appropriate to quantify the strength and direction of the linear relationship between two continuous variables, which was the case for the first research question. Similarly, the second research question involved finding the relationship between the work motivation dimension of competence and subjective career success. The third research question involved measuring the relationship between the work motivation dimension of relatedness and subjective career success.

A Bonferroni correction was applied in order to assess the significance. The Bonferroni correction is used to reduce the chances of obtaining false-positive results (type I errors) when multiple pair wise tests are performed on a single set of data (Field, 2018). Since there were four correlations being assessed, the significance level of .05 was divided by four to obtain an adjusted significance level of .05/4 = .0125. Thus, any p-value less than .0125 would be deemed significant.

The Pearson statistical test generates a value known as the Pearson correlation coefficient, abbreviated as *r*, which is used to quantify the strength and direction of a linear relationship between two continuous variables. Its value can range from -1 to +1 for a perfect negative linear relationship and vice versa. A 0 (zero) value shows that there is no linear relationship between the two variables. However, before conducting Pearson correlations, parametric assumptions were first tested. These assumptions included having two continuous variables that are paired, a linear relationship between the two variables, normality, and no significant outliers (Leedy et al., 2019).

Assumption 1. Two continuous, or interval, variables. The first assumption is that variables are either continuous or interval (Laerd Statistics, 2018). SCSI and W-BNS were validated using a Likert scale, indicating that the resulting data type is interval (Leedy et al., 2019). Likert scale may be treated as an interval if there are at least 5 responses (Wu & Leung, 2017). According to Wu et al. (2017), more Likert scale points will result in a closer approach to the underlying distribution and hence normality and interval scales. The assumption was met.

Assumption 2. The second assumption requires paired data. Paired data involve a one-to-one relationship where: a) each data set has the same number of data points for each variable, and b) each data point in one data set relates to only one data point in the other data set (Laerd Statistics, 2018). All included participants completed one, and only one, of both a SCSI score and a W-BNS, which are scored using a Likert scale, which is an interval. The assumption was met.

Assumption 3. The third assumption requires a linear relationship between variables (Laerd Statistics, 2018). Scatterplots were generated to assess linearity. The matrix scatter plot in Figure 1 below suggests a positive linear relationship between the variables of autonomy, competence, and relatedness with career success.

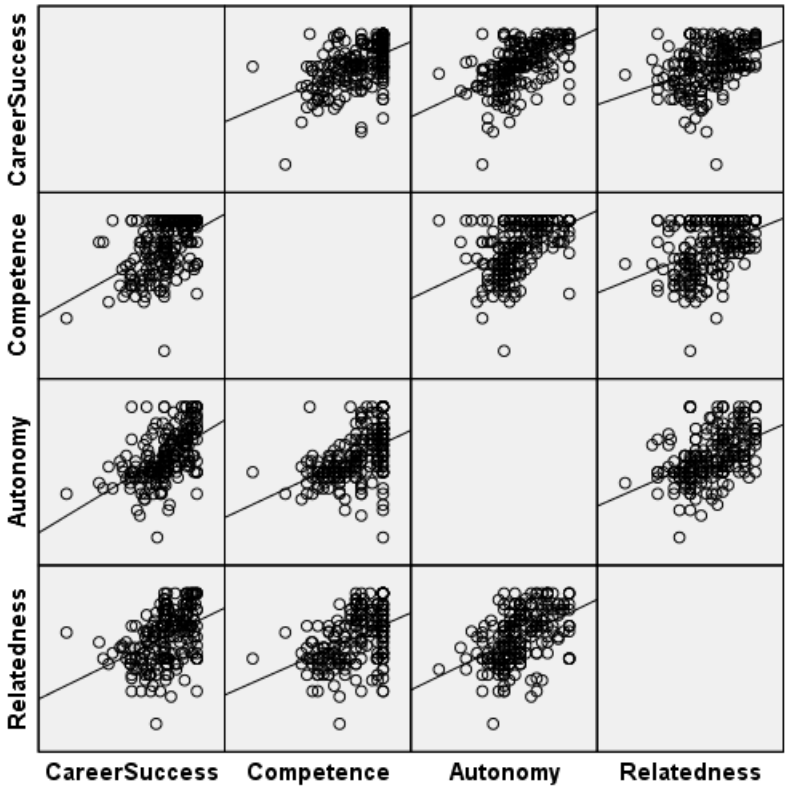

Figure 1. Matrix scatterplot depicting a relationship between autonomy, competence, relatedness scores, and career success scores.

Assumption 4. The fourth assumption of normality was assessed. As reported earlier in Table 5, skewness and kurtosis index were used to identify the normality of the data. The results suggested the deviation of data from normality was not severe as the value of skewness and kurtosis index were between -2 to +2, and kurtosis is between -7 to +7 (Leedy et al., 2019). Q-Q plots were generated to further assess normality. However, the aim of Q-Q Plots is to visualize the scatter around the regression line to determine if they are approximately even on both sides of the lien. Q-Q Plots with a large quantity of data are difficult to determine normalcy; as such, the tests for skewness and kurtosis were relied upon for determining normalcy. The assumption was met.

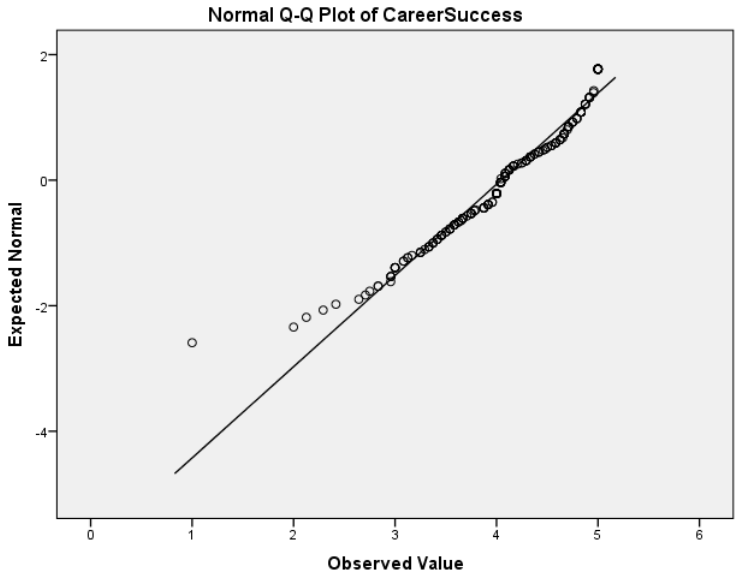

Figure 2. Q-Q plot for career success.

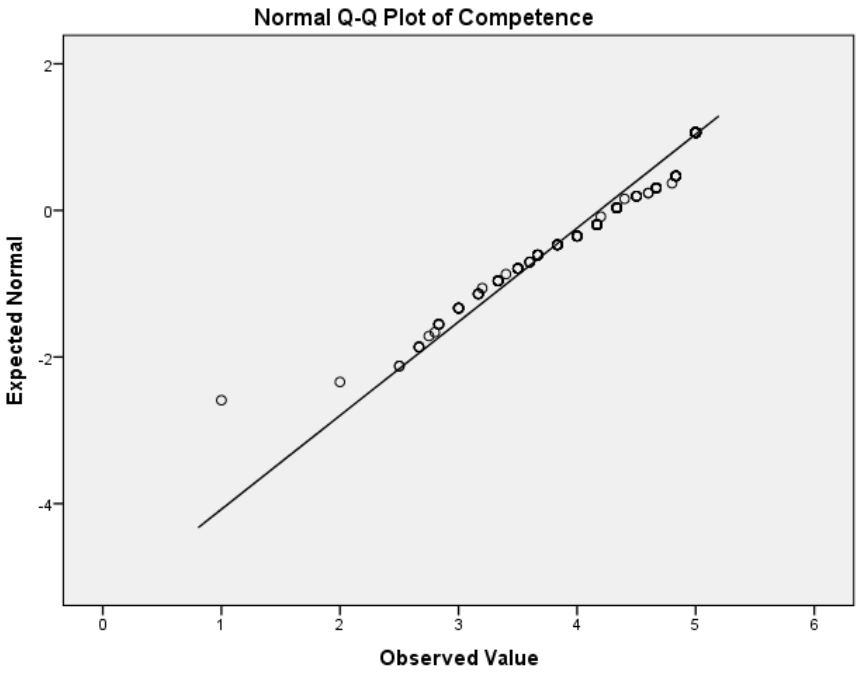

Figure 3. Q-Q plot for competence.

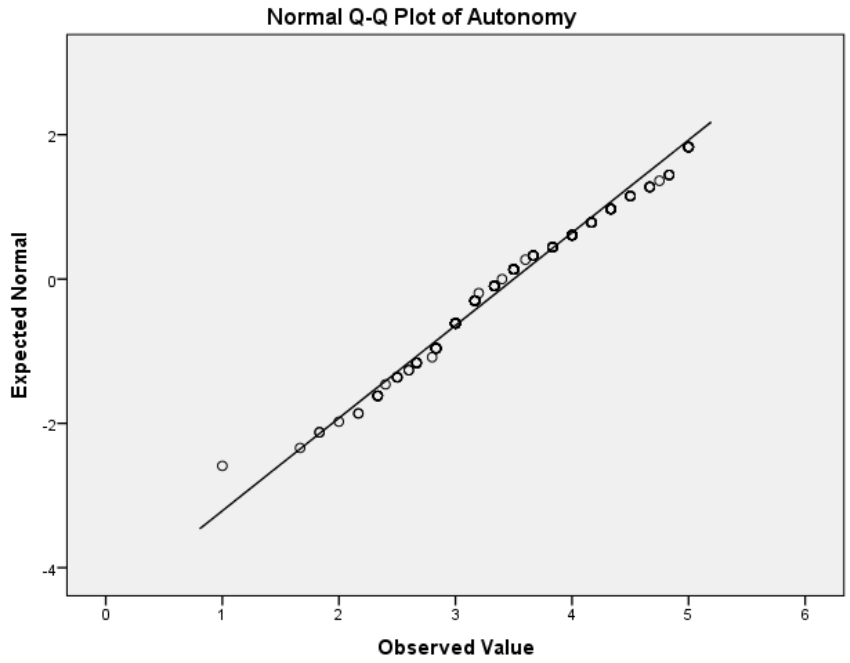

Figure 4. Q-Q plot for autonomy.

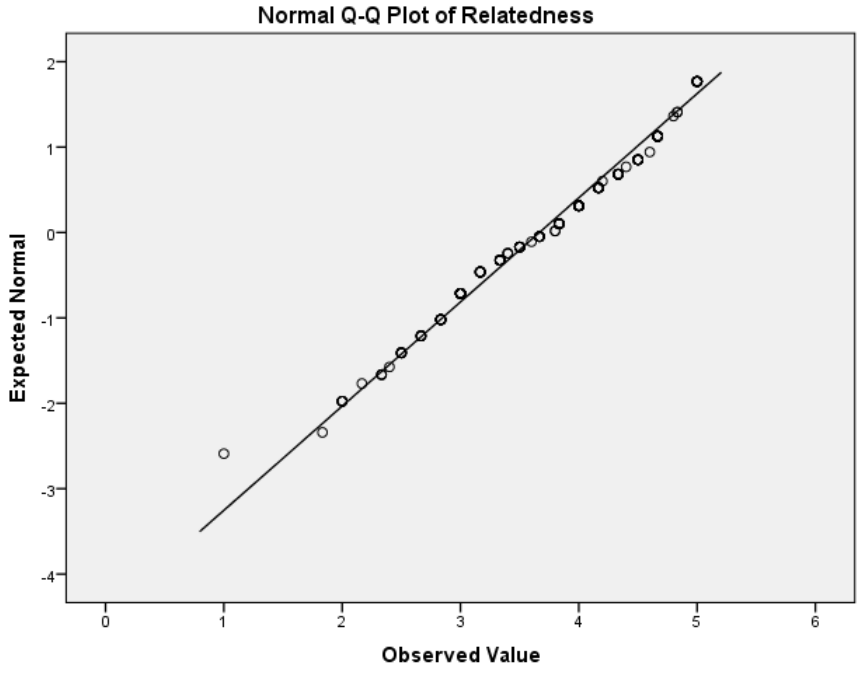

Figure 5. Q-Q plot for relatedness.

Assumption 5. The fifth assumption was an absence of substantial outliers, which was examined by calculating standardized scores for each of the study variables, a review of scatterplots in Figure 1, and box charts in Figures 6 through 9 (Laerd Statistics, 2018). Values outside -3 to +3 standard deviations are considered unusual (Laerd Statistics, 2018). There was one data value for competence with a z-score of -4.06, one data value for autonomy with a z-score of -3.22, one data value for relatedness with a z-score of -3.25; and one data value for career success with a z-value of -4.42. The negative sign indicates that the

individual fell below the mean for that measure. These unusual data values were not the result of a data entry error but were actual values the respondents indicated on the survey. Since the data were already normally distributed, these four unusual data values were not considered extreme values and were kept in the analysis. Table 6 provides the ranges of the standardized scores for each measure.

Table 6. Minimum and Maximum Values

	Min	Max
Competence	-4.06	1.04
Autonomy	-3.22	1.93
Relatedness	-3.25	1.63
Career Success	-4.42	1.39

Boxplots were generated that depict these data points that fell outside -3 to +3 standard deviations to supplement the scatterplots in Figure 1. While each boxplot includes one outlier, results were calculated with and without four outliers with no change in significant results due to the relatively large sample. As a result, outliers were included in the sample, which is an acceptable treatment based on calculating results with and without outliers (Leedy et al., 2019).

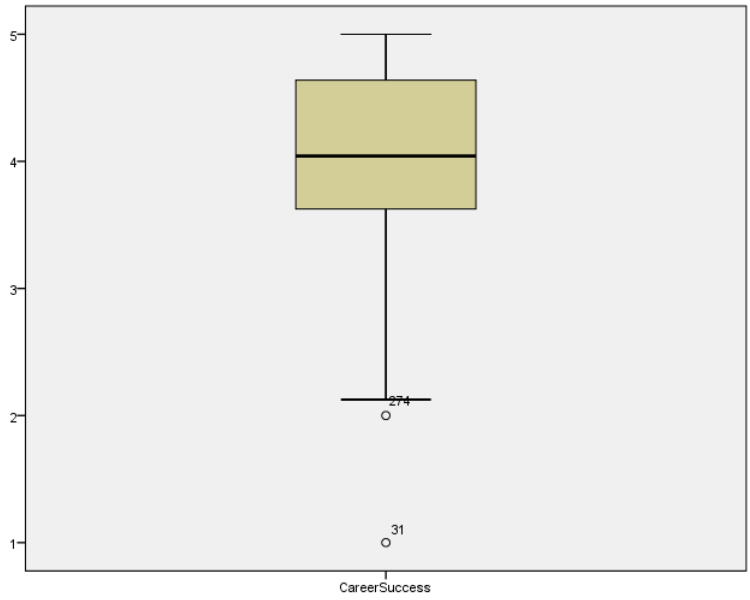

Figure 6. Box plot of career success.

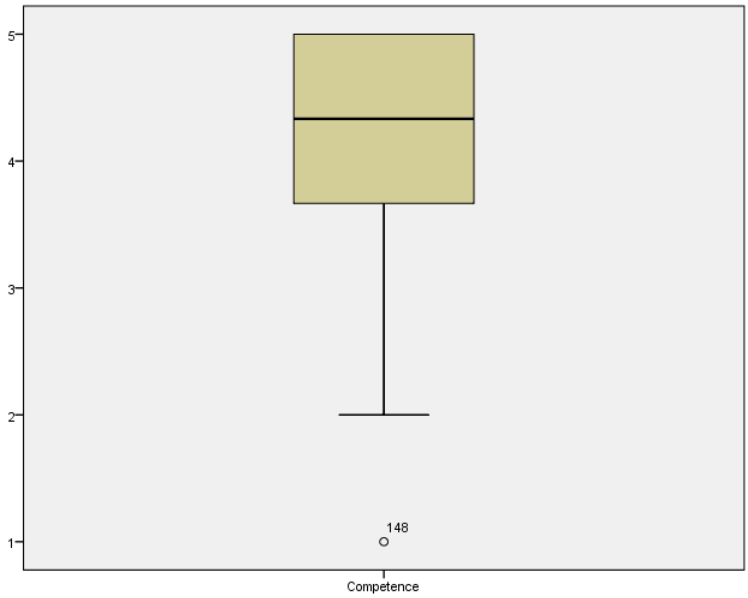

Figure 7. Box plot of competence.

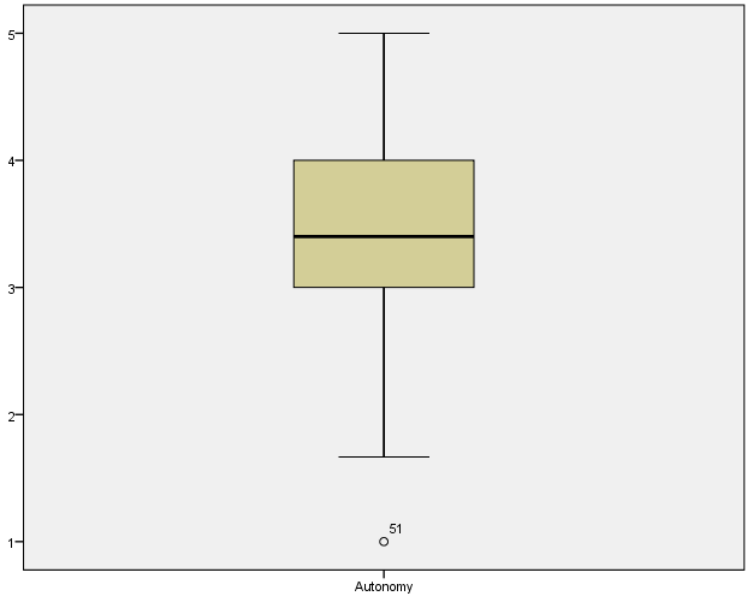

Figure 8. Box plot of autonomy.

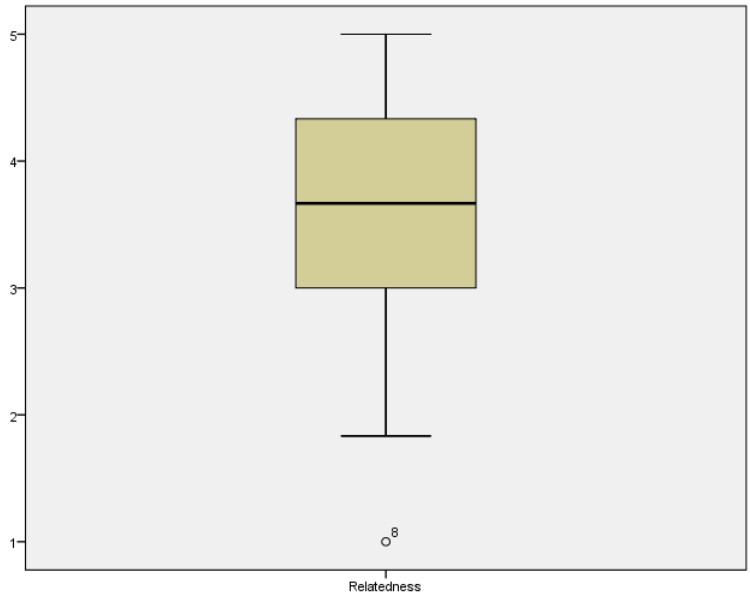

Figure 9. Box plot of relatedness.

Calculated post-hoc statistical power analysis was calculated with G*Power (Figure 10). The calculation was based on a sample size of $N = 210$ at the 5% level of significance. The post hoc power was 98.34%, which indicated the probability of a false-positive result of less than 1 in 100.

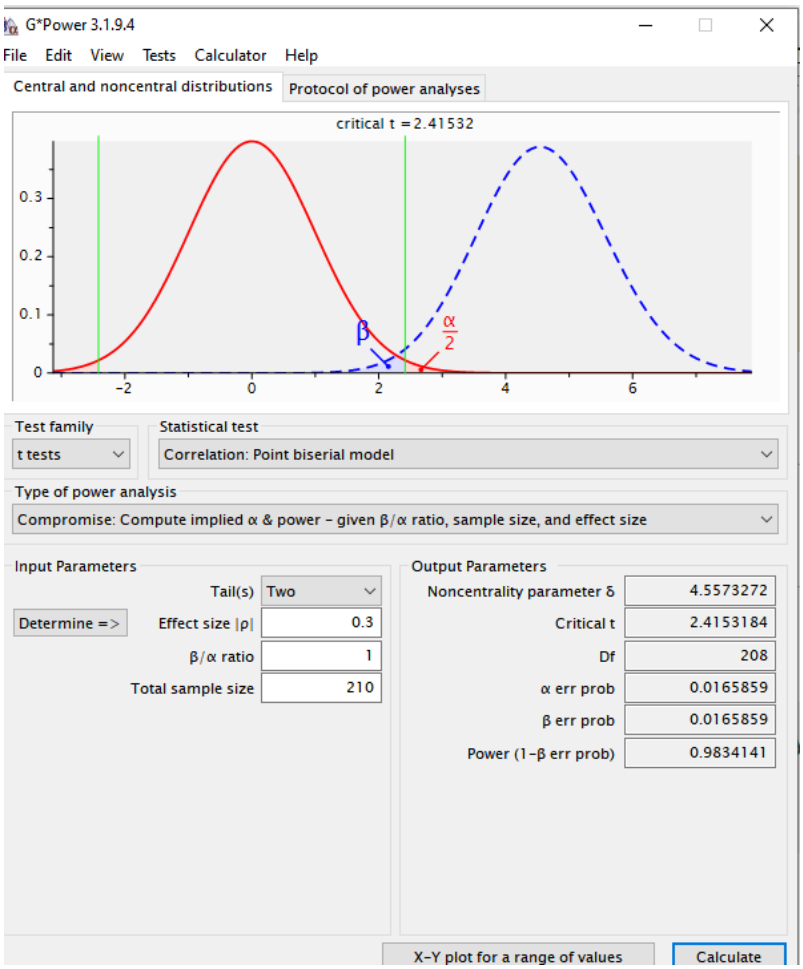

Figure 10. G*Power output of post-hoc computed power.

Results

Pearson correlations were conducted to address the study's research questions. SPSS was used to conduct Pearson correlations between career success, competence, autonomy, and relatedness. These correlations are provided in Table 7 below**.** The interpretations of these correlations are provided for each research question.

Table 7. Pearson Correlations

	Subjective Career Success	Competence	Autonomy	Relatedness
Career Success	1			
Competence	.488*	1		
Autonomy	.535*	.470*	1	
Relatedness	.411*	.423*	.462*	1

* Significant at the .001 level ($p < .001$).

Research Question 1. The first research question was: If and to what extent is there a statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers in the Southwestern United States? The associated null hypothesis is that there was no statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers in the Southwestern United States.

There was a significant, positive linear correlation between the work motivation dimension of autonomy and subjective career success as assessed by Pearson correlations ($r = .535$ $p < .001$). Correlations between .50 and .70 are considered moderate. Increasing levels of autonomy corresponded to increased career success. The square of *r* equaled .286, meaning that 28.6% of the variance in subjective career success is accounted for by autonomy. The first null hypothesis was rejected, concluding that there was a statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States.

Research Question 2. The second research question was: If and to what extent is there a statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States? The associated null hypothesis was that there is no statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States.

There was a significant positive linear correlation between the work motivation dimension of competence and subjective career success as assessed by Pearson correlations ($r = .488$, $p < .001$). Correlations between .30 and .50 are considered low; however, the result is very close to a moderate correlation. The square of *r* equaled .238, meaning that 23.8% of the variance in subjective career success is accounted for by competence. The second null hypothesis was rejected, concluding that there is a statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States.

Research Question 3. The third research question was: If and to what extent is there a statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States? The associated null hypothesis was that there is no statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States. There was a significant positive linear correlation between the work motivation dimension relatedness and subjective career success as assessed by Pearson correlations (r = .411 p < .001). Correlations between .30 and .50 are considered low. The r^2 of .169 indicated that the work motivation sub-dimension of relatedness accounted for 16.9% of the variance in subjective career success. The third null hypothesis was rejected, and the alternative hypothesis was accepted, concluding that there is a statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States.

Quality and quantity of data. A sample of 210 Latina healthcare managers located in the Southwestern United States participated in this study, which compares to the 190,000 Latina healthcare managers nationwide (NAERF, 2021). A good measure of the adequacy of the sample quantity to represent the target population is the post hoc power analysis result of 99.32%, which means the probability of a false-positive result was less than 1 in 100. This implies that the sample size was more than adequate to represent the target population.

In terms of data quality, the sampling method, data collection process, and data completion/accuracy are relevant. The purposive sampling method used in this study is less rigorous than random sampling, and leaves open the possibility of selection bias. There was no indication in the results that indicated selection bias, but the risk remained. Participant recruitment and data collection involved the use of the Survey Monkey® hosting application and the Survey Monkey Audience® service. There were no anomalies in the data collection process for recruitment, survey instruments, or demographics. A sufficient sample was assembled within two weeks of the start of the data collection process. In terms of data completeness and accuracy, all participants were members of the Survey Monkey Audience® application, which includes more than 30 million individuals whose demographic and occupational data were cross-checked against publicly available databases (Survey Monkey, 2018). As a result of the Survey Monkey Audience application, all 210 participants answered every question on both survey instruments and demographic questions. There were outliers in four cases for one survey result, which would not have changed the results if excluded, so each was included. Based on these observations, there were no issues with the adequacy of the sample or data quality.

Discussion

The problem space addressed by this study was the underrepresentation of Latina managers in the healthcare industry (U.S. Bureau of Labor Statistics [BLS], 2019). The topic is important as Latinos are the second largest ethnic group in the United States, having displaced African Americans as the largest minority group (or majority-minority) and remaining the second fastest-growing minority after Asians (Pew Research Center, 2018). Persistent underrepresentation of Latinas in healthcare industry management and leadership positions is a significant problem in that the outcome suggests institutional bias (Bazzi et al., 2017). The problem addressed in this study was that it was not known if, and to what extent, there was a significant relationship between work motivation and subjective career success among Latina healthcare managers located in the Southwestern United States.

Self-determination theory (SDT) provided the theoretical framework for this study (Deci & Ryan, 2000). Self-determination theory, as developed by Ryan and Deci (2017), describes and predicts behavioral persistence and success in human endeavors and forms the framework for this study. In prior studies, results showed that SDT subdimensions of autonomy, competence, and relatedness predicted both objective and subjective career success, work motivation, and job satisfaction (Fernandez & Moldogaziev, 2015; Olafsen et al., 2015). Study findings extended SDT knowledge by extending the theory to subjective career success among Latina healthcare workers (Cruz & Blancero, 2017; Dahling & Lauricella, 2017).

Research Question 1. The first research question was: If and to what extent is there a statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States? The associated null hypothesis was that there is no statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States. There was a significant positive relationship between the work motivation sub-dimension of autonomy and subjective career success (r = .535 p < .001). Correlations between .50 and .70 are considered moderate (Leedy et al., 2019). Increasing levels of autonomy corresponded to increased career success. The first null hypothesis was rejected, concluding that there was a statistically significant relationship between the work motivation dimension of autonomy and subjective career success among Latina healthcare managers located in the Southwestern United States.

The findings of this study aligned with earlier research on a sample of 379 French counseling psychologists using the same data collection instrument: the W-BNS and SCSI to measure identical variables (Dose et al., 2019). The authors aimed to examine between perceived organizational support (POS) and objective and subjective career success through the satisfaction of the three basic psychological needs (autonomy, competence, and relatedness) posited in self-determination theory. The inclusion of SDT as a mediator provides an interesting route, suggesting it is a condition for POS to lead to career success. The results indicated the indirect effects of POS on objective career success via autonomy and competence contributed significantly to objective career success and on subjective career success via autonomy and competence. While the overall study aim was to measure perceived organizational support, Dose et al. conducted and reported regression statistics for the direct relationships between SCSI sand SDT subdimension scores for autonomy (r = .47, p < .001), competence *(*r = .54, p < .001, and relatedness (r = .57, p < .001).

Dose et al., was included in this study due to the large sample size, identical instruments employed, and context in that both settings were Western democracies. While the cultures are different, Dose et al. reported direct statistical relationships between SCSI and SDT subdimensions. Results were statistically significant at p<.0001 for the same relationships reported in the present study. Although Dose et al. continued their analysis to include mediation, it does not diminish the statistical validity of the direct statistical relationships. While the populations differed, there is no reason to believe that French psychologists react differently to career stress than Americans. Finally, few studies were conducted using these instruments and reported in a peer-reviewed journal, and Walden specifically permits studies in foreign countries.

Few recent studies directly measured autonomy and subjective career success; however, several older studies presented similar results (Spurk et al., 2019). Spurk et al. (2019) conducted a systematic review of 25 studies with subjective career success as a study variable. The results were a moderate

positive relationship between autonomy, subjective career success, and competence across industries and ages.

Research Question 2. The second research question was: If and to what extent is there a statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States? The associated null hypothesis was that there is no statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States. There was a significant positive correlation between the work motivation dimension of competence and subjective career success as assessed by Pearson correlations ($r = .488$, $p < .001$). Correlations between .30 and .50 are considered low; however, the result is very close to a moderate correlation. The second null hypothesis was rejected, concluding that there was a statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States.

The findings of this study aligned with earlier research. Dose et al. (2019) reported a moderate relationship between subjective career success and the work motivation dimension of competence for a sample of 379 French psychologists ($r = .47$, $p < .001$). The current findings were also supported by Arifin (2014) in a quantitative study where teachers were studied to determine how competence and organizational culture impacted factors such as job satisfaction and job performance (Arifin, 2014). The research was conducted among 117 respondents in a high school using a questionnaire to draw data. Following a review of the responses, the researchers found only a weak link between the variables of competence and organizational culture with job satisfaction. In contrast, teacher performance was positively impacted by competence in addition to job satisfaction. Consequently, the results of the study indicated that to improve the performance of teachers, job satisfaction played a role in conjunction with a teacher's competence (Arifin, 2014).

For organizations, this should provide an incentive for providing organizational contexts in which employees are satisfied with their work and have sufficient skills to perform their work. For employees, success in their careers via increased performance requires an increase in competence concerning the specific work they are expected to do. Indeed, competence has been found to predict performance in a separate meta-analysis of self-determination theory (Cerasoli et al., 2014). The researchers examined 108 studies and 30,648 participants and found that competence, alongside relatedness and autonomy, predicted an employee's performance (Cerasoli et al., 2014). Regarding competence, this again demonstrated the degree to which it influenced employee outcomes through enhanced employee motivation. Organizations that provide contexts in which the competence of employees improved stand to benefit from the increased competence and performance. The current study findings contribute to previous literature by establishing that there was a statistically significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States. The findings indicate that subjective career success is determined by the competency possessed among employees because competent employees are highly motivated to work.

Research Question 3. The third research question was: If and to what extent is there a statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States? The associated null hypothesis was that there is no statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the

Southwestern United States. According to the results in Chapter 4, there was a significant positive linear correlation between work motivation dimension relatedness and subjective career success *(r = .411 p < .001)*. Thus, this third null hypothesis was rejected, and it concluded that there was a statistically significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers.

The findings of this study aligned with earlier research on a sample of 379 French counseling psychologists using the same data collection instrument: the W-BNS and SCSI to measure identical variables (Dose et al., 2019).

Kuvaas et al. (2016) also supported the findings by investigating the relations between pay-for-performance incentives designed to vary instrumentality and employee outcomes with a sample of 322 employees. The authors found that relatedness is a predictor of autonomous work motivation and can be improved when organizations demonstrate that they highly value an individual (Kuvaas et al., 2016). The final way that relatedness influences is through managerial styles. When coworkers are supportive of relatedness, it more effectively motivates individuals in their work. Employees become more autonomously motivated and more creative within their duties. Relatedness caused fewer psychosomatic symptoms, less emotional exhaustion, and lower absenteeism and turnover intentions (Kuvaas et al., 2016). When the need for relatedness within an organization is satisfied, it can lead to less exhaustion in the workplace and fewer deviant behaviors among employees (Kuvaas et al., 2016).

Relatedness can also lead to greater enjoyment of work. Managers could help increase relatedness needs by providing support for employee autonomy (Deci et al., 2017). Greater relatedness was associated with higher work engagement and overall increased well-being. Deci et al. (2017) also explained that relatedness influences are through managerial styles. When coworkers support relatedness, it more effectively motivates individuals in their work (Deci et al., 2017).

In addition, Deci et al. (2017) established that relatedness caused fewer psychosomatic symptoms, less emotional exhaustion, lower absenteeism, and lower turnover intentions (Deci et al., 2017). When the need for relatedness within an organization is satisfied, it can lead to less exhaustion in the workplace and fewer deviant behaviors among employees (Deci et al. (2017). Lastly, Tims et al. (2016) demonstrated that relatedness could be increased when meaningful connections are formed with others in the workplace. Meaningful connections could be made through conversations with both supervisors and colleagues. The conversations could help create support for an individual in the workplace or provide coaching and feedback.

Conclusions

The study findings extended knowledge regarding SDT by testing the association between SDT subdimensions of autonomy, competence, and relatedness among a sample of 210 Latina healthcare managers. Persistent underrepresentation of Latinas in healthcare industry management and leadership positions was an issue that needed additional research. The problem addressed in this study was that it was not known if, and to what extent, there was a significant relationship between work motivation and subjective career success among Latina healthcare managers located in the Southwestern United States. Projected shortages in healthcare workers and an aging populace create a moral imperative for healthcare organizations to develop formal training programs to encourage clinical nursing expertise, and promote minority women, as a matter of fairness, intergenerational knowledge transfer, and necessity (Drennan, & Ross, 2019). Latina healthcare managers' experience of subjective career success was associated with work

motivation, which may become a negative feedback loop that perpetuates less than optimal outcomes (Hsieh et al., 2017). Society needs well-trained, competent nurses and nurse managers; while the rapid rise in attendance in Doctor of Nurse Practitioner (DNP) programs is encouraging, employers need to get involved in training. Managers must identify and address institutional bias by promoting competent Latinas. Society can ill afford to waste Latina nurses' innate talents and experience, particularly during nursing shortages and pandemics.

Theoretical implications. Self-determination theory of motivation describes and predicts individual and organizational outcomes (Ryan & Deci, 2017). The three universal psychological needs of self-determined behavior are operationalized in SDT as competence, autonomy, and psychological relatedness (Deci & Ryan, 1991). Competence refers to one's ability to perform their duties according to predetermined standards (McClelland, 1974). Knowledge, skills, and abilities required in each role may differ; competency is context-specific to the work role. Competency is accumulated through training and experience during one's career (Dreyfus & Dreyfus, 1980).

Employees begin their jobs as a novice and require training, supervision, and mentoring to develop sufficient mastery to qualify for promotion. The novice is an individual whose behavior is highly contingent upon adhering to rules, while knowledge of their area is often inflexible and limits the extent to which they are willing to work outside prescribed boundaries (Dreyfus & Dreyfus, 1980). The experienced beginner takes the novice forward and allows them to become more sensitive to the situation around them. Training is critical to move beginners to mastery (Dreyfus & Dreyfus, 1980). Supervisors can establish long-term training plans within their work environment to transfer knowledge consistent with career growth.

The fact that Latinas are underrepresented as managers in healthcare companies suggests there is insufficient training and development for those individuals. In this case, SDT is used in a prescriptive manner to diagnose at least one deficiency in the healthcare industry, creating the Latina manager gap and insufficient training and development for that group. The use of an SDT framework to identify organizational weaknesses represents an important implication in the future as a means of identifying opportunities for additional training and development to address demographic gaps.

Autonomy refers to an individual's ability to exert rational self-control (Deci & Ryan, 1991). Individuals asserting autonomy can monitor their behaviors using reasonable judgments. They are also independent and capable of forming their own decisions within the context of their environment. Autonomous individuals can develop strategies and settle on actions that fulfill both short and long-term goals. These individuals are asserting self-determination, the ability to resolve their actions rather than be dependent on others. Individuals slowly progress toward greater autonomy over time as they acquire new experiences and knowledge that inform their approaches to life. Interestingly, training and professional development with a focus on the development of personal autonomy also fits the study findings.

Psychological relatedness is a concept that refers to relationships between individuals (Gelfand et al., 2013). It allies individuals self-selecting their relationships and how they relate to others around them. Autonomy and relatedness are closely related. Autonomous individuals confidently identify individuals within a team, department, or organization who can help meet their goals (Ryan & Deci, 1991). The study findings indicated that increasing the levels of autonomy corresponded to increased career success. In addition, there was a significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States. Consequently, there was a significant relationship between the work motivation dimension of relatedness

and subjective career success among Latina healthcare managers located in the Southwestern United States. The findings imply that employee competency, autonomy, and relatedness enhanced their subjective career success in organizations. These findings extend the SDT theory that the psychological component of competence refers to an individual's ability to perform their duties properly (McClelland, 1974). Competence describes the many means by which people adequately perform their work, but competencies may differ from one job to another. The knowledge, skills, and abilities required in each role may differ, requiring different groups of these characteristics in each role to be competent. As such, competency is context-specific to the work role. In this regard, the current study findings extend this theory by establishing a significant relationship between the work motivation dimension of competence and subjective career success, indicating that individuals with specific skills can perform given duties.

The findings also extend the construct of autonomy by establishing that increasing the levels of autonomy corresponded to increased subjective career success. According to Deci and Ryan (1991), autonomy refers to an individual's ability to exert rational self-control (Deci & Ryan, 1991). Individuals asserting autonomy can monitor their behaviors using reasonable judgments. They are also independent and capable of forming their own decisions within the context of their environment (Deci & Ryan, 1991). Therefore, the study findings extend the SDT theory construct of autonomy by indicating the levels of autonomy correspond to the levels of career success among employees. The findings also extend the SDT theory construct of Psychological relatedness, a concept that refers to relationships between individuals (Gelfand et al., 2013). It allies individuals self-selecting their relationships and how they relate to others around them. These relations are established in the context of their autonomy. Consequently, these concepts are not entirely divorced from one another. Autonomous individuals negotiate their relationships with each other while also maintaining their autonomy to various degrees. The study findings extended the SDT theory by establishing that there was a significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers located in the Southwestern United States. The findings imply that individuals relate in a social setting and require negotiation when dealing with environments that require interactions with other individuals.

Practical implication. The results of this study showed that the three dimensions of work motivation were significantly associated with subjective career success among Latina managers in healthcare settings. Leaders can use these findings to develop interventions to improve work motivation and increase Latina participation in management in several ways.

1. The study findings indicated that there was a significant relationship between the work motivation dimension of competence and subjective career success among Latina healthcare managers located in the Southwestern United States. Competence refers to an individual's ability to perform their duties properly (McClelland, 1974). Competence describes the many means by which people adequately handle their work, but competencies may differ from one job to another. The knowledge, skills, and abilities required in each role may differ, requiring different groups of these characteristics in each role to be competent. As such, competency is context-specific to the work role. The study findings can therefire beuse by managers to establish empolpoyee training and development programs for Latina population in order to increase their knowldeg and skills levels invarious fields of specialization to enhance their work competency for career success. In addition, competence is continuously developed throughout an individual's career (Dreyfus & Dreyfus, 1980); therefore, managers should should regularly engage the Latina employees in their professional development by establishing rules but also

provide leeway to empower the employees to take the initiative and bend the rules where necessary to accomplish their goals in organizations

2. The study results also established that increasing the levels of autonomy corresponded to increased career success. According to Deci and Ryan (1991), autonomy refers to the ability of an individual to exert rational self-control (Deci & Ryan, 1991). Individuals asserting autonomy can monitor their behaviors using reasonable judgments. These individuals are asserting self-determination, the ability to resolve their actions rather than be dependent on others. Individuals slowly progress toward greater autonomy over time as they acquire new experiences and knowledge that inform their approaches to life. The findings call for managers to embrace work autonomy among employees to increase their job motivation and job satisfaction, which could lead to career success and increase overall organizational performance. The managers may use these findings to understand the motivating factors among employees for organizational success.
3. The current study's findings established a significant relationship between the work motivation dimension of relatedness and subjective career success among Latina healthcare managers in the Southwestern United States. Gelfand et al. (2013) indicated that psychological relatedness is a concept that refers to relationships between individuals (Gelfand et al., 2013). It allies individuals self-selecting their relationships and how they relate to others around them. Autonomy only exists to an extent in a social setting and requires negotiation when dealing with environments that require interactions with other individuals. The study findings can help Latina managers establish mechanisms and strategies for enhancing employee social connection by promoting teamwork in the organization, which may enhance employee career success, thereby improving their motivation.

Future implications. The findings from this analysis addressed the study's research questions, which helped achieve its objectives, including determining to what extent a significant statistical relationship existed between work motivation dimensions of autonomy, competence, and relatedness and subjective career success among Latina healthcare managers. In addition, the findings may help determine if and to what extent, if any, the relationship between work motivation and subjective career success among Latina healthcare practitioners in the Southwestern United States. Also, findings from the analysis may advance practitioners' knowledge of diversity in the workplace.

Organizations in the healthcare sector can use the study findings to create workplace management strategies such as training and development to increase the probability of Latinas' promotion to managerial positions. At the same time, by disseminating this study, Latinas are empowered with the data needed to promote change. Changes to policies and procedures to reduce the gap in Latina healthcare managers, including annual reviews of progress, are recommended. When the initiatives are implemented, healthcare organizations might have numerous employment opportunities for Latinas, improving their pool of potential experienced managerial talents. Additionally, insights from the study findings might contribute to extending the SDT study to other minority populations in society, not just among Latinos in managerial positions in the healthcare industry.

Strengths and weaknesses of the study. One strength of the research study was the reliability and validity of the surveys. The Work-related Basic Need Satisfaction (W-BNS) and Subjective Career Success Inventory (SCSI) were previously tested for reliability and validity. Factorial analyses (both exploratory and confirmatory factor analyses) indicated that psychological needs for autonomy, competence, and relatedness individually and taken together predicted intrinsic and extrinsic work motivation and essential work outcomes. Colledani et al. (2018), reported the factor loadings of MWMS were between 0.42 and

0.79 for autonomy, 0.56 and 0.96 for competence, and between 0.54 and 0.77 for relatedness, which indicates that the items in the instrument measure what they were intended to measure. The SCSI was developed and validated through four phases of data collection: interviews and focus groups, item sorting tasks, item refinement through confirmatory factor analysis, and finally, convergent and discriminant validity quantitative analysis (α= .0.81 and .85).

Another strength of this research involves the application of a quantitative methodology that was considered effective for the analysis of empirical data (Leedy et al., 2019). The use of measured data and statistical facts helps reduce the bias of the participants' responses. The correlational design used in this study provided credibility to the study analysis based on the relationship between work motivation and subjective career success. The post-hoc G*Power calculation using a sample of 210 indicated that the study was powered at 98.43%

The choice of non-experimental research design and sampling strategy limits the generalizability of study findings. A purposive sampling technique used in this study includes the non-probability selection of study participants based on inclusion and exclusion criteria, availability, and proximity to the researcher (Leedy et al., 2019). Since random sampling was not used, the results cannot be generalized to the larger population from which the sample was drawn. In addition, the use of correlation limits study findings to an association rather than providing information to ascribe causality.

Conclusion. Based on the aging U.S. population and projected shortage in healthcare workers, there is an ethical imperative for healthcare organizations to develop formal training programs to encourage clinical expertise, and promote minority women, as a matter of fairness, intergenerational knowledge transfer, and necessity (Drennan & Ross, 2019). Latina healthcare managers' experience of subjective career success was associated with work motivation, which may become a negative feedback loop that perpetuates less than optimal outcomes (Hsieh et al., 2017). Society needs well-trained, competent nurses and nurse managers; while the rapid rise in attendance in Doctor of Nurse Practitioner (DNP) programs is encouraging, employers need to get involved in training. Managers must identify and address institutional bias by promoting competent Latinas. Society can ill afford to waste Latina nurses' innate talents and experience, particularly during nursing shortages and pandemics.

Management may change institutional bias by promoting competent Latinas. Women in senior roles are models for others to remain committed to advancing to leadership positions. Underrepresentation of Latinas in senior management may result in less-than-optimal organizational performance, as measured by work motivation. Programs and practices are necessary to reduce the gap for Latinas in healthcare management to improve equity, individual performance, and organizational performance.

Another clear benefit to training and promotions is that Latina nurses in senior roles can mentor younger nurses of color to broaden and deepen the funnel of expert caretakers. Guzzo et al. (2020) suggested that the underrepresentation of Latinas is a tragic waste of precious resources. Guzzo et al. (2020) recommended an exhaustive focus on management training opportunities to narrow the opportunity gap for Latinas.

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