Motivation is essential in any aspect of behavioral change. For practicing nurses intervening with patients to promote specific behaviors, consideration of the theoretical underpinning for motivation to change or initiate behaviors is key in delivering effective nursing care. Similarly, nurse researchers whose study requires active engagement of individual participants need to consider motivation for adherence to study procedures and interventions. The purpose of this article is to provide an overview of intrinsic motivation as presented in self-determination theory (SDT).

Self-Determination Theory

The SDT of motivation was developed by psychologists Edward L. Deci and Richard M. Ryan at the University of Rochester. Deci and Ryan identified their theoretical approach as organismic and dialectic (SDT, 2017). An organismic worldview understands individuals as active organisms with goals of mastering and integrating new experiences. This predisposition for growth is affected by interactions with the environment; the exchange, or dialectic, occurs between an individual and his or her social environment.

SDT includes six minitheories based on laboratory and field research. An international cadre of researchers and a dedicated website provide extensive resources and information. Professionals in a wide range of disciplines, including healthcare, have used SDT. A meta-analysis of 184 health-related studies using SDT revealed favorable support for the SDT framework and constructs (Ng et al., 2012). Theoretically derived interventions based on SDT have been found to promote long-term sustained behavioral change in areas such as smoking cessation and increased physical activity (Williams et al., 2006).

SDT specifically addresses the type of motivation (i.e., intrinsic or extrinsic), not the amount of motivation (i.e., high or low). An SDT minitheory that directly relates to intrinsic motivation is the cognitive evaluation theory (CET). Central to SDT and CET is the concept of intrinsic motivation, which is “based on the satisfactions of behaving ‘for its own sake’” (SDT, 2017, p. 1). The reason to engage in behavior is the reward obtained from the behavior; play is a classic example. An underlying tenant of SDT is that psychological well-being is related to three basic psychological needs—autonomy, competence, and relatedness. When the social context facilitates these three basic needs, a person is more likely to engage in intrinsically motivated behaviors. If the situational context promotes these three needs, then a person’s natural behavior is more likely to be self-motivated.

Autonomy is the need to be in charge of the course of our lives. The identification of this need...
was grounded in an empirical finding that the provision of external rewards for engaging in behavior undermines intrinsic motivation (Ryan & Deci, 2000). This aspect of SDT is perhaps the most hotly debated and intensely studied topic. Examples of rewards not conducive to intrinsic motivation include “threats, deadlines, directives, pressured evaluations and imposed goals” (Ryan & Deci, 2000, p. 70). Autonomy stands in contrast to control. Autonomy-supportive strategies include providing choices, acknowledging feelings, and giving patients the ability to self-determine their desired behavior, whereas controlling strategies include clinicians setting goals for patients and instructing patients to stop certain behaviors.

Intrinsic motivation is also facilitated by competence, the ability to successfully engage in a behavior. This concept bears a resemblance to self-efficacy as proposed by Bandura (1986). However, competence must be accompanied by autonomy for motivation to be self-determined and intrinsic. Promotion of competence includes information and skills required to engage in the behavior, and is routinely integrated into nursing interventions for patients with cancer, such as providing the necessary information and schedule for taking a new medication.

The third basic need of intrinsic motivation is relatedness, which includes the need for close personal relationships and security. Empirical findings of the SDT reveal that, although intrinsic motivation is not as essential as autonomy and competency, it is more likely to exist in people who have secure and close relationships (Ryan & Deci, 2000). The need for relatedness is not thought to be essential because some behaviors may be done in isolation and be intrinsically motivated (e.g., writing). A therapeutic relationship with clinicians and the establishment of trust could promote relatedness.

Other minitheories of SDT expound on additional aspects of human motivation. For example, the causality orientations theory recognizes individual differences, focusing on everything from internal factors to external rewards and unmotivated behavior (SDT, 2017). Extrinsic motivation is the focus of another minitheory positing a continuum of extrinsic regulation in which some external rewards may become internalized. Some types of external motivation may have more negative consequences on a person’s well-being. SDT postulates that intrinsic motivation is associated with well-being. A central premise of SDT is that people inherently want to engage in affirming activities that meet their basic needs for autonomy, competence, and relatedness. Therefore, no need exists to motivate another person. Rather, social conditions hamper our natural tendencies to engage in self-determined behavior. Therefore, the responsibilities of clinicians and researchers are to create an environment conducive to intrinsic motivation by providing autonomy support, promoting competence, and facilitating relatedness.

Conclusion

The SDT is a well-developed theory of human motivation with extensive empirical support and international adherents. Interested readers should visit www.selfdeterminationtheory.org for more information. Available on the site is basic information on the theory, a list of faculty and publications, and information on established questionnaires to address concepts proposed by the theory. Intrinsic motivation stands in sharp contrast to theoretical models of external rewards for behavior and many healthcare settings with hierarchical and controlling environments. The concepts of autonomy and self-determination are central features of a person-centered approach to care.

References


Authorship Opportunity

Conceptual Foundations provides readers with an overview of the role of conceptual frameworks in the research process. Materials or inquiries should be directed to Associate Editor Marie Flannery, PhD, RN, AOCN®, at marie_flannery@urmc.rochester.edu.