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Characteristics of Organizational Leadership and Motivation as a Factor of Change in the Public Health System

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The purpose of this study is to investigate the characteristics of organizational leaders in the health system and the factors that motivate health workers, in order to improve health care. The research was conducted in the public health institutions in Montenegro. The objectives of the research were to investigate whether leaders affect the motivation of employees in order to implement changes in the health system. The study was implemented through the interview method on the representative sample of 603 employees in public health institutions. The factor analysis revealed the latent characteristics of the organizational leader and the factors that motivate employees in public health institutions. The result of study indicates that employees in public health perceive organizational leadership to have a good quality. Result also exposes that the strongest motivation factor is a financial incentive. Financial incentive is the main motivator for employees in the public health sector, while the participation in decision-making was the least important motivational factor. The results obtained indicate that employees are primarily focused on individual goals, which influence the acceptance of change within the health system. The role of organizational leaders in motivating is poor because obtained factor scores are not correlated. The research has shown that organizational leaders do not have a great impact on the motivation of employees in the public health sector. This has effect on the process of accepting changes, where the roles of leaders are very important, especially in providing support to employees.

Keywords: organizational leadership, characteristics of the leadership, motivation for change, change management, public health

Introduction

Dynamic development of societies, development of science and technology require changes in the health systems. Changes in the health systems are permanent, review the existing solutions, and also seek the new ones that would effectively fulfill health needs. The reforms undertaken in the health care systems in transition countries have limited effects in terms of realized measures and effect. There are numerous reasons for this, but the main one is the inability of leaders to implement changes. Relatively insufficient research is conducted in the public health sector that focuses on the characteristics of organizational leadership in the transition countries that have a monopoly over the health system. The previous research conducted by UNDP shows that beneficiaries of health services believe that the biggest obstacle in the implementation of reforms is a poor

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motivation of the health care workers. Of the total number of surveyed beneficiaries, 17.8% of respondents believe that the health care workers are not motivated for change (Retrived from http://www.me.undp.org/content/dam/montenegro/docs/publications/DG/Corruption/Integrity%20Assessment%20of%20the%20Health%20Care%20System%20in%20Montenegro%20LOC.pdf). The analysis also shows that the implemented reforms have not significantly changed the leadership style within the health care system. The health care system of Montenegro consists of 31 public health institutions that serve 635,000 inhabitants of Montenegro. The latest figure shows that there are 8,535 employees in the public health sector (Retrieved from www.mostat.me). The health care system in Montenegro is a highly centralized and bureaucratically organized structure, without the financial autonomy of health care organizations. The employees of public health organizations cultivate a collectivist approach that includes a high level of formalization. The decision-making process is centralized and any strategic decisions require involvement and confirmation of the highest managerial level. There are not any relevant studies of organizational behaviour or quantitative research that would highlight potential problems comparative to motivation of employees in the health care system.

In order to study the influence of organizational leadership on the motivation of employees within the public health system, the research on the characteristics of leaders has been undertaken. It is particularly important to emphasize that the characteristics of leaders have a special importance in the implementation of organizational changes. These changes in the health system greatly depend on the characteristics of leaders at all levels, as well as the motivation of employees to accept these changes. The perception of the beneficiaries of health services regarding the implementation of reforms in the health system imposed a research problem, which was defined within the research question. The starting point of the research question was to determine what characteristics the organizational leaders have and to what extent they can motivate employees.

The objectives of the research were:

- to determine the characteristics of organizational leaders within the public health system;
- to consider the managerial variables which determine the problems within the health care institutions;
- to examine the impact of health policy on the operation, autonomy and functioning of institutions;
- to determine the motivational factors;
- to investigate whether leaders affect the motivation of employees.

The research hypothesis was that organizational leadership motivates the employees in public health institutions.

The importance of this topic is to determine how characteristics of the organizational leaders in the health system for country in transition, impact quality of health care and overall system. By studying characteristics of organizational leaders and motivation factors that impact employees, it can contribute to elements that reduce resistance to change. At the same time, this will help in leading the activities in order to improve health services. This is the first study that appears at characteristics of organizational leaders and factors of motivation in Montenegro health system.

Literature Review

The literature in regards to organizational leadership and motivation suggests the existence of a large number of theories, models, and theoretical approaches. Empirical analysis and research confirm or deny certain theoretical positions. Most theories argue that individuals are different, but leaders' behaviour plays a significant role in motivating and enabling employees to perform effectively. Organizational leaders with

different concepts on the same issue have different characteristics (Senge, 1990). The most attracting areas of organizational science in recent year have been in the area of leadership and motivation (Ivanicevich, 2005, Schermerhorn, 2005). Current research focuses on transactional leadership in which the leader directs or motivates the followers towards the established goals. The motivation studies in the public sector raise the question of the role played by the leadership (Moynihan & Pandey, 2007a). They also emphasize that managers have varying degrees of influence over different aspects of work. Wright, Moynihan, and Pandey (2012, p. 206) pointed out that leaders can influence public service motivation through several mechanisms, including engaging employees, existing values, infusing jobs with meaning, highlighting, and rewarding public service values. Studying the role of organizational leadership in motivating employees is of great importance in the public health systems. The leader can affect the motivation through different mechanisms. Perry and Hondeghem (2008, p. 308) pointed out that the specific challenges worth investigation include how leaders rise the salience of collective identities and values in followers, self-concept, linking the organizational mission to organizational members and client's identities and values, and liking member's job behaviours to their identities and values.

The theory suggests that different factors contribute to increased motivation. Most researches on motivation focus on individual differences among employees (Brewer, 2000). Attention is also given to the information by which the employees can monitor their own progress (Ivancevich & McMahon, 1982). Robbins and Coulter (2005) cited the Gallup study which found that the single most important thing subject to the change of performances is the quality of relationship between employees and their direct supervisors, rather than loyalty, wages, or work environment. Perry and Hondeghem (2008) pointed out on the motives and action in the public domain that are intended to do good for others and shape the well-being of society.

The study of motivation in the public sector focuses on the employees and the organizational environment. Wright (2001, p. 368) pointed out that the researchers generally make a mistake when they study motivation while separating public and private sector. Contrary to this position, Alonso and Lewis (2001) pointed out that the link between the motivation in the public sector and the performances is not so strong. Perry and Wise (1990) defined the motivation in the public sector as an individual's predisposition to respond to motives grounded primarily or uniquely in public institutions and organizations.

The motivational context is the core content of organizational behaviour, institutional and environmental factors, as well as individual motives. Houston (2000) stated that public sector motivation exists and those employees attach greater importance to rewards at work, as well as the feelings of fulfilment, which represent an important predictor of organizational performances.

Methodology

The research was conducted on a sample of 603 respondents through the interview method in 31 public institutions in Montenegro. A specially designed questionnaire contained the demographic variables with 12 items, organizational variables with 16 items, characteristics of leaders with 11 items, influence of the Ministry of Health on the work of health institutions with nine items, motivation factors with 12 items, demonization factors with 12 items, autonomy and teamwork with seven items, interpersonal relationships and awareness with seven items, and performance and satisfaction appraisal with two items. Assessment of the impact of environmental factors has not been done, except for the impact of the Ministry of Health, as the emphasis has been given on the internal factors of organizations.

The concept of the research provided for a large number of variables that were supposed to point out to all aspects of the organization and management within the public health institutions. Given a large scope of the variables, the response rate of respondents ranged differently with respect to individual questions, in the range from 73% to 99%. The sample consisted of the managers of all public health institutions, starting from the primary to the secondary level, as well as other health care workers.

Of the total number of respondents (Figure 1), 192 (32.8%) were male, and 412 (68.2%) female. Of the total number of respondents, 356 were managers at various levels (n^1), while 247 (n^2) represented other health care workers. The average age of the respondents ranged between 41 and 50 years of age. The specialist doctors were dominant in the structure of respondents in the number of 151, which made up 25% of the total number of respondents.

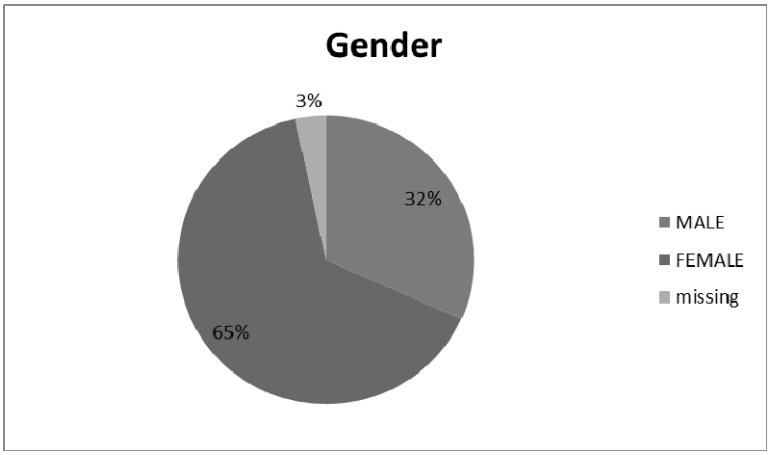

Figure 1. Structure of respondents by gender.

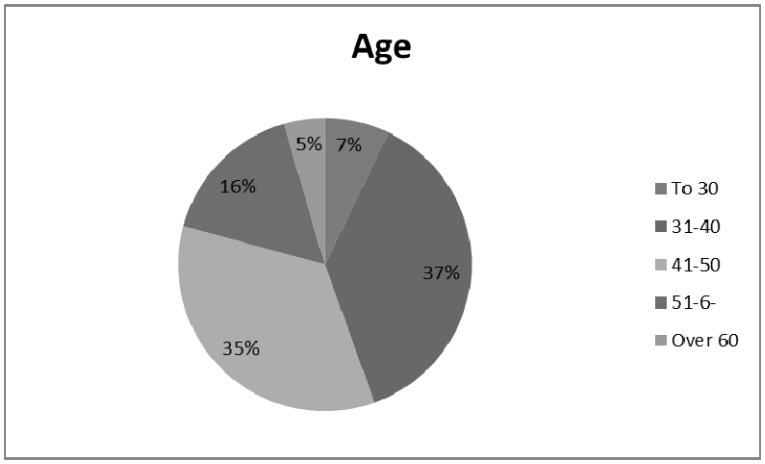

Figure 2. Structure of respondents by age.

The average length of service of the respondents ranged from 11 to 20 years of service, while the managers occupied their positions for up to five years on average. Of the total number of executives, 64 (10%) of them have some kinds of training in management, with 21 of them having postgraduate degree. Other respondents indicated that self-study had been a way of professional development in the field of management. Only 8.5% of managers had some types of formal education in management. When asked how the organizational changes affect the functioning and work within the institutions, the respondents replied as

follows: About 23% of them answered that they did not know, 20.4% of them responded that changes led to an increase in employment and 19.2% responded that changes led to the reduction of the number of employees in the institution.

Statistical Analysis

The statistical analysis of collected data was performed on the entire sample. The analysis was performed with the help of the SPSS (statistical package for the social science) statistical programme within which the specialized macros were used: Comfac2 and Spromax. The testing of scales from the questionnaire for the nominal scale was carried out by the method of optimal scaling, and the method of latent dimensions was used for ordinal scales. The discriminate analysis was used in the research at the project level, which attempted to answer whether there are significant differences between managers at different levels and other health care workers. The variance analysis was used to study the responses to scale questions. The studied characteristics included nominal, ordinal, and five-point scale for the factors of motivation, demotivation, satisfaction, and characteristics of organizational leaders. The variables included in the analysis were selected on the basis of the expectations that they were related to the detected clustering and on the basis of their metric and statistical characteristics.

A multivariate test was taken as the linear F-test > 2.00 with the inclusion of the cubic component at the significance level = 0.05. The significance of the difference in pairs was determined by the modified LSD test (Bonferroni test), which tested the difference among the pairs of arithmetic means. When checking the null hypothesis, the t-test was used for parametric data and chi-square test for non-parametric data. The difference in the distribution of respondents by individual characteristics was analysed by contingency tables. To test the average canonical correlations among variables, the Cramer's coefficient V ($0 < V < 1$) was used and $V > 0.20$ was considered; the contingency coefficient $C > 0.30$, with the significance level of $p < 0.01$ (highly statistically significant) to $p < 0.001$(significant).

The analysis of hypothetical factors was performed with the confirmatory factor analysis, where the analysis was based on the Proctrustean ProMax rotation, with the image analysis used as the starting solution, but on the variables rescaled in the Harris Kaiser's Matrix. It is believed that this analysis is the most mathematically and statistically based method. The similarity of explorative and hypothetical factors was checked by the correlation coefficient or the congruence coefficient.

Reduction of Characteristics

The number of items in the research was varied and dichotomous due to which the reduction was made by the "image" method of the factor analysis with the direct oblimin method of oblique rotation. The number of factors was determined by the Guttman-Kaiser criterion for the model image analysis. The choice of this method was made because of the estimate of the statistical quality of selected variables which are of low reliability. The image analysis served as a measure of belonging of a particular item to the analysed sample and as a relative measure of the correlation amount before and after the Gutman-analysis, which is the obtaining of the anti-image correlation. The factor analysis was performed using the method of principal components rotated into the position, with the support of the "2macro-comfact2 software".

The reduction process was carried out for the whole studied population, as well as for sub-samples. For the purposes of this paper, the results on the whole sample are presented.

The first phase included the processing of the total variance of items with the direct oblimin method of oblique rotation as a method of factorization. Due to the large number of statistically significant factor loadings, the factors whose factor loading is $F > 10{,}401$, and the characteristic values (eigen-value) > 0.60 (Meyer-Olkin Kaiser-Measure of Sampling Adequacy) were selected for the analysis.

The second phase included testing and the validity of the measurement scales. In the case of ordinal variables, the factor analysis was used and the factorization was not performed for the normalization of ordinal variables, because the analyses did not indicate a need for this. These variables were subjected to an explorative part of the SproMax macro, resulting in the orthoblique factors from the Harris-Kaiser's image analysis.

The third phase involved the factoring of the obtained latent variables by the component model (principal component analysis). Three factors were identified by the Guttman-Kaiser criterion and rotated by the direct oblimin method.

The analysis was performed in data processing by health institutions, which showed that there were significant differences in the evaluation of organizational leaders by health institutions, which was expressed as highly significant (4.2) according to the *F*-test.

Characteristics of Organizational Leaders

The characteristics of organizational leaders were evaluated on the basis of 11 characteristics that identify the organizational goals, ethics, communication, negotiation skills, communication skills, autonomy, and respect from employees.

The characteristics were measured on the five-point scale, which included: from 1 (especially good) to 5 (extremelly unsatisfactory).

The arithmetic means of the observed characteristics of organizational leaders are about the average score of two, which indicates that the leadership is good. A lack of structuring as a high correlation (shown in Table 1 which contains 474 cases) and the average score indicate that respondents were not discriminatory.

Table 1

Analysis of the Characteristics of Organizational Leaders

Variable	Mean	Standard deviation
Vision of managers (V)	2.21730	1.27309
Goal setting (G)	1.90717	1.12620
Ethics (E)	1.84177	1.11981
Autonomy in decision-making (AD)	2.09705	1.24701
Care for future managers (CM)	2.48101	1.36269
Communication skills (CS)	2.05274	1.27894
Negotiation skills (NS)	2.11603	1.29613
Encouraging the creativity of employees (EEC)	2.66878	1.44453
Giving an autonomy to employees (GAE)	2.33966	1.35490
Care for employees (CE)	2.15823	1.26352
Respect of employees (RE)	2.06962	1.20139

The analysis of variance characteristic of managers indicates that there are significant differences in the evaluation of the characteristics of the managers by profession. The difference in the evaluation of the sense of vision is the greatest ($V = 1.8598$). The best score was given by specialists and the worst by other health care workers.

When it comes to the characteristic regarding the goals of the institution, the difference among the respondents by profession is $V = 1.8598$, which was also assessed best by specialist doctors and worst by other health care workers with the high school diploma. The characteristic regarding ethics also shows the difference by profession ($V = 1.1473$), and is best assessed by administrative workers (Mean = 2.0000). On the issue of autonomy in decision-making, differences among professions are also evident ($V = 1.6193$) and the best assessment was given by clinical specialists, which is also true for the characteristic taking care of future leaders ($V = 2.9558$), while it was assessed worst by the medical technicians with high school diploma. The characteristics of organizational leaders were generally assessed best by specialist doctors and worst by medical technicians. An exception is the characteristic example for colleagues to follow which was assessed worst by senior medical technicians (Mean = 1.7500).

Table 2

Correlation Matrix of the Characteristics of Organizational Leaders

	V	G	E	AD	CM	CS	NS	EEC	GAE	CE	RE
V	1.00000										
G	0.73221	1.0000									
E	0.64702	0.66224	1.00000								
AD	0.57797	0.47461	0.46219	1.00000							
CM	0.61354	0.57882	0.51965	0.59081	1.00000						
CS	0.64218	0.57292	0.56974	0.39977	0.53736	1.00000					
NS	0.62531	0.60267	0.52249	0.43644	0.58718	0.82147	1.00000				
EEC	0.65311	0.61005	0.54652	0.55189	0.67290	0.57021	0.61904	1.00000			
GAE	0.55402	0.57769	0.57336	0.45844	0.54340	0.58747	0.58186	0.6251	1.00000		
CE	0.67517	0.67447	0.68266	0.54440	0.61262	0.65682	0.64069	0.66628	0.67246	1.00000	
RE	0.58032	0.63606	0.59437	0.49786	0.61745	0.64293	0.62613	0.57735	0.58419	0.70999	1.00000

Notes. Determinant of correlation matrix = 0.0002595; Kaiser-Meyer-Olkin measure of sampling adequacy = 0.93418; Bartlett test of Sphericity = 3868.2288; Significance = 0.00000.

The correlation analysis among 11 variables of the characteristic of organizational leaders is shown in the Table 2 and all items highly correlate with each other from 0.39 to 0.82 (significant level $p < 0.01$). Negotiation skills and communication skills have the highest correlation of 0.82, and then the respect from employees and an example to follow, with 0.71.

Result of the factor analysis of these 11 factors of the characteristics of organizational leaders explained a 57% of variance which is shown in the Table 3. Features with these characteristics are called management support. Communication skills have the bigest communality (0.73345), then example of conduct (0.70329), while ethics in the work has the lowest communality (0.45599). These factor loadings and the variance extracted confirm the convergent validity of the dimensions.

The obtained factor discriminates the respect of the manager and has a quantitative, rather than structural significance in the analysis. The obtained factor represents a structural tool for the analysis of latent features and the characteristics of managers.

The obtained factor represents a structural tool for the analysis of latent features and the characteristics of managers. Crossing the factor scores obtained by the institutions is a significant difference in the responses, especially for the variable “communication skills”, so that Phi = 0.50092, Cramer’s $V = 0.25046$ and contigency coefficient = 0.44787, as well as “negotiation skills” (Phi = 0.53984; Cramer’s $V = 0.26992$;

contigency coefficient = 0.47504) and "develop creative abilities of employees" (Phi = 0.53179; Cramer's *V* = 0.26589, conigency coefficient = 0.46953). Similar differences in the characteristics of organizational leaders occur at institutions in the variable "giving employees more autonomy" (Phi = 0.50877; Cramer's *V* = 0.25438; contigency coefficient = 0.45345). Highly significant multivariate *F* ratio was obtained in terms of the "vision of the leaders" (*F* ratio = 4.130) and "goal settings" (*F* ratio = 3.8005). Researches showed significant differences in assessment of profession leader's characteristics on all variables. *F* ratio for the variable goals is 1.8598 where the differences are particularly manifested with medical specialists, as well as the ethics (*F* ratio is 1.1473), encouraging the creativity of employees (*F* ratio = 2.9558), and ethic (*F* ratio = 2.1030).

Table 3

Results of the Factor Analysis for the Characteristics of Organization Leaders (12 Items)

Factor	Variables	*F*	Communality
E = 6.99 Pct of *V* = 57.2% support management	Example of conduct	0.82353	0.70329
	Vision of managers	0.79532	0.68513
	Negotiation skills	0.79176	0.72534
	Communication skills	0.78804	0.73345
	Goal setting	0.77306	0.65045
	Encouraging the creativity of employees	0.76783	0.64055
	Respect from employees	0.76471	0.61748
	Care for employees	0.72930	0.58658
	Giving an autonomy to employees	0.72714	0.56426
	Ethics at work	0.72607	0.57496
	Autonomy in decision-making	0.61280	0.45599

Organizational leader's at all hierarchical levels of the health system are determined by the higher authority. Despite the formal announcement of the competition, all directors of public institutions are appointed by the ministry. The following action is for directors of institutions (in consultation with the ministry) to place managers at lower levels. Such a system of recruitment leads to a reduced influence of the leaders of on the employees and their focus mainly on solving management problems, not the handling or initiating significant change.

Motivational Factors

In this research, 12 factors were used to test the motivation, adapted to the situation in health system, and measured by five-point scale. Motivational variables include salary, financial incentives, working conditions, the affirmation in the profession, interpersonal relationship, status of the institutions, job security, participation in decision making, the quality of management, the job by itself, acceptance of colleagues, and responsibility which are shown in Table 4.

Analysis of mean of variables of work motivation shows that employees are highly motivated. Salary and responsibility have the lowest arithmetic means and standard deviations, which the respondents consider the best motivators, individual and univariate. The least important variable is participation in decision-making, where at the same time the largest individual differences exist.

Correlation among 11 variables of work motivation (shown in Table 5) is positive and significantly correlated to 0.06 at significant level of 0.55.

Table 4

Analysis of Motivational Factors

Variables	Mean	Std. Dev
Salary (S)	1.15517	0.47273
Financial incentives (FI)	1.38314	0.78539
Working conditions (WC)	1.29310	0.59775
The affirmation in the profession (AP)	1.43870	0.68229
Interpersonal relationships (IR)	1.27011	0.52739
Status of the institution (SI)	1.60345	0.87722
Job security (JS)	1.40996	0.75154
Participation in decision-making (PDM)	2.11877	1.1929
The quality of management (QM)	1.32567	0.66245
The job by itself (JI)	1.51533	0.85670
Acceptance of colleagues (AC)	1.48276	0.68483
Responsibility (R)	1.20498	0.49385

Notes. Number of cases = 522; the boldface shows the highest mean and standard deviation.

Table 5

Correlation Matrix of Motivational Factors

	S	FI	WC	AP	IR	SI	J S	PDM	QM	J I	AC	R
S	1.00000											
FI	0.55298	1.00000										
WC	0.08327	0.18962	1.00000									
AP	0.20510	0.31255	0.40887	1.00000								
IR	0.0677	0.08794	0.38767	0.31014	1.00000							
SI	0.19033	0.25996	0.34289	0.42591	0.37718	1.00000						
J S	0.23659	0.27643	0.27035	0.26621	0.32540	4.7416	1.00000					
PDM	0.13410	0.29361	0.30117	0.44546	0.30298	0.51675	0.43822	1.00000				
QM	0.08961	0.12862	0.27228	0.28631	0.34106	0.31184	0.22093	0.38106	1.00000			
JI	0.10549	0.09680	0.22922	0.28237	0.19261	0.31331	0.27641	0.37028	0.22117	1.00000		
AC	0.10018	0.11223	0.24915	0.34279	0.39289	0.35762	0.31210	0.33866	0.45241	0.43884	1.00000	
R	0.02792	0.12868	0.28373	0.27946	0.23654	0.27217	0.25409	0.20305	0.21798	0.28518	0.27437	1.0000

Notes. Determinant of corelation matrix= 0.04020535; Kaiser-Mayer Olkin measure of sampling adequacy = 0.83156; Bartlett test of Sphericity = 1635.6353; Significance = 0.00000.

The results of data processing showed that there were no significant differences between the groups surveyed in respect of profession and the position occupied (managers and non-managerial staff) (V = 0.3182) when it comes to motivational factors. Salaries and financial incentives are essentially important for all groups of respondents, regardless of profession or position within the institution. The only significant difference occurs in terms of the factor "status of the organization", depending on the profession (V = 3.9711). The greatest importance to this factor was given by specialist doctors (Mean = 1.6739) and the lowest by medical technicians (Mean = 1.3913).

The image factors obtained from this group of variables are relatively weak, because the first factor explains only 24% of the total variance and the other 4%, because the loadings of variables are relatively low. The other factor called financial incentives is a variant that includes only two items, while other variables of the motivator belong to the first factor. Direct correlation of factors is relatively low and amounts to 0.40. Low

correlation is caused by reduced variability, because the Table 6 shows that all the factors are very important. Salaries and financial incentives have emerged as two aspects of the same variable.

Table 6

Results of the Factor Analysis for Motivation

Factor	Variables	*F*	Com.
Factor 1 *E* = 4.12 Interpersonal relationships Pct of Var = 24%	Acceptance of colleagues (AC)	0.59600	0.39211
	Status of the institution (SI)	0.55757	0.41711
	Interpersonal relationships (IR)	0.55311	0.31413
	Participation in decision-making (PDM)	0.55046	0.43660
	The quality of management (QM)	0.50980	0.29419
	The affirmation in the profession (AP)	0.48435	0.36180
	The job by Itself (JI)	0.47383	0.28523
	Working conditions (WC)	0.46851	0.28077
	Job security (JS)	0.44316	0.33934
	Responsibility (R)	0.40472	0.18728
Factor 2 Financial incentives *E* = 1.49 Pct of Var = 4%	Financial incentives (FI)	0.52825	0.38312
	Salary (S)	0.52318	0.33989

Discussion

In practice, it is expected that leaders are the bearers and creators of change and that they possess a high level of ethics and responsibility. It is particularly important that leaders in public health institutions are mediators in relations with numerous stakeholders, among whom, the employees have special importance.

The results obtained indicate that respondents were not particularly discriminatory towards organizational leaders, who received the average score of good, which does not indicate the specific characteristics of leaders. Particular note is leader's traits related to organizational behaviour, such as the autonomy of employees, the attitude towards colleagues, ethics, and communication. Respondents with respect to these variables showed the greatest differences both in institutions and occupation. This indicates a need to change organizational culture, which is an important factor for improving existing practices and management styles.

Organizational leaders in the public health system have limited tools to motivate employees because of the legal rules which do not allow the recognition of additional rewards, as an opportunity for increased performance and achieved results.

The lack of structure, high correlation, and average scores (mean score is "good") point to conclusion that sample population was indiscriminative. The factors in Table 3 have quantitative meaning as oppose to structural ones. The factors represent structural tools for analysis of potential characteristics and attributes of organizational leaders. It is recommended to widen the scope of analysis of characteristics of organizational leaders in order for more detailed representation.

When it comes to motivation, the perception of the employees is that interpersonal relationships and financial motivators prevail. Within the interpersonal relationships, the most important factor is "acceptance from colleagues" and from among the financial motivators, salaries make the strongest motivator. It is recognized that due to the overall financial position of health care workers, the financial factors stand out and dominate in relation to others, which results in low variability of other motivational factors.

Encouraging and implementing changes within the health system and the implementation of strategic decisions cannot take place without the charismatic organizational leadership, which will change the processes within the system through the initiative and responsibility for the tasks performed. Building trust and good working conditions leads to improved interpersonal relationships and satisfactory motivation. Moynihan and Pandey (2007a) pointed out that effectiveness of leaders may depend even more on the ability to communicate, persuade, and inspire. They also emphasised that managers have varying degrees of influence over different aspects of work motivation, with grates influence over job satisfaction, noting that managers could influence work motivation by changing the employees' perception of organization (Moynihan & Pandey, 2007b).

Pandey and Wright (2006) raised the question of whether the public sector cultivates motivation. Challenges of the environment present demands to organizational leaders to direct the employees and seek the best ways to increase performances and achieve goals, regardless of whether it is the public system or private health organizations. Perry and Wise (1990, p. 368) defined motivation in the public sector as an individual's predisposition to respond to motives grounded primarily or uniquely in public institutions and organizations.

It should be particularly noted that changes in service organizations occur much harder and building trust between leaders and employees has an enormous importance. Changes within the public health systems require taking measures for greater involvement of employees in the decision-making process. This was rated low by the respondents as a factor that can motivate them. Selection of appropriate organizational leaders with authority could certainly improve the existing situation. The obtained results suggest that stronger leadership is necessary to motivate public sector employees to accept organizational changes which would improve the system of motivation and generally lead to an increase in performance.

Conclusions

Motivation and leadership are very important issues for the health care system and for the research of organizational behaviour. The research has shown that organizational leaders in the public health care system of transition countries have been given an average score of good by employees, and that they do not influence motivation significantly.

Research has shown that there are significant differences in attitudes about characteristics of organizational leaders, both between medical institutions and employees.

Financial incentives have proved to be the strongest motivational factor, which due to legal rules restricts the ability of leaders to use this motivating factor. Participation in decision-making is rated lowest by respondents, which puts them in a passive position when it comes to changes and their acceptance.

For the implementation of comprehensive organizational changes within the public health care system, it is necessary to identify the motives for accepting new ideas, so that changes can be better received and spread throughout the organization. In the process of accepting changes, the role of leaders is very important, especially in providing support to employees. Support to employees includes explanations of what is expected from changes and motivation of employees who can contribute to the successful change.

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