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EMPLOYEE MOTIVATION, LEADERSHIP AND QUALITY OF CARE IN
REHABILITATION CENTERS: AN EMPIRICAL APPROACH

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Abstract

The aim of this master thesis was to explore leadership styles that influence employee's performance in Greek private healthcare system and particularly, the role that transformational leadership behaviors play in perceptions of performance motivation.

Health professional performance is vital to quality patient care outcomes and manager leadership behaviors have been linked to their performance.

A research that examined how transformational style that health professional perceived as influencing their motivation and performance was conducted. Partial least squares-structural equation modeling was used in a sample of 245 nurses, doctors, and allied health professionals across private rehabilitation centers and clinics in Greece.

The finding of this master thesis indicated that transformational leadership has a strong effect on employee motivation and perceived quality of care in private rehabilitation centers and clinics in Greece. Nevertheless, employee motivation neither has a significance effect on perceived quality of care nor mediates the relationship between transformational leadership and perceived quality of care.

Findings are supported by earlier studies which also used MLQ and the full range leadership development behaviors in various organizations.

Research suggests that healthcare professionals' performance may be improved by addressing autonomy and competence among health professional.

Managers and leaders may enhance their healthcare professionals' performance by understanding and addressing the factors that affect their ability and motivation to perform.

Table of contents

ACKNOWLEDGMENTS	II
ABSTRACT	III
TABLE OF CONTENTS.....	IV
INTRODUCTION	1
PROBLEM STATEMENT	2
RESEARCH QUESTIONS	2
THE GREEK HEALTHCARE SECTOR OF REHABILITATION CENTERS	2
LITERATURE REVIEW	3
MOTIVATION	3
<i>Definition and importance</i>	3
<i>Hierarchy of Needs Theory</i>	4
<i>Theory X and Theory Y</i>	5
<i>Two-Factor Theory</i>	5
<i>McClelland's Theory of Needs</i>	6
<i>Self-Determination Theory</i>	8
<i>Individual employee motivation</i>	9
<i>Group motivation</i>	11
<i>Motivation in private healthcare system</i>	14
LEADERSHIP	15
<i>Transformational leadership style</i>	16
<i>Transactional leadership style</i>	18
<i>Passive-Avoidant leadership style</i>	19
<i>Employee Motivation and Leadership Styles</i>	20
QUALITY OF CARE	26
<i>Leadership and quality of care</i>	27
<i>Motivation and quality of care</i>	28
METHODOLOGY	31
MEASURES	31
MOTIVATION	31
<i>Autonomy</i>	32
<i>Relatedness</i>	33
<i>Competence</i>	33
LEADERSHIP	34
<i>Multifactor Leadership Questionnaire Scales</i>	36
PERCEIVED QUALITY OF CARE.....	38
<i>Aspects of patient experiences</i>	38
STATISTICAL MODEL	40
RESULTS.....	43
DISCUSSION	45
CONCLUSION	47
LIMITATIONS	48
REFERENCES.....	49

Introduction

The current state of healthcare and predictions about the industry require healthcare organizational leaders who can manage in an ever-changing and challenging environment. HR leadership is especially critical because many of the current realities and future eventualities for the healthcare industry have, at their core, significant human resource management implications.

The list of challenges is both daunting and exciting. HR professionals have their opportunity to make contributions to their organizations and to their industry by providing solutions for the most difficult issues and problems the industry faces (Flynn, 2017).

Nowadays, most of the organizations globally are realizing the benefits of the analytics. Especially in human resources departments, officers can help their managers by providing them with analytics in order to make more accurate workforce decisions. In the world of healthcare, clinics need to stay ahead of their competition in order to provide better services and to increase their revenues and profits. Clinics and especially private ones need to increase value through their effectiveness and efficiency in delivering services to patients. In order to improve performance, the easiest and the best way to achieve that is to build value through an analytical approach by the human resources department.

An extensively researched topic is the right leadership which will influence the employees' motivation in order to deliver good quality services. The first important motivational theories arose from Maslow with hierarchy of needs (1943), Herzberg with two-factor theory (1959) and Vroom's expectancy theory (1964). Those researches focused on motivation in general and employee motivation more specifically. In the past years various definitions of motivation were defined for example, Deci & Ryan's self-determination theory (2000) claiming to give a different approach to motivation, considering what motivates a person at any given time as opposed to seeing motivation as a unitary concept, making distinctions between different types of motivation and the consequences of them.

Deci & Ryan as well others (Amabile, 1993) discussed more that employee motivation can be separated in intrinsic and extrinsic motivation. First attempts

to make that distinction was in Herzberg's Two-Factor Theory (1959). Nowadays is very important to figure out how intrinsic and extrinsic motivation can contribute to employees' performances.

Vroom (1964) studied the relationship between employee motivation and job performance establishing no high correlations between the two. Later research concluded that employee motivation and job performance are indeed positively correlated (Petty et al., 1984). Furthermore, more study is necessary in order to provide managers useful information how employees' performances can be increased by motivating them intrinsically and/or extrinsically.

Problem statement

To what extent the employee motivation can influence the quality in healthcare services at private rehabilitation centers and clinics in Greek healthcare system and how the leadership of managers will influence this relationship.

Research questions

- What motivates employees in Greek rehabilitation centers and clinics?
- What is the importance of quality of care and how can it be measured?
- How do the leadership influence employee's performance?

The aim of this thesis is to elaborate on the relationship between employees' motivation and employees' performance (through measurement of quality of care) in order to provide organizations and managers useful information on this topic as well as the right leadership style to acquire it. The answers to all research questions will be based on literature research and by conducting a research through a questionnaire concerning the subject. The results of this thesis may lead to empirical research on the relationship between employee motivation and quality of care and how leadership will influence this relationship.

The Greek healthcare sector of rehabilitation centers

The Greek healthcare system will be always an interest case for study from many aspects. Is characterized by the coexistence of a National Health System (NHS), compulsory social insurance and a strong voluntary private healthcare

system. The NHS provides universal coverage to the population and in addition, the entire population is covered by social insurance funds and 15% of the population maintains complementary voluntary health insurance coverage, which, together with out-of-pocket payment, funds a quite large private healthcare market. (2010). Retrieved from <https://healthmanagement.org/c/imaging/issuearticle/an-overview-of-the-healthcare-system-in-greece-1>

Greece has the most “privatized” health care system among EU countries. Given the country's universal coverage by a public system this may be called “the Greek paradox”. The rise in private health expenditure and the development of the private sector during the last 30 years in Greece is associated with public under financing and lack of facilities in rehabilitation. So, the gap was filled by the private sector through increased investment, mostly in upgraded amenities, new technology and appropriate human resources management (Siskou et al., 2018).

Few studies have examined the relationship of employees’ motivation through managerial leadership and the perceived quality of care in private rehabilitation centers and clinics. Of the existing studies the majority focus either on motivation of employees and the impact on quality of care (patient satisfaction and nurse outcomes) or the impact of leadership to patient satisfaction. So, it is important for managers not only to understand what exactly satisfies Greek health professionals in private rehabilitation centers and clinics but what style of leadership is suitable in order to maximize performance and thus revenues and profits.

Literature review

Motivation

Definition and importance

Some persons seem driven to succeed as well as the level of motivation varies both between them and within them at different times. Motivation is defined as the processes that account for an individual’s intensity, direction, and persistence of effort toward attaining a goal (Pinder, 2008). Motivation is concerned with effort toward any goal and especially to organizational goals.

The three key elements in definition of motivation are intensity, direction, and persistence (Robbins & Judge, 2007). Intensity describes how hard a person tries. This is the element most of us focus on when we talk about motivation. However, high intensity is unlikely to lead to favorable job-performance outcomes unless the effort is channeled in a direction that benefits the organization. Therefore, the quality of effort is considered as well as its intensity. Effort directed toward, and consistent with, the organization's goals is the kind of effort we should be seeking. Finally, motivation has a persistence dimension. This measures how long a person can maintain effort. Motivated individuals stay with a task long enough to achieve their goal.

Four theories of employee motivation formulated during the 1950s, although nowadays of questionable validity, are probably still the best known.

Hierarchy of Needs Theory

The best-known theory of motivation is Abraham Maslow's hierarchy of needs (Maslow, 1954). Maslow hypothesized that within every human being, there exists a hierarchy of five needs – physiological, safety, social, esteem, self-actualization. Physiological, includes hunger, thirst, shelter, sex, and other bodily needs. Safety includes security and protection from physical and emotional harm. Social has to do with affection, belongingness, acceptance, and friendship. Esteem includes internal factors such as self-respect, autonomy, and achievement, and external factors such as status, recognition, and attention and self-actualization are the drive to become what we are capable of becoming including growth, achieving our potential and self-fulfillment.

Although no need is ever fully gratified, a substantially satisfied need no longer motivates. Thus, as each becomes substantially satisfied, the next one becomes dominant. So, if you want to motivate someone, according to Maslow, you need to understand what level of the hierarchy that person is currently on and focus on satisfying needs at or above that level, moving up the steps.

Maslow separated the five needs into higher and lower orders. Physiological and safety needs, where the theory says people start, were lower-order needs, and social, esteem and self-actualization were higher-order needs. Higher-order needs are satisfied internally (within the person), whereas lower-order needs are

predominantly satisfied externally (by things such as pay, union contracts, and tenure).

In Greece where uncertainty-avoidance characteristics are strong, security needs would be on top of the hierarchy. Countries that score high on nurturing characteristics would have social needs on top (Hofstede, 1980). Group work will motivate employees more when the country's culture scores high on the nurturing criterion.

Theory X and Theory Y

Douglas McGregor (1960) proposed two distinct views of human beings: one basically negative, labeled Theory X, and the other basically positive, labeled Theory Y. After studying managers' dealings with employees, McGregor concluded that their views of the nature of human beings are based on certain assumptions that mold their behavior.

Under Theory X, managers believe employees inherently dislike work and must therefore be directed or even coerced into performing it. Under Theory Y, in contrast, managers assume employees can view work as being as natural as rest or play, and therefore the average person can learn to accept, and even seek, responsibility.

Theory Y assumes higher-order needs dominate individuals. McGregor himself believed Theory Y assumptions were more valid than Theory X. Therefore, he proposed such ideas as participative decision making, responsible and challenging jobs, and good group relations to maximize an employee's job motivation.

Two-Factor Theory

Believing an individual's relationship to work is basic, and that attitude toward work can determine success or failure, psychologist Frederick Herzberg (1959) wondered, "What do people want from their jobs?" He asked people to describe, in detail, situations in which they felt exceptionally good or bad about their jobs. The responses differed significantly and led Herzberg to his two-factor theory also called motivation-hygiene theory.

Intrinsic factors such as advancement, recognition, responsibility, and achievement seem related to job satisfaction. Respondents who felt good about their work tended to attribute these factors to themselves, while dissatisfied respondents tended to cite extrinsic factors, such as supervision, pay, company policies, and working conditions.

To Herzberg, the data suggest that the opposite of satisfaction is not dissatisfaction, as was traditionally believed. Removing dissatisfying characteristics from a job does not necessarily make the job satisfying. Herzberg proposed a dual continuum: The opposite of “satisfaction” is “no satisfaction,” and the opposite of “dissatisfaction” is “no dissatisfaction.”

According to Herzberg, the factors that lead to job satisfaction are separate and distinct from those that lead to job dissatisfaction. Therefore, managers who seek to eliminate factors that can create job dissatisfaction may bring about peace, but not necessarily motivation. They will be placating rather than motivating their workers. As a result, Herzberg characterized conditions such as quality of supervision, pay, company policies, physical working conditions, relationships with others, and job security as hygiene factors. When they're adequate, people will not be dissatisfied; neither will they be satisfied. If we want to motivate people on their jobs, Herzberg suggested emphasizing factors associated with the work itself or with outcomes directly derived from it, such as promotional opportunities, personal growth opportunities, recognition, responsibility, and achievement. These are the characteristics people find intrinsically rewarding.

The two-factor theory has not been well supported in the literature, and it has many detractors.

McClelland's Theory of Needs

McClelland's theory of needs (1961) was developed by David McClelland and his associates. It looks at three needs:

1. Need for achievement (nAch) is the drive to excel, to achieve in relationship to a set of standards.

2. Need for power (nPow) is the need to make others behave in a way they would not have otherwise.
3. Need for affiliation (nAff) is the desire for friendly and close interpersonal relationships.

McClelland and subsequent researchers focused most of their attention on nAch. High achievers perform best when they perceive their probability of success as 0.5 that is, a 50–50 chance. They dislike gambling with high odds because they get no achievement satisfaction from success that comes by pure chance. Similarly, they dislike low odds (high probability of success) because then there is no challenge to their skills. They like to set goals that require stretching themselves a little.

Relying on an extensive amount of research, we can predict some relationships between achievement need and job performance. First, when jobs have a high degree of personal responsibility and feedback and an intermediate degree of risk, high achievers are strongly motivated. They are successful in entrepreneurial activities such as running their own businesses, for example, and managing self-contained units within large organizations (McClelland & Winter, 1969; Miner & Robinson, 1994). Second, a high need to achieve does not necessarily make someone a good manager, especially in large organizations. People with a high achievement need are interested in how well they do personally, and not in influencing others to do well. High-nAch salespeople do not necessarily make good sales managers, and the good general manager in a large organization does not typically have a high need to achieve (Boyatzis, 1984). Third, needs for affiliation and power tend to be closely related to managerial success. The best managers are high in their need for power and low in their need for affiliation (Winter, 2002). In fact, a high-power motive may be a requirement for managerial effectiveness (Miner, 1965).

The view that a high achievement need acts as an internal motivator presupposes two cultural characteristics—willingness to accept a moderate degree of risk (which excludes countries with strong uncertainty-avoidance characteristics) and concern with performance (which applies to countries with strong achievement characteristics).

Early theories of motivation either have not held up under close examination or have fallen out of favor. In contrast, contemporary theories have one thing in common: each has a reasonable degree of valid supporting documentation. This doesn't mean they are unquestionably right. They call them "contemporary theories" because they represent the current state of thinking in explaining employee motivation.

Self-Determination Theory

According to self-determination theory, which proposes that people prefer to feel they have control over their actions, so anything that makes a previously enjoyed task feel more like an obligation than a freely chosen activity will undermine motivation (Deci & Ryan, 2002). Much research on self-determination theory in organizational behavior has focused on cognitive evaluation theory, which hypothesizes that extrinsic rewards will reduce intrinsic interest in a task. When people are paid for work, it feels less like something they want to do and more like something they have to do. Self-determination theory also proposes that in addition to being driven by a need for autonomy, people seek ways to achieve competence and positive connections to others.

When organizations use extrinsic rewards as payoffs for superior performance, employees feel they are doing a good job less because of their own intrinsic desire to excel than because that's what the organization wants. Eliminating extrinsic rewards can also shift an individual's perception of why she works on a task from an external to an internal explanation.

Studies examining how extrinsic rewards increased motivation for some creative tasks suggest we might need to place cognitive evaluation theory's predictions in a broader context (Eisenberger & Rhoades, 2001). Goal-setting is more effective in improving motivation, for instance, when we provide rewards for achieving the goals. The original authors of self-determination theory acknowledge that extrinsic rewards such as verbal praise and feedback about competence can improve even intrinsic motivation under specific circumstances. Deadlines and specific work standards do, too, if people believe they are in control of their behavior (Burgess et al., 2004). This is consistent with the

central theme of self-determination theory: rewards and deadlines diminish motivation if people see them as coercive.

A recent outgrowth of self-determination theory is self-concordance, which considers how strongly people's reasons for pursuing goals are consistent with their interests and core values. If individuals pursue goals because of an intrinsic interest, they are more likely to attain their goals and are happy even if they do not because the process of striving toward them is fun. In contrast, people who pursue goals for extrinsic reasons (money, status, or other benefits) are less likely to attain their goals and less happy even when they do, because the goals are less meaningful to them (Sheldon et al., 2004). People who pursue work goals for intrinsic reasons are more satisfied with their jobs, feel they fit into their organizations better, may perform better and for organizations it means managers should provide intrinsic as well as extrinsic incentives. They need to make the work interesting, provide recognition, and support employee growth and development. Employees who feel what they do is within their control and a result of free choice are likely to be more motivated by their work and committed to their employers (Meyer et al., 2004).

Individual employee motivation

Managers are responsible for motivating their people using different techniques in order to activate them and provide them with appropriate incentives to increase their efficiency. Many times, the lack of motivation is attributed to the wrong method of management. Managers must know the way each person's needs, to be motivated.

Motivation is important in determining the level of employee performance, which in turn affects the efficiency with which the objectives of the workplace will be addressed. It is understandable that the person is likely to be motivated if there are appropriate incentives that will help the individual to seek and achieve better results, and higher performance, which is beneficial for the good of the organization but also for all staff.

Motivation does not aim at the power of their will but understanding their needs and the way they think and act. Motivation theories attempt to analyze the methods of dealing with employees so that they are qualitatively and

quantitatively productive, paying attention to their material and non-material rewards and also the avoidance of biological and psychological burdens in the workplace.

Managers need to know what their people really want, for example, it would be good to call their subordinates at regular intervals and ask them about any problems they have or what they like best in their work. These debates must be made in particular so that the answers are honest. It is important that personal data is not transferred to third parties and that discussions remain in the office.

As soon as employees' needs are understood, then appropriate decisions will be made to acquire them. Planning a strategy is necessary to achieve the employees' goals. In addition, it is important for people to feel that they are working in an organization that cares about them and seeks to improve them.

Also, managers would be wise to follow a certain set of actions to effectively motivate their subordinates (Παπαλεξανδρή & Μπουραντάς, 2003). These actions are not predetermined but are created by the judgment of every member knowing the needs of his employees.

Employee motivation in order to maximize their potential requires complex methods and a deep understanding of human nature (The Results-driven Manager: Motivating People for Improved Performance, 2005).

An indicative set of actions that can be followed by a manager is that:

- Employees should be aware of why their business has chosen to work on it, so that they can be confident, perceive their work as valuable and foster a sense of participation in the success of the business.
- Head of the departments must be available to listen to the problems of their staff if any exist. This creates a climate of trust, mutual respect that leads to proper communication and cooperation.

According to Adam Tobler (2005), managers need to understand the values that each employee responds to. Tobler mentions the model of Michael Maccoby's (2005) five "character types": experts are motivated by the very good knowledge, assistants are motivated by the interest in the world, advocates are

motivated by the fact that they protect self-esteem and survival. Innovators respond to creation and experimentation, and self-created by balancing the competence with personal growth (The Results-driven Manager: Motivating People for Improved Performance, 2005).

Group motivation

A group can be defined as "a set that maintains definite or obvious relations between them", or according to the terminology of system theory, "a series of systems of behavior that depend on one another, affect one another and respond to external pressures" (Αργυρόπου, 2005). While, company is "a set of people who have no goals and dreams to do together".

A group in work is a key area where interpersonal relationships and social behavior unfold. Knowledge about group dynamics is necessary both for good administration and for creating conditions for good adaptation of employees, within the climate of the working environment.

Groups are created in any place and have an impact on group behavior, the consequences of which may be positive or negative for the organization or business. Within organizations, a model of social relationships is created, informal groups, which, recognized or not by the organization/business, affect productivity, the flow of information, and the realization of the organization goals or not.

It is extremely important to choose the right people to create teams, and to create the right climate for all people to be converted into a group rather than a company. The first and most essential step is for the management to ensure successful recruitment. The higher the position, the more time it takes to spend on employee recruitment procedures, such as using interviews and special tests (where necessary) to select the candidate. After selecting the right employees, people who will be employed in groups and those who work individually will be selected.

In addition, the right mentality of individuals is one of the most important preconditions for creating an effective team. The personality traits of all who are going to work in a group should fit in order to have the same attitude in the

work. People who are constantly looking at their watches cannot work with people who are zealous in completing their work without being interested in when they will study. In companies that have supervisors who know how to motivate employees, staff do not look at the watch, but they have created the incentives to work the best way and meet their needs.

The factors that affect the performance of a group are:

- Size
- Coherence
- Supporting each other
- The distribution of roles

If a group works well it has the following characteristics:

- Clear objectives
- Its members are motivated
- Open communication with a lot of information
- Good health
- The roles are clear
- Everyone is involved
- There are no frequent absences
- Productivity is high

In a motivated group, employees activate each other to achieve better performance. They assume responsibility for entire organization processes and not just for their own tasks. They also work to transfer successful practices to all levels of the organization. They understand the impact of their efforts on the organization and consider themselves responsible for the overall economic performance (The Results-driven Manager: Motivating People for Improved Performance, 2005).

The actions for team building vary according to the employees, executives and situations that the organization runs. Below is an indicative set of actions that a manager may take to create effective employee groups.

- Appropriate working conditions: employees should have the appropriate equipment, tools and systems in place to work. A spacious, clean work environment helps employees feel safe and proud of the business they work for. Otherwise, that is when they do not have all the means to work and when the environment is inadequate, dissatisfaction is created, and people cease to trust the business.
- Define Goals: The right manager should provide the correct instructions and advice for solving everyday problems in a team. It should foster a sense of cooperation and trust in order to understand the goals of the business.
- Free expression of opinions: managers should gain trust of the group of people they run. The credibility of managers is lost when they give the wrong answer to a group query. That is why it would be advisable if a member of staff did not have knowledge of a particular subject to admit it because otherwise, he would lose the trust of his team.
- Treatment of problems through discussion: It is also important that the discussion takes the place of the conflict between the manager and the employees. Problems should be resolved quietly and without voices. The role of the manager in such a situation is to unload and ask the team to explain its behavior.
- Recovering efforts: A strong motivation is rewarding efforts. Through this, employees believe they are useful to the organization and thus create a climate of trust and respect. The opposite does not motivate, but it creates disappointment.
- Break all together: Creating a strong bond between employees and managers can be done by organizing a trip, a joint exit. During these, an exchange of ideas and opinions outside the workplace can take place and each one better acquires the character of the other. However, managers in this process should be very careful not to know their weaknesses, because that will lose respect. Intimacy often leads to contempt and lack of appreciation.
- Money is not always the right means of motivation: It is known that money is tempting to motivate workers, but it is not always necessary. Expressions like "cash bonuses are only given to those who work with zeal" can be described as offensive and detrimental to the organization.

Employees want to believe they are respected, and everyone appreciate them for the effort they are doing and that is what the managers needs to know (recognition is more important than money).

Motivation in private healthcare system

Private health units differ from the public ones. Private clinics have fewer employees most times, thus facilitating the motivation of employees due to the reduced hierarchy levels. Nevertheless, the goals of a private unit, revenues and profits, requires a closer focus on productivity growth issues, so there is a more objective assessment by the public sector. In addition, there is greater freedom of movement, and managers can choose any incentive to motivate their teams.

From traditional motivation methods, to provide financial incentives beyond the basic salary of a nurse or physician could always be used with an accurate and fair evaluation method. For this purpose, could be used a 360° evaluation through which feedback from an employee's subordinates, colleagues, and supervisor(s), as well as a self-evaluation by the employee themselves is gathered. The productivity bonus could be given annually to the employee with the highest score. Social empowerment could be used to strengthen team spirit as well as social events. The work enrichment technique can be used more easily in the private sector in the sense of assigning increased responsibilities and to do interesting and varied work expressing creativity.

Permanence does not apply for medical staff in the private so, the heads at private clinics have yet another level of need to cover, which gives them wider scope for motivation.

In addition, it is easier to estimate the subjective needs of the employees due to the lower number of staff and the limited hierarchy, applying to motivation based on the theory of expectations. Finally, the existence of a relatively objective assessment ensures fairness, at least at the level of employees, in accordance with the theory of parity, and this is an additional advantage of the private sector to apply proper incentives.

Leadership

Leadership is the ability to influence, persuade, and alter behaviors and actions of others through effective communication, example setting, and inspiration (Mastrangelo et al., 2014). Leadership in organizations, as identified by Aziz et al. (2012), refers to the ability to influence the attitudes and capabilities of individuals toward the achievement of certain objectives. A successful leader is able to construct future strategies and implement changes within an organization that their fulfillment demands. Redick et al., (2014) stated that effective leadership is the most important tool for organizational success in the future as well as in the present. Lack of successful leadership can result in equally dramatic negative outcomes. Aboyassin & Abood (2013) noted that with negative leadership, organizations tend to move slowly and lose sight of their goals. A greater emphasis from leaders on expertise, trust, caring, sharing, and ethical behavior in teaching and practicing leadership will lead to more stable organizations (Mastrangelo et al., 2014). One of the most challenging tasks for an organization is to attract talented employees and motivate them to work effectively to achieve its goals. If an organization's leadership is effective, the organization will be more effective in that regard (Fioravante, 2013). Effective leaders are able to elicit coordinated and predictable behavior from teams of workers and thus improve both productivity and control costs. Positivist leaders employ varying control and influence techniques to drive the organization toward a planned future (Fioravante, 2013).

Many researchers embrace a model of leadership that consists of four elements: process, influence, compassion for followers, and objective attainment (Chou, 2012; Frost, 2016; Geller, 2016). The literature includes explorations of leadership in several social contexts, including education, the military, business administration, sports, politics, communities, and families. For this study, I only reviewed material related to business management.

Leadership is one of the frequently defined terms in management. Jabeen et al., (2012) defined leadership as the capacity for achieving quality and efficiency for an organization through effective supervision and control of its workplace environment. Shukurat (2012) defined leadership as the process whereby an individual has the ability and authority to establish directions, influence

employees, and make employees move toward a common goal. Basford & Offermann (2012) wrote that motivating people, engaging them to take actions, and making them responsible for their performance are also part of the leader's duties. Modern views of leadership tend to portray motivating people not as control based on authority, power, position, and command, but rather as the ability to influence others by motivating and inspiring them (Aziz et al., 2012). Modern leadership, in this sense, involves building trust between employees and managers, as well as ensuring that everyone in an organization shares a common vision of its goals. Modern leadership also requires those who practice it to set an example of honesty and integrity in their own behavior.

Taking into account the difference between leadership and management helps in providing a definition of leadership. Leadership is the subset of management functions that involves a manager achieving goals through guiding the efforts of others working for his or her organization, as opposed to accomplishing them through the use of equipment or external services (Kalargyrou et al., 2012). Kushalappas & Pakkeerappa (2014) suggested that leadership and the other aspects of management must go hand in hand because they are both necessary for an organization. Employees not only expect managers to assign tasks to them; they also expect managers to explain the purposes of such tasks and inspire them to perform them effectively. Geller (2016) noted that managers hold people accountable for performing desirable behavior and avoiding undesirable behavior, while leaders inspire people to hold themselves accountable to do the right thing and to follow a certain protocol. Geller also mentioned that managers direct and motivate behavior with an external accountability system, whereas leaders facilitate self-direction and self-motivation by influencing person-states that facilitate self-motivation.

Transformational leadership style

Considering transformational leadership, a researcher can see leadership from the angle of style and personality rather than function alone. Since the conceptualization of the transformational leadership style, scholars and organizational managers have given it widespread attention. Unlike leaders who concentrate on the role of supervision, transformational leaders encourage their followers to share their goals. Transformational leaders also challenge followers

to become creative in solving any problem through training and mentoring (Cavazotte et al., 2013). A transformational leader has greater ability to inspire any other type of leader (Hamstra et al., 2014). Transformational leaders possess integrity, serve as role models for those whom they wish to follow them, and communicate their objectives with clarity. The leaders motivate followers by challenging them and providing meaningful and understandable tasks. Transformational leaders encourage followers to innovate (Hamstra et al., 2011).

The old perceptions of leadership focus on the categorizing leadership according to participation. Proponents of transformational leadership claim it as a high form of leadership because, although it invests leaders with effective authority, it promotes democracy in the workplace. Work place democracy is the application of democratic principles, such as voting, referenda and public debate, to the workplace (Kokkinidis, 2012). Critics of the claim that transformational leadership promotes democracy in the workplace, on the other hand, have rejected this claim and referred to transformational leadership as antidemocratic (Ismail et al., 2011). The claim of Ismail et al. (2011) is because transformational leaders take a direct role in creating changes and acting independently of followers.

The Full Range Leadership model (FRL) components of transformational leadership theory appear as the best integration of the existing leadership theories into a framework, which includes all theories (Sadeghi et al., 2012). According to the FRL model and the Multi Factor Leadership Questionnaire, transformational leadership comprises four components; idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Sadeghi et al., 2012).

Idealized influence occurs when a leader's ethics and practical efficiency inspire followers to admire his or her actions, give respect, and trust (Sadeghi et al., 2012). The MLQ measures the behaviors and attributes of the leader by collecting observational data from employees on sub-factors. The MLQ shows the measures of the leadership behavior by, for example, questioning the collective sense of mission, and it measures the leader's attribute by questioning. For example, how the leader assures to followers that barriers will be defeated (Bass & Avolio, 2004).

Inspirational motivation refers to leaders behaving in ways that motivate and inspire followers, such as making work meaningful and challenging (Schweitzer, 2014). Inspirational motivation entails providing followers with a clear vision and communicating high performance expectations to them. Among the ways, that inspirational leaders motivate their followers is by presenting them with challenging goals and encouraging them to envisage positive outcomes. An example of how the MLQ evaluates inspirational motivation is its question that asks respondents to rate their leaders' proclivity for articulating compelling future expectations (Bass & Avolio, 2004).

Intellectual stimulation occurs when leaders encourage workers to use creativity in accomplishing job-related tasks (Quintana et al., 2015). Although not every such experiment will produce a favorable outcome, leaders who show tolerance for well-intentioned mistakes arouse in workers the trust and respect that a productive workplace requires (Schweitzer, 2014). An example of how the MLQ evaluates intellectual stimulation is the question that asks whether a leader requires followers to describe and solve problems from many different angles (Quintana et al., 2015).

Individualized consideration is an essential characteristic of transformational leadership (Quintana et al., 2015). Individualized consideration occurs when a leader treats follower as individuals rather than generically as members of a workforce. In applying individualized consideration, a leader considers many elements related to an individual employee's temperament, talents, level of formal education, occupational training, and experience. The main advantage of individualized consideration is that it enables leaders to determine the best ways to consult with individual workers in order to get the most from their efforts (Hamstra et al., 2014) and maintain their loyalty and respect. An example of how the MLQ evaluates individualized consideration is the question related to whether the leader spends time and effort to teach and train his/her followers (Hamstra et al., 2014).

Transactional leadership style

Abdul & Javed (2012) claimed that transactional leadership could serve to maximize the ratio of benefits to costs in an organization. Transactional leadership is a relationship in which leaders consult with their workers as to a

mutually agreed upon system of conditional rewards and punishments that will motivate them to meet organizational objectives efficiently (Bass & Avolio, 2004). Under such a leadership mode, as Abdul & Javed (2012) pointed out, leaders do not simply pass down decisions to employees but in some key respects, they make decisions because of their input and initiative. The theory that defines transactional leadership combines aspects of both the contingent reward and management-by-exception leadership styles (Bass & Avolio, 2004).

Contingent reward leadership entails a leader assigning tasks and providing rewards based on the completion of the tasks (Bass & Avolio, 2004). An example of a material reward is a monthly wage increase, and an example of an emotional reward is to give a compliment for a task. Questions on the MLQ include concerns whether workers' leaders make clear what workers should expect when they have met mutually agreed upon performance objectives, and employee testimony relating to contingent reward (Abdul & Javed, 2012).

Management-by-exception is a subtype of transactional leadership in which a leader only engages with workers when a discrepancy arises between objectives and outcomes (Abdul & Javed, 2012). In the active form of management-by-exception, leaders are constantly supervising their employees in order to discover and take appropriate action with respect to such discrepancies (Abdul & Javed, 2012). In the passive form of management-by-exception, leaders are required to make their presence salient only after they have discovered such a discrepancy (Hamstra et al., 2014). The management-by-exception style has the potential to prevent some unfortunate outcomes, but it involves considerable time and effort from the leader.

Passive-Avoidant leadership style

The two forms of passive-avoidant leadership style are the laissez-faire management and passive management-by-exception (Bass & Avolio, 2004). Laissez-faire management denotes the style of leaders who aim to provide a comfortable environment for employees by stepping away and allowing them to learn to make correct decisions on their own (Bass & Avolio, 2004). Many researchers have claimed that this style of leadership, which requires the least activity on the part of leaders, is the least effective of all possible leadership styles (Abdul & Javed, 2012; Belias & Koustelios, 2014; Lian & Tui, 2012).

The question on the MLQ that includes employees' responses whether laissez-faire leadership is characteristic of their managers' style is the question related to managers' involvement in important matters (Bass & Avolio, 2004). Neither passive management-by-exception nor laissez-faire management are practical approaches in workplaces where close supervision is critical (Abdul & Javed, 2012). For example, when an organization's operations involve grave safety risks, passive management-by-exception and laissez-faire management are not suitable. However, passive management-by-exception and laissez-faire management can be practical for situations such as when leaders have large numbers of followers who report to them (Abdul & Javed, 2012). An example of using the MLQ assessment to measure the passive management-by-exception style is the question about how soon managers tend to take action when a problem occurs.

Although scholars have made many revisions to the FRL model, the most current version, as articulated by Abdul and Javed's (2012), defines four dimensions of transformational leadership, two dimensions of transactional leadership, and two dimensions of the passive-avoidant leadership. Schweitzer (2014) contended that all leaders have some level of each of the three leadership styles in their leadership behavior and there are certain situations in which each style may be appropriate to implement by the leader.

Employee Motivation and Leadership Styles

Motivation has long been a central topic for scholars and practitioners. Yet, previous research on leadership and motivation has failed to address whether a correlation exists between leadership styles and the levels of employee motivation in public sector workplaces. Findings from studies that did not specifically focus on the public sector by Caillier (2014), Chaudhry et al., (2012), and Muenjohn & McMurray (2016) have generated important results that might offer useful insights to researchers who would attempt to address that sector exclusively.

In a study of 2,700 social service employees, Samad et al., (2015) found that transformational leadership was significantly related to employee wellbeing. The authors stated that the relationships between leadership style and both employee wellbeing and organizational outcomes have consistently shown that employee

wellbeing has implications for motivation. Leadership influences organizational outcomes such as job satisfaction, employee commitment and loyalty, and turnover intentions (Samad et al., 2015). Louise and Botha (2014) mentioned that a positive correlation exists between job satisfaction and employee motivation. This means that the more job satisfaction an employee perceives, the more motivated the employee

Caillier (2014) proposed a methodology for organizations that apply the transformational leadership style as a means for increasing the efficiency and motivation of employees in the public service industry. Caillier outlined strategies for managers to set measurable public service objectives that employees will understand, articulate the social significance of the tasks they require their workers to perform, and provide work structures that will increase employee engagement in the workplace. This study drew on a significant body of empirical research to suggest value-based management strategies and encouraged researchers to conduct further research on the links between transformational leadership practices and public service motivations.

Chaudhry et al., (2012) compared the effects on employee motivation of different leadership styles in organizations that view management from an Islamic perspective. Chaudhry et al. suggested that a link exists between leadership and motivational concepts in Islamic management. Chaudhry et al. revealed that leadership and motivation are derived from Islamic instructions and knowledge. The study showed that in places where Islamic culture predominates, employees who perceive their managers as trustworthy are more motivated to work with them. Chaudhry et al. (2012) stated that work performance does not only occur from the actual skills and qualifications of employees, but also it depends on the level of motivation. Over-achieving, talented employees are the driving force of all firms; hence, organizations must pay attention to keep employees motivated (Chaudhry et al, 2012). Muenjohn & McMurray (2016) examined the relationship between leaders and employees in reference to employee productivity and loyalty. The findings of Muenjohn and McMurray suggested that organizations could reach their productive potential only after they have established proper interaction between employees and leaders. In particular, Muenjohn and McMurray found that employees who receive support and assistance from their managers become both more loyal and

more autonomous. They also suggested that this simultaneously collaborative and independence promoting process benefits in proportion to the effort's managers make to learn about their employees' thoughts, abilities, and needs.

In a study about the relationship between various leadership styles and various employee commitment styles, Garg & Ramjee (2013) concluded that transactional leadership behaviors had a positive relationship with normative commitment. The positive relationship means that leaders who involve the clarification of vision and objectives to followers, and provide recognition once objectives are accomplished, will encourage how employees feel about needing to stay with the organization. Motivation is part of the organizational commitment. The study of Garg and Ramjee also revealed that the laissez-faire leadership style has a negative relationship with affective, normative and continuance commitment.

Considerable debate occurs among researchers over the extent of the impact of leadership style on employee motivation. Blomme et al., (2015) offered evidence to support the notion that workers' motivation level tends to decrease because of their absent managers. Poor leadership such as autocratic or passive leadership leads to reduced employee engagement (Blomme et al., 2015). Vogel & Masal (2012), on the other hand, argued that the leader's role is not critical in some situations and that substitution of leaders has no effect in them. Vogel and Masal offered few examples to support their argument. One of the examples they stated to support their argument includes situations where employees are specialists and have the necessary skills for the jobs that they are doing. Another example of situations where leader's role is not critical is when the job is so well defined and structured that substitution of the leader will not have any effect (Vogel & Masal, 2012). Therefore, well-trained and informed workers can perform well for short periods without managerial input. Vanhala & Stavrou (2013) and Vogel and Masal have suggested that the more workers are enabled to undertake new experiments and make serious decisions about their work, the less need exists for the presence of hands-on leadership. Charismatic leaders, Vanhala and Stavrou further claimed, wanting all the glory for them might disallow the empowerment of subordinates and thus de-motivate employees.

Franke & Felfe (2012) found that leaders who explain tasks and requirements to followers while setting few rules for them to follow have an advantage in motivating and satisfying them over those who are less willing to delegate. Franke and Felfe contrast this form of social influence that benefits from followers' intrinsic motivation with the exercise of brute authority that alienates and discourages followers, resulting in diminished returns for an organization. Franke and Felfe also found evidence that rewards or penalties that are not contingent upon followers' performance rarely help to motivate followers. For all the effectiveness a strong leadership may have in motivating workers, leaders can never completely control their followers' motivation because whatever influence they may exert must always contend with a multitude of others that originate from outside the organization (Caillier, 2014).

Quintana et al., (2015) stated that a relationship exists between leadership and employee performance. Their study results revealed that transformational leadership is the most suitable leadership style for employees working for international luxury hotels. The researchers also stated that the type of hotel, whether independent or chain hotel, moderates the leadership styles and employee's performance. Quintana, Park, and Cabrera suggested four managerial implications for hotels and organizations in the services sector, which are a) to develop transformational leadership based on idealized influence to inspire team leaders to be more reliable, create achievable objectives, and clarify visions, b) identify subordinates' needs and tie them with leader's expectations for accomplishment and rewards for meeting organization's goals, c) avoid applying passive management-by-exception and laissez-faire leadership styles which produce negative effects performance, and d) account for organizational implications when introducing certain leadership styles.

Leadership is essential in all types of organizations, regions, and industries throughout the world (Zhang & Bartol, 2010). Qatari public organizations are not different from others in terms of how important the leadership style is for shaping the work performance and creating motivation. According to Zhang and Bartol (2010), leadership affects employees' motivation in either positive or negative ways. Many studies have found leadership to have a positive motivational effect (Hamid & D'Silva, 2014; Yidong & Xinxin, 2013).

Yidong and Xinxin (2013) asserted that organizational leaders need to possess the knowledge and flexibility required to apply various approaches to motivating their employees because no single approach is likely to succeed with all of them. Leaders with such capacities, Yidong and Xinxin claimed, are better able to think and act independently than those who are more constant and rigid in attitude and approach. Fisher (2009) classified employees into types according to their workplace attitudes and behaviors and developed motivational approaches for leaders to apply in dealing with each. For employees who display willingness but lack ability, Fisher found what he calls motivation by selling the most effect approach. What Fisher means by this phrase is that the leader offers his guidance and the employee offers his ability in return. This style of leadership includes more communications with employees than the participating style. For employees who do not display willingness but have ability, Fisher suggests the participating style in which the leader involves employees in the process of determining what to do and how to do it (Fisher, 2009).

Abdul and Javed (2012) mentioned transactional leadership style and transformational leadership style would give different results with respect to bank employee motivation. Abdul and Javed reported employees are more motivated in banking organizations than in other organizations when transactional leadership style applies. The motivational level is high for employees in banking organizations when managers apply transactional leadership considering the low rate of turnover under this method. Abdul and Javed ranked the transactional leadership style as the most effective leadership method for the management of banks. The suggestion of Abdul and Javed is the result of the high level of leader interaction with employees that transactional leadership entails. By this standard, the least effective leadership style for motivating banking employees would be the laissez fair style and the passive-avoidant style would only be slightly more effective.

Hamid and D'Silva (2014) posited that effective leadership entails responsibility for creating a working environment that encourages employee engagement, commitment, and satisfaction. In order to accomplish employee encouragement, leaders need to assess the various drivers motivating each employee. Zhang and Bartol (2010) posited that leaders who succeed at motivating employees are able to foster optimistic attitudes in their organizations and to promote the

achievement of organizational goals. Zhang and Bartol further posited that those who employ effective leadership practices are able to increase creativity, adaptability, and team cohesion among employees during periods of change. A high level of employee motivation, Zhang and Bartol claimed, tend to improve efficiency levels among employees, tend to promote the stability of the workforce, and tend to advance an environment conducive for building friendly relationships between management and employees. Researchers have claimed that leadership can have an effect on organizations as well as on individuals (Hamid & D'Silva, 2014; Muenjohn & McMurray, 2016; Zhang & Bartol, 2010). Leadership increases self-development, empowers individuals working in distributed teams, provides achievement of personal goals, and fosters job satisfaction (Hamid & D'Silva, 2014; Zhang & Bartol, 2010). Therefore, best leadership practices in organizations must incorporate ethical leadership along all hierarchical positions in the organization.

Many studies on leadership and motivation exist, but only a small number of them have discussed the interaction between their variables (Muenjohn & McMurray, 2016). While many motivational theories address leadership practices, the extent of causal interconnection between such practices and employee motivation remains unclear. Motivation is a psychological phenomenon that researchers can only determine inferentially because of highly variable behavioral outcomes; therefore, no simple exist that measures for motivation (Muenjohn & McMurray, 2016). Finally, because significant disagreement exists regarding the practical and psychological components of leadership, no standard measures are available for providing a generally acceptable method for assessing the effect of leadership qualities on the level of employee motivation (Zhang & Bartol, 2010).

If research offers too little insight into the relationship between styles of leadership practice and employee motivation generally, it offers even less about how it functions in the southern Europe and, in particular, in Greece which is the target location for this study. Business scholars in Greece have generally paid too little attention, for its significance, to leadership styles, leadership outcomes and their differential effects on employees as well as consequent effects on quality of care in private healthcare units of rehabilitation. Hence, I hypothesize the following:

H1. Transformational leadership will be positively related to quality of care.

Quality of care

Quality is the systematic driving force for nursing and the organization. Healthcare staff serving in leadership positions are responsible for providing an environment that positively influences patient outcomes. There is a pervasive perception among healthcare staff that they provide high-quality care to patients.

By the end of 1970, quality assurance in health had a more academic character, unlike in the industrial sector where statistical methods had been in place since the 1930s. Avedis Donabedian (1985), in a review of studies from 1964-1984, noted previous efforts and formed the framework for quality assurance in triptych, 'sound structures, good processes and suitable outcomes'. The concept of quality in health services includes effectiveness, efficiency and technical excellence as well as security, accessibility and the development of patient-centered services in the context of ongoing care. It concerns the overall function of a department, starting from staffing, administration and organization issues to clinical practice. Quality can be measured. According to Donabedian's systemic theory, three components can be distinguished in health services: the structure (human resources and facilities-infrastructure), procedures (organization, operation of the organization and provision of health services) and the results (of action and services). In each category there are quantifiable features that can be measured, such as patient waiting times, patient satisfaction, success rate of treatments, etc. as long as to identify critical points of interest in health services, and then define good practice models, assessment indicators and compliance actions. Recording procedures and communicating the results of clinical practice, in addition to the discipline it imposes, can lead to useful conclusions for solving everyday problems. Observing a common methodology by the departments allows for more reliable comparisons of their results and provides useful material for studies.

Quality of care is an important performance outcome for the healthcare system. For this study it was adopted a common definition of quality of care as the 'degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge' (Lohr and Schroeder, 1990, p. 707). The quality of

health-care has been described as comprising both technical and interpersonal components (Donabedian, 1980). The technical aspects involve the appropriate application of professional knowledge and skills – that is, the staff have the capability to provide the necessary care. Equally important, the interpersonal aspects of care include the relationships between patients and healthcare professionals, and the contextual aspects of care. There is increasing evidence that empowerment, trust, autonomy and respect influences the quality of patient care by impacting both the technical and interpersonal aspects of quality care (Flood 1994; Laschinger et al., 2001b). Quality of care has been measured as patient mortality, reduction in adverse events (most commonly impact on medication errors), patient satisfaction, and as a specific clinical outcome. Patient mortality is widely used, as the data are regularly available in administrative data bases. However, recent studies suggest that patient mortality, as currently used, was not a reliable indicator, largely because there was not sufficient attention paid to variations in case mix which limited standardization (Gordon et al., 2005; Penfold et al., 2008). Preuss (2003) used hospital medication errors as the measure of quality of care and found that increased employee knowledge directly impacted on decreasing medication errors. However, studies have identified substantial underreporting of adverse events (Uribe et al., 2002), suggesting that it may not be a robust measure of quality of care. Patient satisfaction has been widely investigated in health-care and there are many tools that have been created to measure patient perceptions of the quality of the care they have received or are receiving. Patient satisfaction has been confirmed as a valid measure of clinical patient outcomes (Kane et al. 1997) and therefore an appropriate measure of quality of care.

Healthcare organizations must possess structures and processes for the measurement of quality and programs for improving the quality of care and services within the organization.

Leadership and quality of care

Health-care organization and leaders create an environment supporting participation. Feedback is encouraged, valued, and incorporated from the staff at all levels. Healthcare staff serving in leadership positions are visible, accessible, and committed to effective communication.

As health care has evolved and increased in complexity, it has become necessary for leadership models to address identified aims of quality improvement, particularly in keeping with the recommended aims of clinics ownership: the provision of safe, effective, patient-centered, timely, efficient and equitable care. One leadership theory that fits well with these aims is transformational leadership.

Transformational leadership involves an active involvement of both the leader and team members. It is a process in which leaders and team members “motivate each other to attain and achieve levels of success” (O’Neill, 2013, p. 179). There is a unified investment in achieving the goals of the organization with shared values. A transformational leader guides staff in creating an environment in which all members contribute to meeting the mission of the organization. The leader provides a vision that has included the input of all members, thus encouraging members to reach their highest potential and often exceed expectations. Transformational leaders transform organizations. In the process, all nurses at all levels of the organization are involved in decision making. Transformational leaders are able to help followers grow by responding to needs, empowering individuals, and aligning goals and objectives across all levels in an organization (ANA, 2013).

Transformational leaders are comfortable with challenging themselves, learn from their failures, and consistently demonstrate effectiveness in organizational change and innovation (O’Neill, 2013). Transformational leadership is viewed as an effective type of leadership for nurses to lead the change necessary to meet the demands of the current health-care system. Hence, the following hypothesis can be advanced:

H2. Transformational leadership will be positively related to quality of care.

Motivation and quality of care

Quality care in healthcare facilities have been longstanding concern of health managers, policy makers, patients and civil society. Over the years, several interventions have been implemented to improve the situation.

Research has indicated that understanding the relation of autonomous motivation to effective performance requires differentiating performance outcomes in terms of whether the task is relatively simple, involving the tedious application of an algorithm, or is more difficult, involving flexibility, creativity, and heuristic problem solving (McGraw, 1978). Studies shown that autonomous motivation is associated with more effective performance on relatively complex tasks, whereas there is either no difference or a short-term advantage for controlled motivation when mundane tasks are involved (Amabile, 1982; Grolnick & Ryan, 1987; McGraw & McCullers, 1979). For example, Benware and Deci (1984) found autonomous motivation to be significantly superior to controlled motivation for facilitating conceptual understanding of text material, but the two types of motivation did not differ in promoting rote learning of facts contained within the reading. Other studies found that controlled motivation led to better performance on mundane tasks (Grolnick & Ryan, 1987; McGraw, 1978), although Grolnick and Ryan reported that the advantage had worn off within a week.

Various methods are used for the purpose of increasing the performance of the company. Some of these methods rank among the area of human resources management.

Competence refers to a person's underlying characteristics that are causally related to job performance (Boyatzis, 1982). Competence is defined in the context of particular knowledge, traits, skills, and abilities. Knowledge involves understanding facts and procedures. Traits are personality characteristics (e.g., self-control, self-confidence) that pre-dispose a person to behave or respond in a certain way. Skill is the capacity to perform specific actions: a person's skill is a function of both knowledge and the particular strategies used to apply knowledge. Abilities are the attributes that a person has inherited or acquired through previous experience and brings to a new task (Landy, 1985): they are more fundamental and stable than knowledge and skills (Fleishman & Bartlett, 1969). Competence can be defined as the ability to perform a specific task in a manner that yields desirable outcomes. This definition implies the ability to apply knowledge, skills, and abilities successfully to new situations as well as to familiar tasks for which prescribed standards exist (Lane & Ross, 1998). Health workers acquire competence over time (Benner, 1984). Typically, pre-service

education or an initial training opportunity creates a novice who, after additional training and hands-on experience, reaches a level that can be certified as competent. Although competence is considered to be a major milestone in professional development, it is not the final point. That comes with proficiency, and the ultimate status of expert comes after many years of experience and professional growth (Benner, 1984).

Competence is one of many determinants of performance. The relationship between competence (can do) and performance (does do) is complex: the first does not always predict the second (Southgate & Dauphinee, 1998). Obviously, less competent providers are less likely to provide quality services, and healthcare providers must have the competencies necessary to perform their jobs according to standards in order to provide quality services. Attempts are sometimes made to measure competence in terms of performance. However, competence should not be inferred from performance (While, 1994). While competence is defined in terms of someone's capacity to perform, performance is the resulting behavior. "Performance is something that people actually do and can be observed. By definition, it includes only those actions or behaviors that are relevant to the organization's goals and that can be scaled (measured) in terms of each person's proficiency (that is, level of contribution). Performance is what the organization hires one to do, and do well" (Campbell et al., 1993).

Health workers need a large number of competencies for providing quality services. Benner (1984) and Fenton (1985) have proposed several domains with specific competencies that are critical for nursing care. Although these domains have been defined from a nursing practice perspective, they apply equally to other types of health workers. Some of these competencies affect the quality of care directly and others indirectly. While health workers can gain knowledge about various competencies during pre-service education, skills related to these competencies are further advanced during practicum or on the job. In addition, mentors and preceptors can further assist to improve health worker competency. Hence, the following set of hypotheses can be raised:

H3. Employee motivation will be positively related to quality of care.

H4. Employee motivation will mediate the relation between transformational leadership and quality of care.

Methodology

For the purposes of my research, I developed both a handwritten and an on-line questionnaire (google forms). I surveyed clinicians' (doctors, nurses and allied health professionals consisting of physiotherapists, speech language therapists and occupational therapists for the most part) responses in private rehabilitation clinics, located in Thessaloniki, Larisa, Kavala, Tripoli, Greece. All private clinics are well-known and reputed for their high healthcare quality. The questionnaire was delivered by hand in two clinics, while for the rest I used the on-line method by sending it to the clinicians' personal Facebook profiles, obtained by their colleague.

Sample is comprised of 133 therapists and allied health professionals, 79 nurses, 19 doctors and 15 people of administrative staff. 37 percent were male while 63 percent were female. 15 percent were under 25 years old, 53,7 percent were between 26 and 35 years old, 24,4 percent were between 36 and 45 years old and 6,9 percent above 45 years old. In addition, 50 percent of employees had work experience from 1 to 5 years, 30 percent from 6 to 10 years and 20 percent above 10 years of experience.

Measures

All survey items were measured using a five-point Likert scale ranging from 1=strongly disagree to 5=strongly agree.

Motivation

The Motivation Questionnaire (MQ) is designed to help employees understand and explore the conditions that increase or decrease their enthusiasm and motivation at work. The MQ was contracted by MySkillsProfile.com (2014) which publishes scientifically-based behavioral style assessments that assess personality, personal competencies, emotional abilities, sales skills, management and leadership style and competencies, and sport mental skills.

The questionnaire is designed for work and occupational applications - recruitment, training, team building, coaching, counseling and research following Mega, Ronconi & De Beni (2014), Lang et al., (2008) and Baron et al., (2002). The MQ motivation model is based on twenty motivation dimensions that occur repeatedly in the literature on motivation. These cover key areas in motivation frameworks including the three key areas of Ryan and Deci's (2002) Self-Determination Theory-Autonomy, Relatedness, and Competence. The MQ report provides an in-depth profile of the factors that tend to motivate and demotivate the test taker and offers performance improvement tips and suggestions.

Figure below shows the MQ factor model of work motivation that emerged from EFA. The scales shown under each factor are those that loaded at 0.3 or higher in the rotated component solution.



Autonomy. Seven scales load on the Autonomy factor. According to Ryan and Deci, Autonomy concerns the experience of acting with a sense of choice, will, and self-determination. When people are intrinsically motivated through Autonomy, they feel they have options and choices, and the opportunity to carry out their work activities in different ways. They do not feel controlled or compelled by their managers or team mates to do things in certain ways. Autonomy leads to “sustainable motivation”, according to Ryan and Deci,

because it emerges from one 's sense of self, and it produces feelings of willingness and engagement.

Respondents who have high scores on the MQ Autonomy factor are motivated when they feel they have interesting work; they work in accordance with ethical standards and personal principles; there are opportunities to acquire new knowledge and skills; there are accommodating bosses, hours, and working conditions; there is freedom and discretion to decide how to carry out work; and, they face testing job objectives, demanding responsibilities, and new challenges. People who score high on the MQ Autonomy factor also display a slight preference for working in the business sector rather than public service.

Relatedness. According to Self-Determination Theory, Relatedness is the experience of having satisfied and supportive social relationships at work and outside it. The MQ Relatedness factor is a broad factor that measures many different characteristics of relationship interaction and affiliation. People who get high scores on this factor like having a lot to do, and having to manage pressure and stress; they enjoy dealing with customers and suppliers; they get satisfaction from being in management and leadership positions and being responsible for people; they are motivated by the opportunity to compete against their peers; and, they prefer to operate as part of a team rather than as an individual contributor.

Competence. In Self-Determination Theory, Competence is the belief that one has the ability to influence important outcomes. The MQ Competence factor measures seven dimensions that contribute to how able, capable, and competent people feel. People who obtain high scores on this factor are people who enjoy being in charge and having power and status; work gives them standing and makes them feel respected; they value the opportunity to advance to more senior positions; acknowledgment by bosses is important to them; succeeding and not failing in front of their peers matter to them; and, they prefer it when earnings are related to performance. They also have a slight preference for employment that is secure/permanent.

The internal consistency reliabilities of the scales range from 0.7 to 0.8 with a median of 0.7. Correlations between the scales and marker variables are in the

range of 0.7 to 0.9 with a median correlation of 0.8. Criterion-related validity studies show statistically significant correlations between job performance and test scores on many of the scales. The magnitude and range of correlations are consistent with those reported in the literature. Table below presents internal consistency estimates based on Cronbach's Coefficient Alpha and raw score SEMs for the standardization group of 2,000 respondents.

Scale	Alpha	Mean	SD	Raw score SEM	No. Items
AUTONOMY	0.91	120.78	18.62	5.59	42
RELATEDNESS	0.85	83.13	14.43	5.59	36
COMPETENCE	0.89	114.22	17.49	5.80	42
Interest	0.66	18.55	3.61	2.10	6
Ethics	0.67	17.61	3.50	2.01	6
Growth	0.71	18.65	3.64	1.96	6
Flexibility	0.60	16.72	3.29	2.08	6
Independence	0.60	17.58	3.27	2.07	6
Achievement	0.62	17.03	3.43	2.11	6
Business	0.72	14.63	2.86	1.51	6
Pressure	0.64	13.31	3.75	2.25	6
Customers	0.67	13.51	3.44	1.98	6
Activity	0.63	15.52	3.07	1.87	6
Management	0.70	15.36	3.66	2.00	6
Competition	0.64	12.89	3.81	2.29	6
Teamwork	0.66	12.54	2.99	1.74	6
Power	0.66	14.77	3.18	1.85	6
Status	0.64	16.54	3.26	1.96	6
Progression	0.74	18.02	3.72	1.90	6
Recognition	0.68	18.10	3.62	2.05	6
Fear of Failure	0.77	16.18	3.97	1.90	6
Remuneration	0.62	15.25	2.74	1.69	6
Job Security	0.73	14.66	3.33	1.73	6
Median	0.66	15.85	3.44	1.97	

The instrument's norms are based on a large international comparison group of 2,000 respondents with equal numbers of men and women. The mean age of the sample was 33.7 with a standard deviation of 10.9. About 10 percent of respondents were aged 16-20, about 35% were aged 21-30, and about 50% were aged 31-50. Most respondents came from the United States, the United Kingdom, Canada, and Australia. Differences in scores related to gender, age, ethnicity, and nationality are very small.

Leadership

The Multifactor Leadership Questionnaire (MLQ) is a psychological inventory consisting of 36 items pertaining to leadership styles and 9 items pertaining to

leadership outcomes. The MLQ was constructed by Bruce J. Avolio and Bernard M. Bass (2004) with the goal to assess a full range of leadership styles. The MLQ is composed of 9 scales that measure three leadership styles: transformational leadership (5 scales), transactional leadership (2 scales), and passive/avoidant behavior (2 scales), and 3 scales that measure outcomes of leadership. The MLQ takes an average of 15 minutes to complete and can be administered to an individual or group. The MLQ can be used to differentiate effective and ineffective leaders at all organizational levels and has been validated across many cultures and types of organizations. It is used for leadership development and research.

The MLQ is designed as a multi-rater (or 360-degree) instrument, meaning that the leadership assessment considers the leader's self-assessment alongside the assessments of their leadership from their superiors, peers, subordinates, and others. The Leader (Self) Form and the Rater Form of the MLQ can be completed and assessed separately - however validity is much weaker when assessing leadership using only the Leader (Self) Form.

Following the publication of the original MLQ in 1990, new versions of the MLQ were gradually developed to fit different assessment needs. The current versions of the MLQ are: Multifactor Leadership Questionnaire 360 (MLQ 360), Multifactor Leadership Questionnaire Self Form (MLQ Self), Multifactor Leadership Questionnaire Rater Form (MLQ Rater Form), Team Multifactor Leadership Questionnaire (TMLQ), (Bass & Avolio, 1999) and Multifactor Leadership Questionnaire Actual vs. Ought. All MLQ versions are protected by copyright law and published by Mind Garden, Inc.

The MLQ underwent a re-branding for its scales in 2015 with the justification of replacing the heavily-academic scale names with terms that would be more widely and easily understood by those outside of academia, such as business leaders and consultants. Recent academic research using the MLQ continue to use the original scale names.

Multifactor Leadership Questionnaire Scales

Transformational Leadership Scales

Transformational leadership is measured by 5 scales (20 items). This is the only leadership style measured by the MLQ that allows an overall average score of all subscales, though this overall score has less validity than each of the 5 subscales if interpreted individually. Higher scale scores in these subscales correspond to higher frequency of transformational leadership behaviors.

Builds Trust (formerly Idealized Influence - Attributes): This 4-item scale measures the frequency in which leaders build trust, inspire power and pride, and go beyond their own individual interests for their followers.

Acts with Integrity (formerly Idealized Influence - Behaviors): This 4-item scale measures the frequency in which leaders act with integrity, talk about their values and beliefs, focus on a desirable vision, and consider the moral and ethical consequences of their actions.

Encourages Others (formerly Inspirational Motivation): This 4-item scale measures the frequency in which leaders behave in ways that motivate those around them by providing meaning and challenge to their followers' work.

Encourages Innovative Thinking (formerly Intellectual Stimulation): This 4-item scale measures the frequency in which leaders stimulate their followers' effort to be innovative and creative by questioning assumptions, reframing problems, and approaching old situations in new ways.

Coaches & Develops People (formerly Individual Consideration): This 4-item scale measures the frequency in which leaders pay attention to each follower's needs for achievement and growth by acting as a coach or mentor.

Transactional Leadership Scales

Transactional leadership is measured by 2 scales (8 items). Higher scale scores in these subscales correspond to higher frequency of transactional leadership behaviors.

Rewards Achievement (formerly Contingent Reward): This 4-item scale measures the frequency in which leaders reward their followers in return for achievement of expected levels of performance.

Monitors Deviations & Mistakes (formerly Management-by-Exception: Active): This 4-item scale measures the frequency in which leaders monitor for deviations, mistakes, and errors and then take immediate corrective action.

Passive/Avoidant Behaviors

Passive/Avoidant behavior is measured by 2 scales (8 items). Higher scale scores in these subscales correspond to higher frequency of passive or avoidant behaviors during leadership activities.

Fights Fires (formerly Management-by-Exception: Passive): This 4-item scale measures the frequency in which leaders wait for a problem to appear before taking corrective action.

Avoids Involvement (formerly Laissez-Faire): This 4-item scale measures the frequency in which leaders refuse to assume the responsibilities that are a part of their position as leaders.

Outcomes of Leadership

Outcomes of leadership is measured by 3 scales (9 items) and is only asked to raters (the leader does not answer these questions). Higher scale scores in these subscales correspond to higher frequency of desired outcomes of leadership.

Generates Extra Effort (formerly Extra Effort): This 3-item scale measures the frequency in which leaders are perceived to be able to influence their followers to do more than they are expected to do.

Is Productive (formerly Effectiveness): This 4-item scale measures the frequency in which leaders are perceived as being effective when interacting at different levels of the organization.

Generates Satisfaction (formerly Satisfaction with the Leadership): This 2-item scale measures the frequency in which raters are satisfied with their leader's methods of working with others.

Perceived quality of care

Perceptions of the quality of patient care delivered were measured by using the Victorian patient satisfaction questionnaire (VPSM) as guidance, following Mihail & Kloutsiniotis (2016), Bartram et al. (2014), Bonias et al. (2010), Leggat et al. (2010) studies. The VPSM is voluntary patient satisfaction monitoring process that provides discharged hospital patients in the state of Victoria with an opportunity to complete a questionnaire on their views related to their hospital treatment. The VPSM reports Victorian public hospital patients' assessment of their hospital stay in aggregated charts and tables to identify the areas patients are most satisfied with and those they expect to improve. This information is regularly used by hospitals to improve the quality of the services provided. For this reason, we asked respondents to complete 16 questions from the VPSM that patients use to rate their hospital stay. These questions addressed issues of courtesy, helpfulness, responsiveness and willingness to listen, the provision of information by staff, communication among staff members, and the perceptions of safety, privacy, and being respected of the patients. These 16 questions comprised our measure of the staff perceptions of the quality of the care they provided.

The VPSM provides feedback on the quality of a public hospital experience from the adult inpatient perspective. The results from the survey provide government and hospital management with important information as to where quality improvement activities should be directed for greatest effect. A series of 25 grouped questions is used to derive the six subindices of care, which are: access and admission, general patient information, treatment and related information, complaints management, physical environment, discharge and follow-up.

Aspects of patient experiences.

Waiting times: The issue is not actual waiting times but patients' assessment of how problematic those waiting times were. The experience of having admissions dates changed could also be assessed.

Admission processes: Waiting to be taken to a room/ward/bed — again the issue is not actual waiting times but patient assessment of how problematic that waiting was.

Information/Communication: Focusing on patient assessments of the adequacy of information provided about the condition or treatment, and the extent to which patients believed they had opportunities to ask questions.

Involvement in decision making: Focusing on patient assessments of the adequacy of their involvement in decision making.

Treated with respect: Patients' views on whether hospital staff treated them with courtesy, respect, politeness and/or consideration. These questions could be split to focus specifically on doctors versus nurses. Patient assessments of the extent to which cultural and religious needs were respected could also be included.

Privacy: Patient assessments on the extent to which privacy was respected.

Responsiveness of staff: Most surveys include a patient experience question related to how long nurses took to respond to a call button. Related questions concerning availability of doctors is included in several surveys.

Management of pain

Information provided related to new medicines

Physical environment: Patient assessments of cleanliness of rooms and toilets/bathrooms, quietness/restfulness, quality, temperature and quantity of food.

Management of complaints: Patient assessments of how complaints were handled.

Discharge: Information provided at discharge on to how to manage the patient's condition.

Statistical model

SPSS v.24 was used to conduct descriptive statistical analysis and exploratory factor analysis. Partial least squares (PLS) structural equation modeling (SEM) with the help of SmartPLS 3.2 software was used (Ringle et al., 2014).

Employee motivation was operationalized as “reflective-formative” higher-order component. Specifically, motivation consisted of two individual motivation factors autonomy and competence. Each motivation factor was measured by its reflective indicators, while their relationship with the motivation construct was indicated as formative. This reflective-formative hierarchical component model (HCM) and the proposed model is depicted in Figure 1.

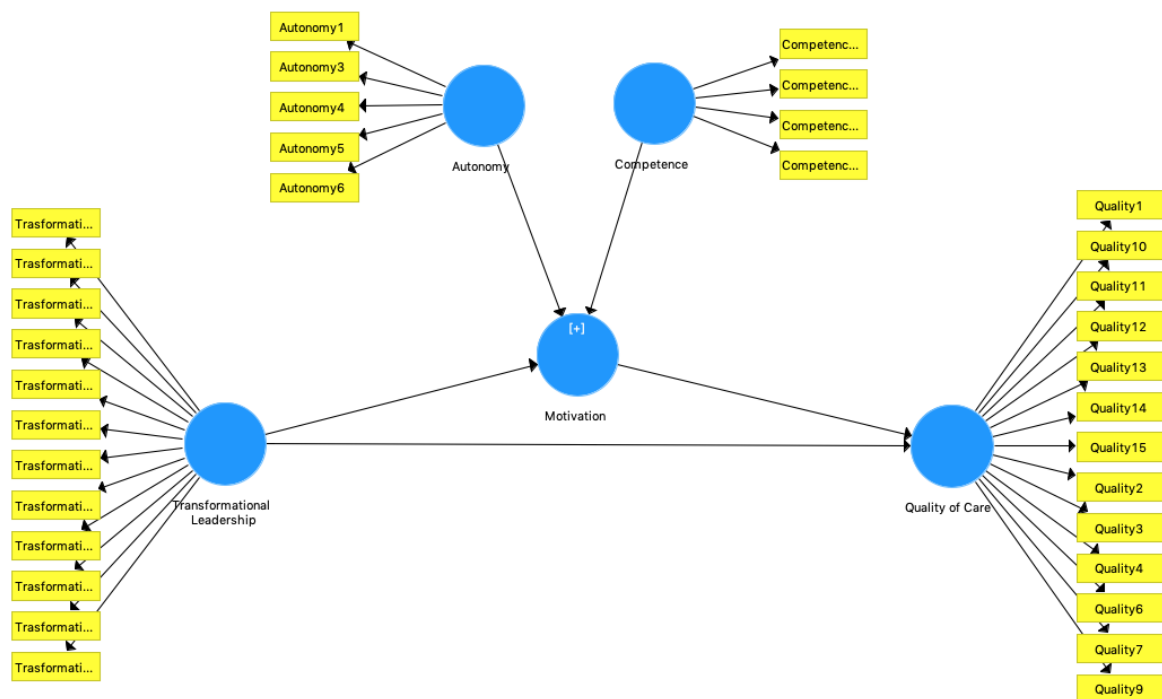


Figure 1. The proposed model

In establishing the final HCM measurement model, “repeated indicators approach” combined with the “two-step approach” was followed (Hair et al., 2014, Mihail & Kloutsiniotis, 2016). The final model (two-step approach) is depicted in Figure 2.

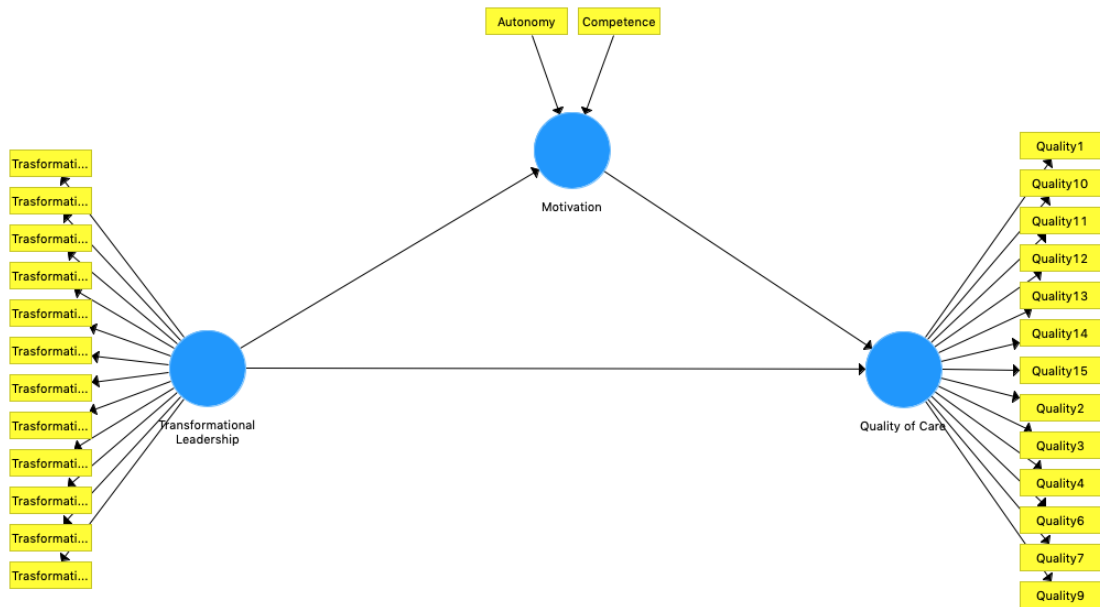


Figure 2 The two-step approach

Validity and reliability

Before running the PLS analysis, model's reliability and validity was configured. Since all first-order constructs used in the model were reflective, individual indicator reliability was evaluated, the composite reliability to evaluate internal consistency, the convergent validity of the measures associated with each construct and their discriminant validity (Hair et al., 2014; Mihail & Kloutsiniotis, 2016). Regarding the individual indicator reliability for the reflective constructs, few items were slightly below the threshold of 0.7. However, since all of the examined t-values of the outer model loadings were significant at the 0.05 α -level, they've retained in the model. Composite reliability was greater than 0.7, and thus was confirmed. In addition, the average variance extracted (AVE) extracted was above the threshold of 0.5 except for factor autonomy which was 0.453, thus confirming convergent validity. All measures are reported in Table I.

Construct (latent variable)	Composite reliability	Cronbach's Alpha	t- statistics	Average variance extracted (AVE)
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Transformational leadership	0.953	0.944	***	0.631
Autonomy	0.805	0.697	***	0.453
Competence	0.834	0.734	***	0.559
Quality of care	0.935	0.925	***	0.525

Notes: Significant paths: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table I. Composite reliability, average variance extracted (AVE), and convergent validity

To determine the discriminant validity of indicators, two established techniques were used. First, cross-loadings were checked. Second, Fornell-Lacker criterion was checked which compares the AVE values with the latent variable correlations. Since the square root of each construct's AVE was greater than its highest correlation with any other construct (Table II), discriminant validity was confirmed for all sub-constructs. Finally, although these two approaches are the dominant methods for evaluating discriminant validity in variance-based structural equation modeling such as PLSs, they do not reliably detect the lack of discriminant validity in common research situations due to their unacceptably low sensitivity. An alternative approach for discriminant validity (Henseler et al., 2015) assessment in variance-based SEM is the Heterotrait-Monotrait (HTMT) ratio of correlations. In this model, the maximum HTMT value was below 0.85, which is the most conservative critical HTMT value. In addition, the HTMT_{inference} criterion was checked, where the upper confidence intervals were below the 1 value. Therefore, discriminant validity has been established for the model.

	Autonomy	Competence	Motivation	Quality of Care	Transformational Leadership
Autonomy	0.673				
Competence	0.289	0.748			
Motivation	0.825	0.779	0.567		
Quality of Care	0.201	0.004	0.135	0.725	
Transformational Leadership	0.174	0.180	0.222	0.456	0.794

Notes: Square root of AVE diagonal

Table II. Discriminant validity through the Fornell-Lacker criterion

Next, the validity and reliability of the formative scales of motivation was checked. Formative factor was tested for multicollinearity by calculating the variance inflation factors (VIFs) of the items in the formative construct. All of the VIFs of the indicators were below 3.3, indicating sufficient construct validity for the formative indicator.

Finally, the quality of the structural model was evaluated by using the R^2 of the dependent variable, and the Stone-Geisser Q^2 test for predictive relevance (Hair et al., 2014; Mihail & Kloutsiniotis, 2016). R^2 value for the endogenous construct of motivation was very strong and equal to 1 and for quality of care 0.209, all path coefficients were substantial and significant. Two separate analyses with seven and 25 omission distances were undertaken (blindfolding technique in SmartPLS) to test the stability of the findings. The values were stable for both omission distances and all of the Q^2 were greater than 0 (0.299 for motivation and 0.097 for quality of care), showing that the model was stable, and the predictive relevance requirement was satisfied.

Results

To analyze the hypotheses in the structural model, full model was run (Figure 2) with a bootstrapping procedure that used 1000 randomly drawn samples with replacement. A summary of the path coefficients and their significance levels are summarized in Table III.

	Path coefficient	T Statistics	Hypothesis support
Transformational Leadership -> Motivation	0.267	2.098*	H1 supported
Transformational Leadership -> Quality of Care	0.448	7.413***	H2 supported

Motivation -> Quality of Care 0.036 ns H3 not supported

Notes: ns not significant Significant paths: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table III. Summary of path coefficients and significance levels

The results (Table III) support H1, H2, and not H3. Thus, transformational leadership is positively related to employee motivation (H1), and quality of care (H2). In addition, employee motivation is not positively related to perceived quality of patient care (H3).

Finally, the mediating role of leadership satisfaction was checked by using three-step approach adapted for PLS regression (Hair et al., 2014, p.225). The summary of path coefficients and significance levels for the mediation hypothesis are shown in Table IV.

First, the independent variable must be related to the dependent variable without the presence of the mediator. Findings showed that transformational leadership had a significant effect on quality of care ($\beta = 8.638$, path coefficient = 0.456, $R^2 = 0.208$). Second, the independent variable must be related to the mediator, and third the mediator must be related to the dependent variable. When adding the mediator in the model, our findings showed that transformational leadership had a significant effect on motivation ($\beta = 3.440$, path coefficient = 0.222), while employee motivation had no significant effect on quality of care ($\beta = 0.550$, path coefficient = 0.036). Finally (fourth step), the effect of the independent variable (transformational leadership) on the dependent variable (quality of care) was lower (path coefficient = 0.448) but still significant ($\beta = 7.540$) when the mediator was included in the model. The **variance accounted for** (VAF) determines the size of indirect effect, $VAF = (p_{\text{leadership-motivation}} \cdot p_{\text{motivation-quality of care}}) / (p_{\text{leadership-motivation}} \cdot p_{\text{motivation-quality of care}} + p_{\text{leadership-quality of care}}) = 0.017 < 20\%$. Thus, it can be concluded that motivation does not mediate the relationship between transformational leadership and quality of care. The mediator effect was further verified by running consistent PLS bootstrapping and checking indirect effects where transformational leadership has (path coefficient = 0.008) no significant effect to quality of care (T Statistics = 0.519, p value = 0.604). Thus, H4 was not supported.

Mediation hypothesis and corresponding paths	Path coefficient	T Statistics	Mediation type	Hypothesis support
Transformational Leadership -> Quality of Care (without mediator)	0.456	8.638***	no	H4 not supported
Transformational Leadership -> motivation	0.222	3.440***		
Motivation -> Quality of Care	0.036	ns		
Transformational Leadership -> Quality of Care (with mediator)	0.448	7.540***		

Notes: ns, not significant Significant paths: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table IV. Summary of path coefficients and significance levels for mediation hypothesis

Discussion

Transformational leadership has been studied extensively and adopted as a preferred management style by magnet hospitals internationally (Ferguson, 2015). However, little is known about how it actually leads to positive work outcomes like increase in quality of care. Researchers to date have reported mixed results about the impact of Transformational leadership on key nurse outcomes and consistency of included work outcomes is lacking. This study focused on the relationships among Transformational leadership, employee motivation and perceived quality of care. The finding of this master thesis indicated that transformational leadership has a strong effect on employee motivation and perceived quality of care in private rehabilitation centers and clinics in Greece providing support for H1 and H2. Nevertheless, employee motivation neither has a significance effect on perceived quality of care nor mediates the relationship between transformational leadership and perceived quality of care not supporting H3 and H4.

Findings are supported by earlier studies which also used MLQ and the full range leadership development behaviors in various organizations (Bass & Avolio, 1994; Bass 1985; Jandaghi, Zarei Matin & Farjami, 2002).

There is a positive association between individualized consideration and all the employee motivation sub-variables. These results are consistent with previous studies showing the significant positive influence of transformational leadership factors on motivation (Bass & Avolio, 1994; Loke, 2001; Bass, 1998; Avolio, 1999; Shim et al. 2002; Waldman et al., 2001; Lok & Crawford, 1999; Howell & Avolio, 1993).

This finding is consistent with previous studies which found that delivering on the promise of a contingent reward has a significant influence on employee motivation. Rewarding and encouraging are consistently considered by commentators to be one of the important motivators (Snape, 1996; Erkutlu, 2008). The hypothesized model of managers using transformational leadership style and creating motivated employees through autonomy and competence, who provide care that results in highly quality was partially discredited. Managerial behaviors, where a leader works with teams to identify needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of a group, may influence and motivate employees in order to provide quality care. Perhaps these managers are more demanding, more critical of staff, and less empowering. However, they are apparently able to create positive patient quality care.

The effect of transformation leadership on employee performance stems from development and empowerment, which is seen to increase the subordinate's ability and motivation. The philosophical approach to this style of leadership involves empowering employees and increasing their organizational commitment (Bushra et al., 2011). Transformational leaders articulate a vision that empowers employees and engages them to contribute to the organization. They highlight the prosocial impact of the vision and strive to motivate the employees to transcend their own self-interests for the sake of the larger organization (Bushra et al., 2011).

While there is accumulating evidence that indicate a positive relationship between transformational leadership and employee motivation, there is also emerging evidence that indicate a negative link between the two. Although transformational leadership style may significantly impact upon employee motivation and performance resulting in growth and empowerment of employees; it is important to note that such influential leadership can also result in weakening and increased dependency on the leader. The implications are that the subordinate employees become limited in their ability to execute a task and cannot make a decision without guidance from the leader. Psychologically, this implies that the employee motivation and self-esteem is dependent on receiving recognition and approval from the transformational leader (Kark & Shamir, 2003). On the contrary, an empowered person must be self-motivated, independent and autonomous.

Transformational leadership style encourages employees to work at peak levels while bringing them into contact with one another. Much of this contact, however, may be counterproductive for the employee and may result in demoralization. It becomes increasingly difficult for employees to disengage from relationships and given that they cannot regulate their own contact with transformational leaders, they may end up experiencing higher stress levels.

And since this style of leadership place more emphasis on the followers individual psychological and physical capacities to perform at peak levels, it can be stressing (Humphrey, 2012). Therefore, contrary to the commonly held view, the positive relationship between transformational leadership and employee motivation may have a short-term effect. This leadership style may in the long run exhibit diminishing marginal returns.

Nonetheless, the stronger weight of evidence indicates that transformational leadership enhances employee motivation. When leaders engage in inspirational behaviors such as articulating a compelling vision, expressing confidence and optimism, emphasizing on collective identities and referencing core values; employees become more motivated and they set more value-congruent goals and remain committed to their organization.

Conclusion

Effective leadership of healthcare professionals is critical for strengthening quality and integration of care. Leadership styles play an integral role in enhancing quality measures in health care. Impact on health-related outcomes differs according to the different leadership styles, while they may broaden or close the existing gap in health care. Addressing the leadership gap in health care in an evolving and challenging environment constitutes the current and future goal of all societies. Health care organizations need to ensure technical and professional expertise, build capacity, and organizational culture, and balance leadership priorities and existing skills in order to improve quality indicators in health care and move a step forward. Interpretation of the current master thesis outcomes and translation of the main messages into implementation practices in health care settings is strongly suggested.

Limitations

Few limitations need to be considered. First, due to reliability of the data, direct causality of employee motivation and perceived quality of care could not be inferred from the observed relationships as was mentioned from previous researchers (McNeese- Smith, 1999). Second, this study used self-reported data, which may pose concerns around bias. However, participants tended to respond using the full range of response options, yielding against bias. In addition, although the perceptions of nurses, doctors, and allied healthcare professionals about quality of care was measured, it would be better to collect data from patient themselves concerning quality of care and its dimensions in rehabilitation centers and clinics.

Additional research is needed to identify how leaderships patterns influence the behavior of employees and the resulting impact on their outcomes and thus quality of care. Can the effects of motivation be altered by management leadership style and leadership outcomes? Also, research is needed to clarify the time needed from implementation of specific leadership practices to time seeing the first results in improving the quality of health services. Lastly, research is needed in different settings to determine if these findings are consistent in non-healthcare environments.

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