

LECTURE

Motivational climate and attitudes to change: a hospital study

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Change can be highly motivating when it is perceived as results-oriented, well planned and well communicated. However, there appears to be a lack of evidence on the actual existence of such relationships between motivational climate and attitudes to change in management literature, especially under the specific conditions of health care organisations in Slovakia.

Using a sample of 243 employees of the University Hospital Bratislava, the present study has investigated the validity of the assumption that: (i) low motivational climate will represent an inhibitor to change, and vice versa, (ii) the more attention is being paid by the organisation's management to implementation of change, resulting in the staff having positive attitudes to change, the higher the motivational climate within the organisation will be.

The findings indicate that motivational climate of the hospital can be heavily influenced by the manner in which the change is being managed. Moreover, not only how change is being managed, but also how it is understood and accepted by the employees, as well as which outcomes the change results in, have significant effects on the perceived motivational climate.

The results also show that to maintain the high motivational climate, thus stimulating desired behaviours in the staff, the hospital managers should keep, among other things, (i) encouraging the workers to make a creative contribution, (ii) informing them about the reasons why changes are being made, (iii) showing them how their work objectives relate to where the hospital is heading and that the cost of the current changes will not outweigh the benefits, and (v) ensuring that adequate training is available to equip people for changes and giving them the support they need to cope with change.

Last, but not least, the present study helps to demonstrate the importance of attitudes as a force that is powerful in determining work output. (*Tab. 3, Ref. 37.*)

Key words: motivation, attitudes to change, hospitals, Slovakia.

Many would probably agree that an organisation's main source of energy derives from the individuals within that organisation. For example, Kanji, Kristensen, and Dahlgaard (1995) argue that people are the key to quality and if their actions and reactions become quality related, then expensive failures and the accumulation of hidden costs may be reduced to an acceptable minimum or even prevented altogether. Moreover, softer human skills or needs are the cement which holds any company together and allows continuous and smooth operation (Stapley, 1996). Not surprisingly, therefore, in order to survive in a competitive environment, today's organisational leaders are searching for innovative ways to enhance the creative potential of their workforce (Johnson and Thurston, 1997).

Such an enhancement, however, can hardly be achieved without developing an appropriate motivational climate within the organisation, because it is motivation that is most frequently referred to as a psychological process which stimulates and sustains behaviour (Henderson, 1987). Motivation creates the energy

which incites, inspires, impels, influences, urges and moves one to action (see, for example, Hellriegel and Slocum, 1992). In this sense, it can be argued that, essentially, there is a gap between an individual's actual state and some desired state and the manager tries to reduce this gap. Motivation is, in effect, a means to diminish and manipulate the gap. It is inducing others in a specific way towards goals specifically stated by the motivator. Naturally, these goals, as well as the motivational system, must conform to the corporate policy of the organisation. In other words, the motivational system must be tailored to the situation and to the organisation.

All this makes motivation and motivational climate one of the concepts that should be atop of the interest of health care mana-

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gers in Slovakia. Especially, when consideration is given to the fact that, under pressure to control costs, hospital administrators should increasingly recognize the importance of motivating physicians to make cost-efficient decisions. This, however, requires fundamental change in many aspects of the current health business practices.

Nevertheless, the main difficulty in achieving any change is likely to be that it is natural for people to resist it (Moran and Brightman, 1998), and that it can be introduced only if people are motivated to accept it (Cornell, 1996). It is important, therefore, for management to adopt clearly defined strategy for the initiation of change (Burnes, 1992). To put it another way, successful implementation of new work methods and practices is dependent upon the willingness and effective cooperation of staff and management. In a similar vein, Trahan and Burke (1996) contend that when people are not motivated to do their jobs, there is a 'system disconnect' that needs to be addressed if the organisation is to be successful in moving forward with change initiatives. Moreover, Mullins (1996) stresses that if staff are encouraged to adopt a positive attitude and have personal involvement in the implementation of change, there is a greater likelihood of their acceptance of change. Thus, it seems that the better the motivational climate that is created within the organisation, the more positive are the attitudes to change that the employees of that organisation are likely to have.

On the other hand, Spitzer (1997) maintains that change can be highly motivating when it is results-oriented, well planned and well communicated. At the organisational level, performance improvement will occur when management provides the entire workforce with all the necessary training and technical infrastructure to support the change initiatives (Appelbaum, St-Pierre, and Glasvas, 1998). So it can be expected that the positive attitudes to change, that means perceiving the change as well planned, communicated and supported, should enhance an overall motivational climate within the organisation. However, there appears to be a lack of evidence on the actual existence of such relationships between motivational climate and attitudes to change in management literature, chiefly under the specific conditions of the Slovak health care. For example, there are some indications that the culture in Slovak health care organizations is not open to change and innovation (Rusnáková and Bachárová, 2001).

Therefore, a study has been conducted in the University Hospital Bratislava to investigate the validity of the assumption that low motivational climate will represent an inhibitor to change. In particular, it has been hypothesized that the higher the motivational climate within an organisation, the more positive attitudes to change the employees will have. In other words, it was expected that when people are generally motivated in their workplace, they are more keen to accept organisational changes. And vice versa, the more attention is being paid by the organisation's management to implementation of change, resulting in the staff having positive attitudes to change, the higher the motivational climate within the organisation.

This paper reports on the findings of testing these hypotheses. In doing so, firstly, some theoretical background will first be briefly explained. Secondly, design of the study will be described. Thirdly, the study results will be discussed. Finally, some implications of the present findings for hospital management will be derived.

Theoretical background

The word motivation comes from the Latin word *movere* meaning "to move". MOTIVATION is usually defined as "...the process through which behaviour is mobilized to reach certain goals, which in turn satisfy individual and/or organisational needs. Motivation is the total of all forces within individual that accounts for the effort he or she applies to the job at hand" (Fatehi, 1996). In a like manner, Tjosvold and Moy (1998) claim that motivation focuses on decisions to initiate the effort to reach goals, exert a certain level of effort, and persist in that effort until the goal is reached. It is "an interactive process affecting the inner needs or drives that energize, channel, and maintain behaviour" (Steers and Porter, 1983). In other words, the motivation process begins with inner drives and needs that motivate (that is, cause to move) the individual to work towards certain goals, which the individual has chosen in the belief that they will satisfy inner drives and needs. After attaining these goals, individuals judge whether the effort has been worthwhile. If the individual perceives the effort as rewarding, the effort is reinforced and the individual will continue to repeat that kind of behaviour (Pinder, 1984).

In spite of this, exactly how to motivate others may be difficult to determine because motivation itself is a complex phenomenon. For example, specific behaviour may be the result of several motives rather than a single motive. Moreover, people who express essentially the same motive may engage in very different behaviours, whilst people who express very different motives may engage in very similar behaviour (Vecchio, 1995). This complexity of motivational processes is matched by the complexity and variety of theoretical approaches that have been offered to explain motivation (see for example Mullins, 1996), and is also reflected in contemporary research on human motivation (see Wiley, 1997).

However, from the perspective of the present study, it is rather ability of different motivation theories to provide a useful framework for assessing the likely attitudes to change than their complexity that seems to be important. In this respect, Hayes (1999) suggests that one of the motivation theories that offers a useful framework for assessing whether the workers are likely to support or resist an impending change, is expectancy theory. Expectancy theory (Vroom, 1964; Porter and Lawler, 1968) assumes that behaviour is a function of two factors — expectancies about the future and the attractiveness of outcomes. Drawing on these assumptions, Hayes (1999) claims that, as outcomes can be evaluated in terms of their value and attractiveness, if the workers expect the change to reduce the availability of valued outcomes, they are likely to offer resistance (negative attitudes). If, on the other hand, they expect it to increase the availability of valued outcomes, they are more likely to offer support (positive attitudes). Hayes further argues that it is not only the potential availability of valued outcomes that will determine whether the workers will support or resist change. Their motivation will also be influenced by expectancies about the likelihood that they will actually receive valued outcomes in practice. In other words, from a motivational perspective, it is the expectation or belief about the relationship between effort, performance and valued outcome that will determine whether a worker will be motivated to support or resist change.

From this point of view, as MOTIVATIONAL CLIMATE (Spitzer, 1996): (i) reflects the patterns of organisational behaviour

that increases the extent to which the employees' needs for security, esteem, independence and personal self-development are being satisfied; and (ii) is consistent with the workers' expectations of the behaviour that will lead to desired outcomes — it seems reasonable to expect that a high motivational climate within an organisation will be associated with the workers' support (positive attitudes), not resistance (negative attitudes) to change.

Another useful framework for assessing the attitudes to change may be derived from attribution theory (Heider, 1958). Attribution theory suggests that behaviour is determined by a combination of perceived internal and external forces. Behaviour at work, therefore, may be explained by the locus of control, that is, whether the individual perceives outcomes as controlled by him/herself, or by external factors. Kelley (1973) later hypothesized that people attribute behaviour to internal forces when they perceive low distinctiveness, low consensus and high consistency, whilst on the other hand, they attribute behaviour to external forces when they perceive high distinctiveness, high consensus and low consistency. By distinctiveness, Kelley means how different was the behaviour in the situation compared with behaviour in other situations. Consensus represents compliance of the behaviour with the one displayed by most other people in the same situation. Finally, consistency refers to endurance of the behaviour over time versus its unusuality.

From a managerial perspective, it seems important that employees with internal locus of control are more likely to believe that they can influence their level of performance through their own abilities, skills or efforts, whilst employees with external locus of control are more likely to attribute their level of performance to external factors which are beyond their influence.

In this context, it has been argued -- at the individual level -- that the workers' willingness to buy into a change can be facilitated by applying the principles of behaviour modification (see Appelbaum, St-Pierre, and Glavas, 1998). However, when doing so, organisations have to assess individuals' capabilities to adapt to change. It has been, for example, advanced that the degree to which individuals will translate organisational change into higher performance achievement is related to their locus of control. As Kren (1992) explains, since internally oriented individuals believe that their own actions determine outcomes, they are more likely to take an active posture with respect to their environment. In contrast, externally oriented individuals may adopt a passive role.

At the organisational level, the ability of any organisation to motivate individuals, whatever kind of locus of control they have, is closely related to their reward systems. Therefore, organisational change efforts must ascertain that different types of rewards are offered to employees who might have quite different attitude set towards change (Appelbaum, St-Pierre, and Glavas, 1998). Thus, though Vecchio and Appelbaum (1995) maintain that the ideal organisational climate would provide opportunities for independence, recognition, and responsibilities, some employees' performance under change might still be motivated by extrinsic factors, such as pay, job security, working conditions, and company policy. This is also compliant with Herzberg's (1968) claim to pay proper attention to not only motivators (achievement, recognition, responsibility, promotion prospects, and work itself), but to hygiene factors (pay, relations with others, type of supervi-

sion, company policy, physical working conditions, and fringe benefits) as well.

In the light of the foregoing, the concept of motivational climate seems to accommodate all above perspectives, as Spitzer (1996) found high-motivation organisations to pay attention not only to achievement, recognition and responsibility, but also to working conditions, type of supervision, etc. Therefore, assuming that ideal climate for change would provide opportunities for satisfying both types of needs, both attribution (Heider, 1958) and two-factor (Herzberg, Mausner, Snyderman, 1959) theories seem to support an expectation that the high motivational climate, as measured by Spitzer (1996), will be positively associated with the supportive attitudes to change.

Eventually, it seems worthwhile to shift the attention to equity theory of motivation (Adams, 1965) which, according to Hayes (1999), can be used to extend the expectancy framework discussed earlier. By this he means to include the workers' expectations about equity of outcomes in changed situation. Hayes maintains that if workers believe that comparable others will receive more favourable treatment (in terms of valued outcomes) as a result of the change, this will affect their assessment of the attractiveness of the outcomes they expect to receive (that is, their attitudes) in a negative way.

From this perspective, the concept of motivational climate appears to reflect the patterns of organisational behaviour that are perceived by the employees as fair. It is, therefore, more likely that the better motivational climate will be coupled with the more positive attitudes to change.

Methodology

Subjects for the study were 243 employees of the University Hospital Bratislava, comprising 40 males and 203 females. The subjects included physicians, nurses, auxiliary and administrative staff of fourteen hospital departments (Table 1).

To measure their attitudes to change, subjects completed the Change Climate Survey (Hyde and Hayes, 1997), which contains 56 self-report items and requires about 20 minutes to complete. Each item has five choices, strongly agree, agree, mixed feelings, disagree, or strongly disagree and scores for each item are 1, 2, 3, 4, or 5 respectively. The survey investigates the attitudes to chan-

Tab. 1. Departments of the University Hospital Bratislava, in which the study was conducted.

Intensive Care Unit
Department of Nursing Care
Department of Orthorhinolaryngology
Department of Neurology
Department of Orthopaedy
Department of Psychiatry
Department of Surgery
Department of Haematology and Transfusiology
Department of Gynaecology and Obstetrics
First Department of Internal Medicine
Second Department of Internal Medicine
Economic Department
Personnel Department
Sales Department

Tab. 2. The mean raw scores and standard deviations for motivational climate and attitudes to change.

Factor	UHB Mean	(n=243) SD	M Mean	(n=40) SD	F Mean	(n=203) SD
Cynicism and distrust (-)	11.72	2.31	11.60	2.20	11.74	2.33
Stress (-)	10.00	2.94	10.28	3.13	9.95	2.90
How change is managed: overall approach(+)	13.01	3.17	12.42	3.38	13.12	3.11
Personal ability to cope with change (+)	8.10	1.66	7.75	1.71	8.17	1.64
Acceptance of current changes (-)	11.46	2.24	11.52	1.83	11.45	2.31
Attitude towards change in general (+)	10.46	2.09	10.08	2.14	10.54	2.08
How change is managed: support for people (+)	13.56	2.80	13.00	2.41	13.67	2.86
Commitment and morale (-)	13.88	3.36	13.30	3.77	14.00	3.26
Recognition that change is normal (+)	8.94	1.62	8.92	1.54	8.94	1.63
How change is managed: consultation (+)	12.77	2.91	12.18	3.13	12.89	2.85
Vision and direction (-)	10.08	3.08	10.28	3.40	10.04	3.02
Own disposition to initiate change (+)	9.66	2.11	9.05	2.40	9.78	2.03
Effectiveness (-)	10.86	2.40	11.30	2.44	10.78	2.38
How change is managed: communication (+)	9.39	2.97	9.22	3.08	9.42	2.94
Motivational climate (+)	129.28	32.27	130.52	30.10	129.03	32.68

UHB — University Hospital Bratislava, M — males, F — females

ge on fourteen dimensions in the four main areas of: (i) orientation towards change in general; (ii) understanding and acceptance of change; (iii) management of change; and (iv) outcomes of change. A plus sign indicates that agreement (the lower the score) is a positive indicator; a minus sign that it is a negative indicator (for more details see Hayes, 1999).

The second variable — motivational climate — was measured by the Motivated Organization Survey (Spitzer, 1996). The Motivated Organization Survey is an easily administered self-reporting instrument that provides a valid and reliable method for assessing motivation in any organization, department, or work unit. It consists of 60 items drawn from the characteristics of high-motivation organisations. When taken together, the items that comprise the survey provide a kind of vision, or operational definition, of the highly motivated organisation. Subjects are asked to place a number (ranging from 1 to 5) to each statement to indicate how true the statement is about their organisation, using the following rating scale: 1 — not true at all, 2 — true to a small extent, 3 — true to some extent, 4 — mostly true, and 5 — completely true. The higher the total score, the higher the perceived level of motivational climate.

Results and discussion

After the data were collected, descriptive statistics were obtained. The mean raw scores along with the standard deviations are presented in Table 2. These show that the average motivational climate score for the whole sample of the University Hospital employees was 129.28 (SD = 32.27), that is 43.1 per cent (SD = 11 %), when transformed to the percentage score (see Spitzer, 1996 for details). Almost the same scores were found also for both males and females, with 130.52 (SD = 30.10), that is 43.5 % (SD = 10 %), and 129.03 (SD = 32.68), that is 43 % (SD = 11 %), respectively. These findings, when interpreted according to the guidelines provided by Spitzer (1996), suggest that the University Hospital Bratislava has a below average motivational climate. In

particular, this means that, regardless of gender, the hospital employees tend to perceive, for example, the promptness of identification and elimination of the obstacles to their effective performance, the management's responsiveness to their needs and concerns, the fairness and consistency of personnel decisions, as well as their own carefulness in how they use the hospital's resources, among other things — as below average in comparison with the perception of the employees of high-motivation organisations.

Naturally, a caution is needed when interpreting these results as the aforementioned guidelines are based on the national norms calculated from the data collected in the United States. Thus, a more extensive survey that would cover also the other Slovak hospitals is needed to gather the data from which the Slovak norms could be developed. Nonetheless, the lack of such norms does not influence, firstly, the fact that no significant differences in the perceptions of motivational climate were found between the male and the female employees of the University Hospital Bratislava; and secondly, that Spitzer (1996) derived his instrument from the characteristics of high-motivation organisations, and these characteristics refer to the behaviours that are highly desirable for any organisation, regardless of culture.

As a next step, to investigate the hypothesized relationships, the correlations were calculated between each of the fourteen categories of attitudes to change and the perceived motivational climate. These are shown in the Table 3. For the whole sample of the hospital employees, twelve categories of the attitudes to change were significantly correlated with the perceived motivational climate at the $p < 0.01$ level. In the male group, there were nine categories of attitudes to change significantly correlated with the perceived motivational climate at the $p < 0.01$ level, and one category of attitudes was significantly correlated at the $p < 0.05$ level. In the female group, the same twelve categories were found to be significantly correlated with the motivational climate like in the whole sample. Moreover, all of them at the same $p < 0.01$ level. This similarity of the findings in the whole sample and the

Tab. 3. Correlations between motivational climate and attitudes to change.

Factor	UHB (n=243)	M (n=40)	F (n=203)
Cynicism and distrust (-)	** 0,415	0,287	** 0,438
Stress (-)	** 0,384	0,193	** 0,422
How change is manag.: overall approach (+)	** -0,673	** -0,724	** -0,665
Personal ability to cope with change (+)	0,095	0,110	0,094
Acceptance of current changes (-)	** 0,307	** 0,452	** 0,287
Attitude towards change in general (+)	** -0,265	* -0,324	** -0,253
How change is man.: support for people (+)	** -0,644	** -0,738	** -0,631
Commitment and morale (-)	** 0,541	** 0,616	** 0,528
How change is managed: communication (+)	** -0,664	** -0,627	** -0,676
Recognition that change is normal (+)	0,084	0,148	0,073
How change is managed: consultation (+)	** -0,657	** -0,753	** -0,641
Vision and direction (-)	** 0,608	** 0,642	** 0,602
Own disposition to initiate change (+)	** -0,221	** -0,417	** -0,180
Effectiveness (-)	** 0,459	** 0,408	** 0,470

* — correlations significant at $p < 0.05$ level, ** — correlations significant at $p < 0.01$ level

female group was probably determined by the fact that there were 203 females out of 243 respondents, whilst only 40 males. Such a ratio, however, is not artificial because the researched subjects included all sorts of employees of the individual departments, that is, the physicians, nurses and ancillary, as well as administrative, staff — and the nursing profession is in almost 100 per cent performed by women in Slovakia. In spite of that, some differences between male and female groups can be observed and these, along with the relationships between particular categories of attitudes to change and motivational climate, are discussed below.

Cynicism and distrust vs. motivational climate

The significant positive correlations were found between cynicism and distrust and motivational climate in the whole sample (0.415; $p < 0.01$) and among females (0.438; $p < 0.01$). The findings suggest that the lower the cynicism and distrust (the higher the score) of change among the employees, the more behaviours associated with the high motivational climate they will engage in. But as correlation expresses a relationship between two variables without determining which variable is the primary cause of its existence, the interpretation of these findings can be twofold. In other words, the higher the motivational climate within the hospital, the less cynicism and distrust with respect to change the employees are likely to show.

This, however, seems to apply only to female workers, whilst no significant correlation was found in the male group. Further research could reveal whether this is due to the smaller number of male than female subjects, or it may be that males are able to motivate themselves more intrinsically, regardless of having this kind of feelings about change.

Stress vs. motivational climate

Stress was also found to be significantly positively correlated with motivational climate in the whole sample (0.384; $p < 0.01$) and in the female group (0.422; $p < 0.01$). Though again, there

was no relationship recorded between stress and motivational climate in the male group. The findings, therefore, indicate that the less anxious the employees feel about their future, (i) the lower is the level of uncertainty about what is going to happen, (ii) the less changes they have to cope with at the same time, and (iii) the shorter the period during which they experience stress aroused by that situation -- i.e., the higher the motivational climate in the hospital. And vice versa, the higher the motivational climate created by management within the organisation, the more change-induced-stress resilient the employees will be. The most important, however, seems to be that this again applies only to female workers.

Overall approach to change management vs. motivational climate

In this case, in all groups (the whole sample, male and female) high significant negative correlations were discovered (-0.673, -0.724, -0.665 respectively; $p < 0.01$). These findings reveal that the better the overall approach of the hospital management towards change (the lower the score), the higher the perceived motivational climate within the hospital (the higher the score). On the other hand, the findings also allow us to assume that an increase in the motivational climate will have a positive influence on the employees' perception of the hospital management's overall approach to change.

Consequently, the hospital managers should be able to influence the perception of the workers, or stimulate the motivational climate within the hospital in this way. In particular, this may require the managers to think through changes well before they are implemented, to learn from their experience of managing change, and to behave in a way which is consistent with what they say about change. All this should increase the motivational climate and influence the desired behaviours of staff.

Acceptance of current changes vs. motivational climate

High significant negative correlations were observed between acceptance of current changes and motivational climate (0.307,

$p < 0.01$ for the whole sample, 0.452, $p < 0.01$ for the male group, and 0.287, $p < 0.01$ for the female group). The findings imply that the higher the motivational climate within the hospital, the higher the acceptance of current changes among the employees. On the other hand, the lower the acceptance of current changes within the hospital, the lower the motivational climate. In more particular terms, this means that believing that the hospital is changing the wrong things, that is over-reacting and changing more than is necessary, leads to a decrease in the motivational climate.

Attitude towards change in general vs. motivational climate

Attitude towards change in general was found to be significantly negatively correlated with motivational climate of the hospital in all three subject groups. However, whereas for the whole sample and the female group the correlations were highly significant (-0.265; $p < 0.01$ and -0.253; $p < 0.01$ respectively), a lesser, but still significant, negative correlation was witnessed in the male group (-0.324; $p < 0.05$). These results suggest that the more the change is being perceived as a source of opportunity and a chance to derive some personal benefits from it, the higher the motivational climate will be in the hospital.

On the other hand, the employees working in a higher motivational climate are inclined to look more on the bright side of change than are those who have to work in a demotivating environment. In short, change tends to be more exhilarating and exciting for the employees working in the organisations with high motivational climate.

The most important fact, however, is that this tendency seems to be strong especially among the female workers, even though it remains unclear whether, in the case of women, their negative attitudes to change would actually have a heavier impact on their perceptions of motivational climate, or the correlation would be similar in men, if there were a higher number of the male subjects.

Support for people vs. motivational climate

Another aspect of the attitudes to change that yielded high significant correlations was perceived support for people during change. In this case, there were no gender differences and the negative correlations were significant in all groups: the whole sample (-0.644; $p < 0.01$), male (-0.738; $p < 0.01$) and female (-0.631; $p < 0.01$).

Translated into more concrete terms, the findings indicate that when proper attention is paid to the effects of change on people by the hospital managers, and it is recognised and accepted that people will have an emotional reaction to change, and alike, when adequate training is available to equip people for changes and they are given the support they need to help them to cope with change — then, the motivational climate within the hospital increases.

Commitment and morale vs. motivational climate

Commitment and morale were found to be significantly correlated with the overall motivational climate in the University Hospital Bratislava. The correlations obtained were 0.541 ($p < 0.01$) in the whole sample, 0.616 ($p < 0.01$) in the male group and 0.528 ($p < 0.01$) in the female group. Drawing from the content analysis of

the items contributing to this factor, the results evince that when people suffer from low motivational climate, their commitment to the organisation declines and they think more about leaving. On the other hand, when they get less satisfaction from working in the hospital than they used to, they perceive the organisation as rather demotivating. Such findings are especially important in the light of Tietjen and Myers' (1998) assertion that satisfaction creates ultimately improved quality in the output of the employed, as well as with Herzberg, Mausner and Snyderman's (1959) emphasis on cultivating satisfaction within workers to make them motivated.

Furthermore, the results suggest that in order to increase the staff's morale and commitment and to reduce their turnover, the hospital managers should pay an appropriate attention to developing a high motivational climate.

Communication vs. motivational climate

The communication aspect of management of change was also found to be in reciprocal relation with motivational climate. The correlations observed in the whole sample (-0.664), as well as among the male (-0.627) and the female (-0.676) employees of the hospital, all proved to be significant at $p < 0.01$ level. These findings imply that the better the communication about the reasons why changes are made and on how they are progressing, the higher the motivational climate within the organisation. This is consistent with Vecchio's (1995) contention that fostering communication is one of the ways of facilitating change.

Consultation vs. motivational climate

Closely related to communication is the extent to which the employees are approached in a consultative way during the change. In this respect, the significant negative correlations were recorded for both males (-0.753; $p < 0.01$) and females (-0.641; $p < 0.01$), thereby not surprisingly for the whole sample (-0.657; $p < 0.01$) as well.

These results show that the workers perceive the climate within the organisation as more motivating, when the hospital managers encourage them to make a creative contribution to change, ask them for their ideas about change in their part of business, thus making them feel able to influence what happens to them.

Vision and direction vs. motivational climate

Vision and direction is another one of twelve attitude categories that were found being significantly correlated with the perceived motivational climate, at least in the female group and the whole sample. However, in this case the significant correlations were discovered not only among the females (0.602; $p < 0.01$) and in the whole sample (0.608; $p < 0.01$), but among the males (0.642; $p < 0.01$) as well.

The results denote that, when the hospital managers do not have a clear vision of the future of the organisation, there is no shared vision at all levels and in all departments about where the hospital is going, and when the employees cannot see how their work objectives relate to where the hospital is heading, thus they simply do not understand the direction in which the hospital is

moving — then the motivational climate within the hospital suffers. In other words, all this may have highly demotivating effects on the hospital staff.

Own disposition to initiate change vs. motivational climate

The noteworthy findings were documented also with regard to own disposition to initiate change. The correlations with motivational climate were significant in all groups, being -0.221 ($p < 0.01$), -0.417 ($p < 0.01$) and -0.180 ($p < 0.01$) for the whole sample, the male employees and the female employees respectively.

These findings suggest that the higher the motivational climate within the hospital, the more able the workers see themselves to initiate change. Thus, the results seem to indicate that the hospital management may be able to facilitate change by increasing the motivational climate within the hospital. A possible explanation for this could be that when people perceive their work environment as motivating, they will naturally try to adjust or maintain their workplace to allow for them to work as much and as hard as they want. Thereby, they will tend to initiate changes that may hinder satisfaction they receive from work. However, in a more hedonistic view, it might be argued that the employees would initiate changes only to make their work and work environment more convenient, pleasant and comfortable.

Effectiveness of change vs. motivational change

Perceived effectiveness of change was witnessed to correlate significantly with the motivational climate in all the groups investigated. The correlation for the whole sample was 0.459 ($p < 0.01$), 0.408 ($p < 0.01$) for males and 0.470 ($p < 0.01$) for females. The positive correlations betoken that the higher the motivational climate within the hospital, the more positive attitudes to effectiveness of change the employees will have. And vice versa, the more is the change perceived by the employees as being effective, the more motivating their work environment appears to them, or the higher the motivational climate in the hospital. In particular, this means that the employees' perception that the cost of current changes will outweigh the benefits, in other words, that the hospital management has unrealistically high expectations about the benefits that will result from the current changes — such perceptions may have demotivating effects on the hospital staff.

Personal ability to cope with change/Recognition that change is normal vs. motivational climate

These are the two categories of attitudes for which no significant correlations with motivational climate were detected at all. Nonetheless, such findings could be explained to some extent within the framework of certain motivation theories.

Firstly, as mentioned before, according to attribution theory (Heider, 1958; Kelley, 1973), the employees with internal locus of control are more likely to believe that they can influence their level of performance through their own abilities, skills or efforts, whilst employees with external locus of control are more likely to attribute their level of performance to external factors which are beyond their influence. These differences in people's attributions may find their expression also in a lack of unambiguous relationship between the perceptions of one's own ability to cope with

change and motivation. This turns an attention to the issue of locus of control, as it seems that controlling locus of control as a variable may provide further insight into these relationships.

Secondly, there does not seem to be any good reasons to assume that just a sheer recognition that change is normal will influence motivational climate. For example, referring to application of expectancy theory to forecasting of attitudes to change, if the workers expect the change to reduce the availability of valued outcomes they are likely to offer resistance, that is, not being motivated to change (see Hayes, 1999). Therefore, recognition that change is normal does not have to automatically mean that the kinds of outcomes that are valued by the employees, who will be affected by the change, will be available in changed situation. Consequently, such a recognition does not have to have any distinctive impact on their perception of motivational climate.

Implications for practice and conclusions

In summary, the present study has clearly shown that the motivational climate of organisation can be heavily influenced by the manner in which the change is being managed in that organisation. More specifically, not only how change is being managed, but also understanding and acceptance of change by the employees, as well as the different outcomes of change, have significant effects on the perceived motivational climate.

The findings indicate that, especially in a period of continuous change, the managers must ensure that any changes that the hospital embarks on are well planned and thought-through before they are implemented, so that the workers do not feel that the hospital is over-reacting and changing more than is necessary. Instead, they should perceive the change as exciting and challenging and as a source of opportunity. However, as the study results suggest, the employees who perceive their work environment as demotivating are not likely to share such a perception. The next research should, therefore, further enlighten the factors that may play a crucial role in increasing the level of the motivational climate within the hospital.

Nevertheless, even the present study has revealed several such factors that may help to maintain the high motivational climate in the hospital, thus creating a supportive atmosphere for change. For example:

- (i) encouraging the workers to make a creative contribution,*
- (ii) informing them about the reasons why changes are being made,*
- (iii) asking them for their ideas about change in their part of the business,*
- (iv) showing them how their work objectives relate to where the hospital is heading and that the cost of the current changes will not outweigh the benefits,*
- (v) ensuring that adequate training is available to equip people for changes and giving them the support they need to cope with change,*

In addition, involving people in determining performance requirements, measures and standards, and encouraging them to assume leadership responsibilities can also contribute considerably to creating the higher motivational climate within the organisation, thus stimulating desired behaviours in the staff. This is consistent with Bachárová, Hlavačka and Rusnáková (2000, 2001) who argue that also education and training are factors contribu-

ting to these processes. *Qualified healthcare workers can contribute to healthcare reform and the national debate about the needs, values and effectiveness of health sector, including redefinition of priorities, effective utilisation of resources and the use of formal systems, such as audit, for critically analysing the quality and acceptability of care. As the above-mentioned authors further explain, this will create a rational basis for planning and implementing change.*

All this may, however, also require the hospital managers to have frequent communication with the employees, to be highly responsive to their needs and concerns, to never reward poor performance, whereas to always recognize an outstanding performance, as well as to explain to employees the rationale behind all important decisions. Failure to do so may result in expensive lessons to be learned by the University Hospital managers. Especially, in the light of the previous study (see Wágner, Hlavačka, Mazanec and Bachárová, 2001), the results of which imply that, emphasizing the involvement of organisation members in learning about their organisation and how to change it might prove to be more effective in managing change in the University Hospital Bratislava, than the traditional approaches to planned change.

In conclusion, one more implication of the present study that should be mentioned here is that the findings seem to provide some support to Herzberg's (1968; Herzberg, Mausner, and Snyderman, 1959) concept of attitude as a force that is powerful in determining output. A concept that has been complemented by Locke's (1970; 1976) formulation of value and its importance to work goals and subsequently job satisfaction. However, as Tietjen and Myers (1998) note, whereas the values are much more subjective to the worker and have developed over the individual's life, attitudes can be impacted or influenced much more easily. The effects they have on the motivation climate of organisation, thereby on staff, have been demonstrated by the present study. Therefore, in their search for knowledge on motivation of employees, managers should also acknowledge the significance of motivational climate and attitudes to the actions of the worker.

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Abstrakt

Mazanec V., Wágner R., Štofko J., Hlavačka S.:
Motivačná klíma a postoje k zmene: nemocničná štúdia
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Zmena môže byť veľmi motivujúca, ak sa vníma ako orientovaná na výsledky, dobre plánovaná a dobre komunikovaná. Napriek tomu sa zdá, že dôkazov o skutočnej existencii takýchto vzťahov medzi motivačnou klímou a postojmi k zmene je v manažérskej literatúre nedostatok, obzvlášť vo vzťahu k špecifickým podmienkam zdravotníckych organizácií na Slovensku.

Táto štúdia, na vzorke 243 zamestnancov Fakultnej nemocnice LFUK v Bratislave, skúmala platnosť predpokladu, že: a) nízka motivačná klíma bude predstavovať inhbitor zmeny, a vice versa, b) čím viac pozornosti vedenie organizácie venuje zavádzaniu zmeny, stimuluje tak pozitívne postoje zamestnancov k zmene, tým vyššia bude motivačná klíma v danej organizácii.

Zistenia naznačujú, že na motivačnú klímu nemocnice môže mať zásadný vplyv spôsob riadenia zmeny. Tento spôsob a to, ako ju chápajú a prijímajú zamestnanci a k akým vedie výsledkom, má významný vplyv na vnímanú motivačnú klímu.

Výsledky ukazujú, že manažéri nemocnice, aby udržali vysokú motivačnú klímu, podnecujú tak žiaduce formy správania pracovníkov, by mali: a) povzbudzovať pracovníkov tvorivo prispievať k realizácii zmeny, b) informovať ich o príčinách zavádzania zmien, c) ukazovať im, ako ich pracovné ciele súvisia so smerovaním nemocnice a že cena za súčasnú zmeny nebude vyššia ako ich prínos, d) zabezpečiť adekvátny tréning a prípravu ľudí na zmeny a poskytnúť im podporu potrebnú na ich zvládnutie.

Nakoniec, nie však významom, táto štúdia pomáha demonštrovať význam postojov ako účinnej sily pri ovplyvňovaní pracovných výsledkov. (*Tab. 3, lit. 37.*)

Kľúčové slová: motivácia, postoje k zmene, nemocnice, Slovensko.