

HUMAN RESOURCES MOTIVATION IN THE ROMANIAN HEALTH MANAGEMENT. CASE STUDY FOR A TERTIARY REFERRAL HOSPITAL

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Abstract:

In this article we intend to study the motivation types valid for the personnel employed in the public health institutions particularised at the level of the "Prof. Dr. C. C. Iliescu" Emergency Institute of Cardiovascular Diseases, to identify, for each of the categories of human resources involved in this system, the factors that motivate them. The research done in this paper shows that: incentives motivated employees are resident doctors, specialist doctors, nurses; motivation based on fear of punishment is found in all categories of staff; this situation is also valid for achievement-based motivation, with a certain reservation as far as medical nurses are concerned; the motivation based on the constant need to improve own results is mostly found in resident doctors and young specialist doctors, in medical nurses with little length service; in terms of power-based motivation, those who can hold leading positions and have access to power are senior doctors with the highest university degrees - associate professors and professors. Research results provide support for management representatives to identify the most effective motivation measures for employees, given that a motivated employee will make available to the organization of which he or she is a member his/her full competence to obtain maximum results.

Key words: motivational system, human resources, health management, public health system, questionnaire-based survey

JEL classification: I18

1. INTRODUCTION

Undoubtedly, the public health system in Romania is one that has evolved a lot in recent years, which although it tried to keep up with Western medicine, it had to resort to a costly solution like the 112 form, which gave access to certain medical procedures not available in Romania. However, the data show a sad, undeniable reality - we have a public health system where young people have no patience to be part of. The statistical data show that over 20,000 doctors have left Romania in the last 20 years, most of them directly from the medical school benches. Why did they go? Is there just a lack of financial motivation? At the "Prof. Dr. C. C. Iliescu" Emergency Institute of Cardiovascular Diseases where I work for 20 years, I have collaborated with over 150 resident doctors and specialist doctors, and I regret to find that at least a third of them went to practice in other countries. What made them make such a decision is also for me the motivation to research this theme. I hope that with the study of the motivation types in the public health system in Romania and in particular in the "Prof. Dr. C. C. Iliescu" Emergency Institute of Cardiovascular Diseases, to find a series of answers regarding the improvement of the motivational system by which the personnel employed in the public health institutions not only to become faithfully again to the system, but through their daily activity to restore the lost honor and prestige of this system.

2. TYPES OF MOTIVATION

Motivation based on stimulation. It is a form of motivation that involves rewards, both financial and non-financial (Rueda, 1994, pp. 123-145). Rewards or bonuses to achieve a certain goal are examples of incentives.

Motivation based on fear of punishment. This type of motivation is used when stimulative motivation fails. Penalty threats are forms of fear-based motivation (Rueda, 1994, pp. 123-145).

This type of motivation is commonly used in a professional frame to motivate employees. One example - treating patients in a septic (infected) persons room is done using special equipment (with a bonnet and a robe): if the rule is violated the sanction is applied.

Motivation based on achievements. Achievements are obtained as a result of competencies. Human being has a natural tendency to permanently improve their skills to achieve their goals and to face new challenges. The desire to improve skills and the proof of competencies, provides the feeling of accomplishment for both self and others. We often need the positive recognition of both our colleagues and our superiors.

Motivation based on the constant need for improvement of own results. The need to permanently improve own results is the need to gain knowledge about ourselves and the outside world in which we live. We are constantly seeking to learn, to improve and to grow as individuals. Stagnation is a negative unwanted process rejected by the human being, the constant search for positive change is in fact the motivation behind the need to improve personal results (Richard, 2000, pp. 68-78)

Power-based motivation. The motivation of free will gives the feeling of power (Rueda, 1994, pp. 48-67). Whether we want autonomy or want control of others, we essentially want to have choices and control over our own lives. We want to have the ability to be aware of the direction of the way we live and to have the ability to predict the future course of our life. The desire for power can also take harmful forms, leaders appear with an unethical, illegal, harmful conduct, imposing on the subordinates a harmful personal agenda.

Motivation based on social factors. Motivation based on social factors is represented by the desire of people to belong to and to be accepted by a group (Baumeister, 1995, pp. 497-529). As human beings we feel the need for social connection. We also need to be accepted into society, as well as the need for affiliation, to belong to a particular group of common interests. Wishes to make social contributions to the world around us are signs that we are motivated by social factors.

3. RESEARCH METHODOLOGY

The purpose of this analysis is to identify the motivational factors of the employees of the "Prof. Dr. C. C. Iliescu" Emergency Institute of Cardiovascular Diseases that can be perfectible.

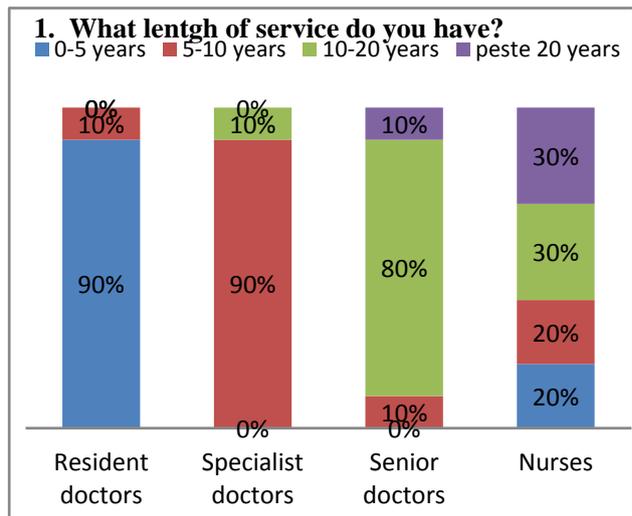
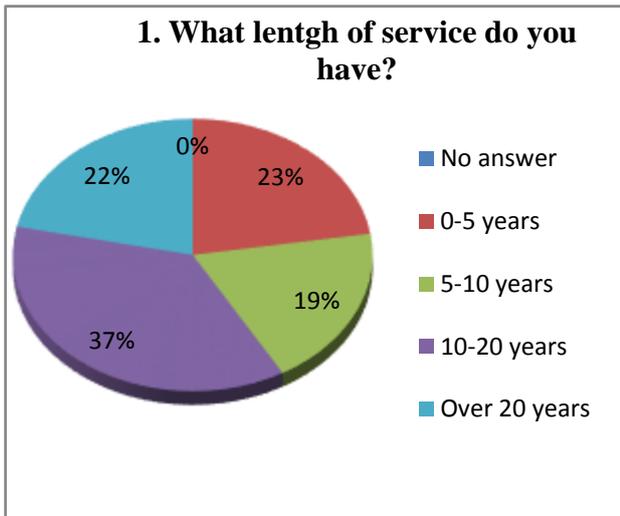
From the methodological perspective, we will use the survey-based on a questionnaire, the 24-question tool including employees motivation factors. Questions are formulated to provide answers to the following types of motivation: 1. *Motivation based on stimulation*; 2. *Motivation based on fear of punishment*; 3. *Achievement-based motivation*; 4. *Motivation based on the constant need for improvement of own results*; 5. *Power-based motivation*; 6. *Motivation based on social factors*.

In the study four samples are interviewed, representing 4 categories of healthcare professionals: resident doctors (N = 50); specialist doctors (N = 50); senior doctors (N = 50); nurses (N = 50).

The results obtained for each category will be compared according to three variables: a. Housing status; b. Family status; c. Length of service.

4. QUESTIONNAIRE-BASED SURVEY

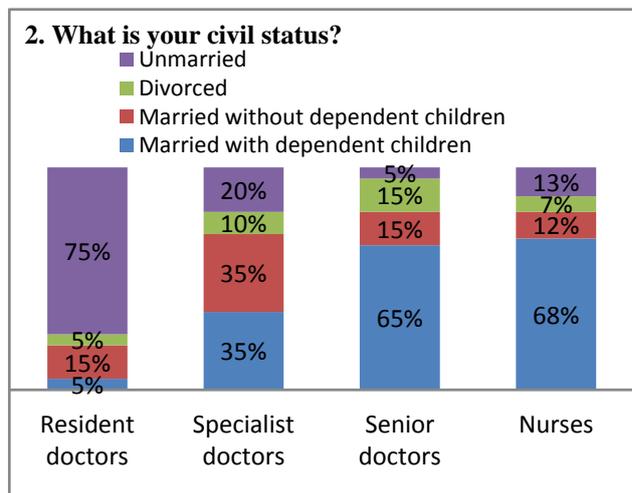
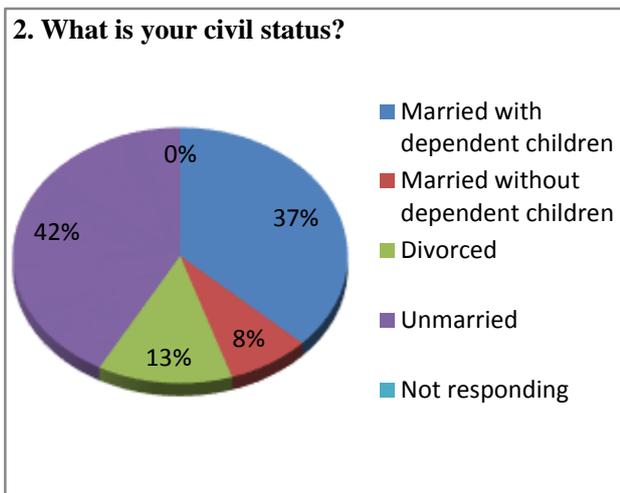
The answers to the first question, "What length of service do you have?" from the questionnaire are outlined in the Graph no. 1. It is noted in this respect that the highest share, 37%, is represented by the staff with a length of service between 10 and 20 years, followed by the staff between 0 and 5 years of length of service, on the third place being the staff over 20 years of length of service (22%), while the last place is occupied by a share of 19% by the staff between 5 and 10 years of length of service.



Graphs no. 1. Length of service

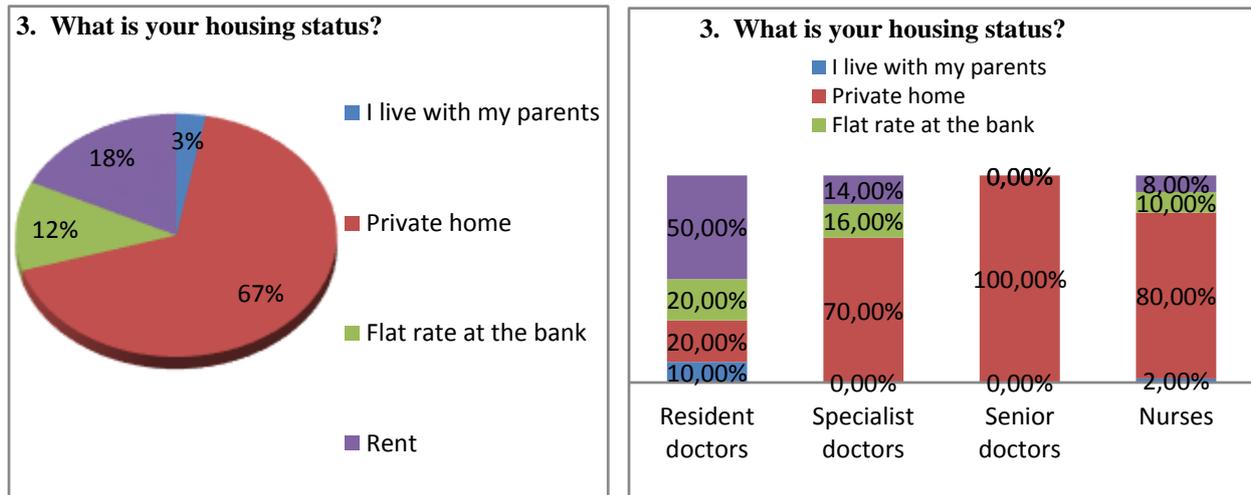
Also, from the point of view of the repartition of the medical staff within the institute by categories, correlated with the length of service of each of them, 90% of the resident doctors have a length of service between 0 and 5 years, 90% of the specialized doctors have a length of service between 5 and 10 years, senior doctors have a length of service between 10 and 20 years, while nurses are characterized by a fairly balanced distribution of length of service (30% - over 20 years, 30% - 10-20 years, 20% - 5-10 years, 20% - 0-5 years). Moreover, it is noticed that the only category of medical staff with length of service of more than 20 years at work is represented by 10% of senior doctors and 30% of nurses.

Question 2 "What is your civil status?" shows that 42% of respondents are unmarried (the largest share in this category being resident doctors), 37% is represented by married staff with dependent children (nurses and primary doctors are predominantly in this category), followed by divorced respondents (13%), while 8% are married without dependent children (Graph no. 2).



Graph no. 2. Civil status

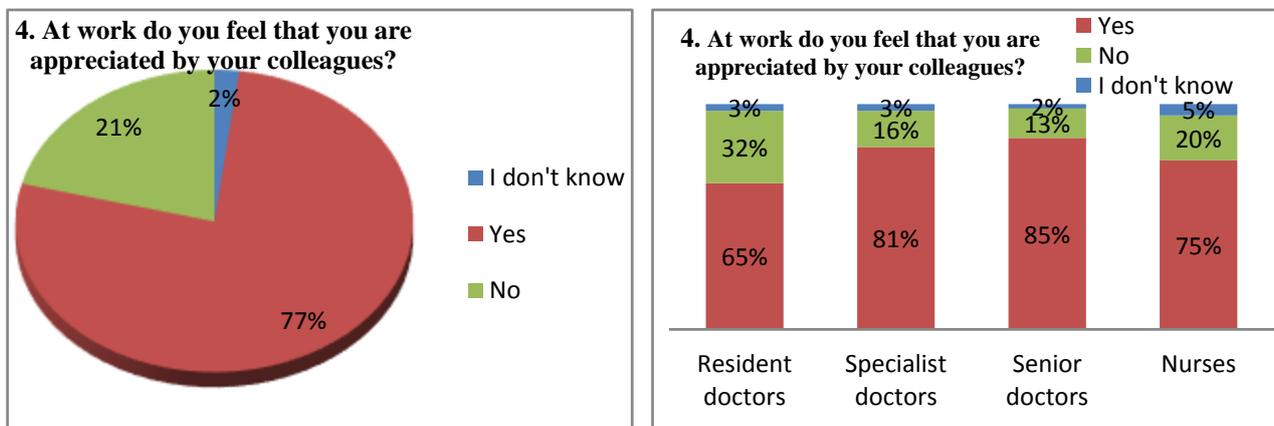
The answers to question 3 "What is your housing status?" from the questionnaire reflect the fact that the vast majority of respondents have a private home - 67%, while 18% are renting, 12% have a flat rate at the bank, and only 3% live with their parents (Graph no. 3).



Graph no. 3. Housing status

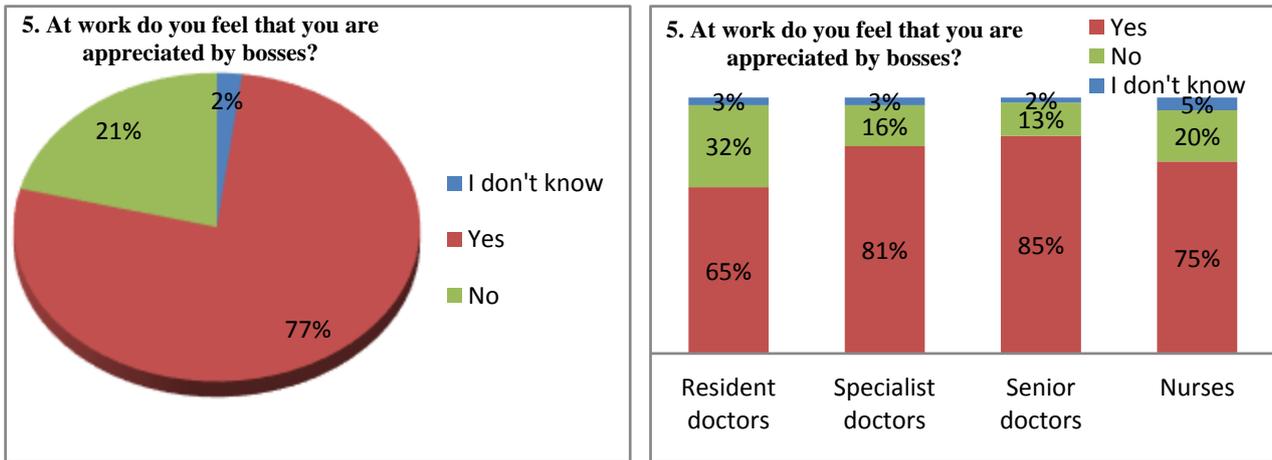
Regarding the majoritarily share of each category of medical staff according to the housing status: 50% of resident doctors are renting, 70% of specialist doctors have a private home, 100% of senior doctors have a private home, and 80% of nurses have a private home.

The answers to *question 4 "At work do you feel that you are appreciated by your colleagues?"* from the questionnaire reflect the fact that the vast majority of respondents feel appreciated by the workteam in a significant share of 77%, while 21% do not feel appreciated by colleagues, and 2% did not want to answer this question. Resident doctors are those who feel unappreciated by colleagues at work in the highest proportion (32%), while the category of medical staff that feels most appreciated by colleagues at work is represented by senior doctors (85%) (Graph no. 4).



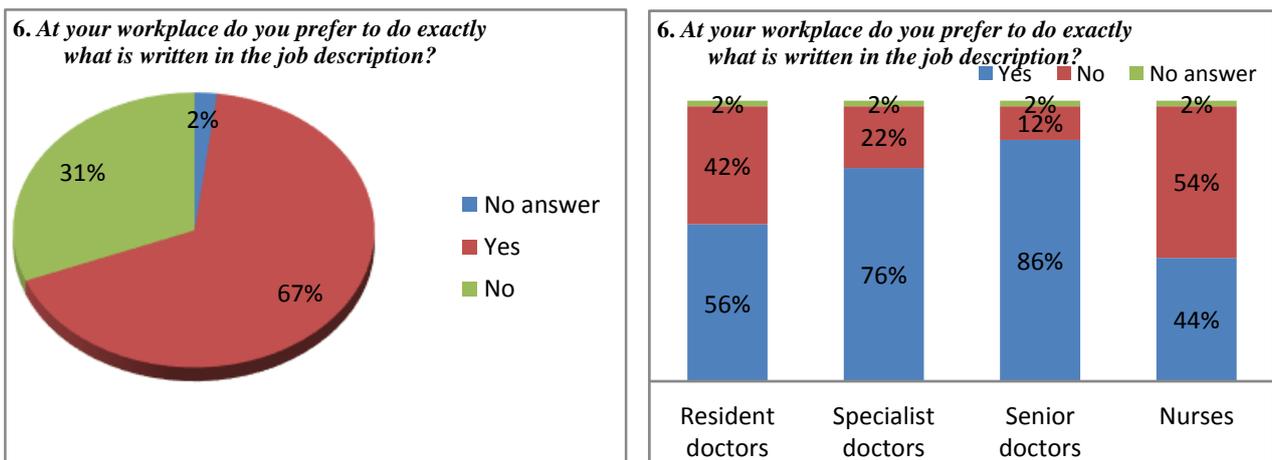
Graph no. 4. The appreciation of the colleagues at work

Question 5 "At work do you feel that you are appreciated by bosses?" assesses the level of appreciation of the bosses, perceived by the subordinates, in this regard, the situation illustrating that the majority of medical staff consider that is appreciated by the bosses (77%), while 21% do not feel appreciated by the bosses (Graph no. 5).



Graph no. 5. The appreciation of the bosses at work

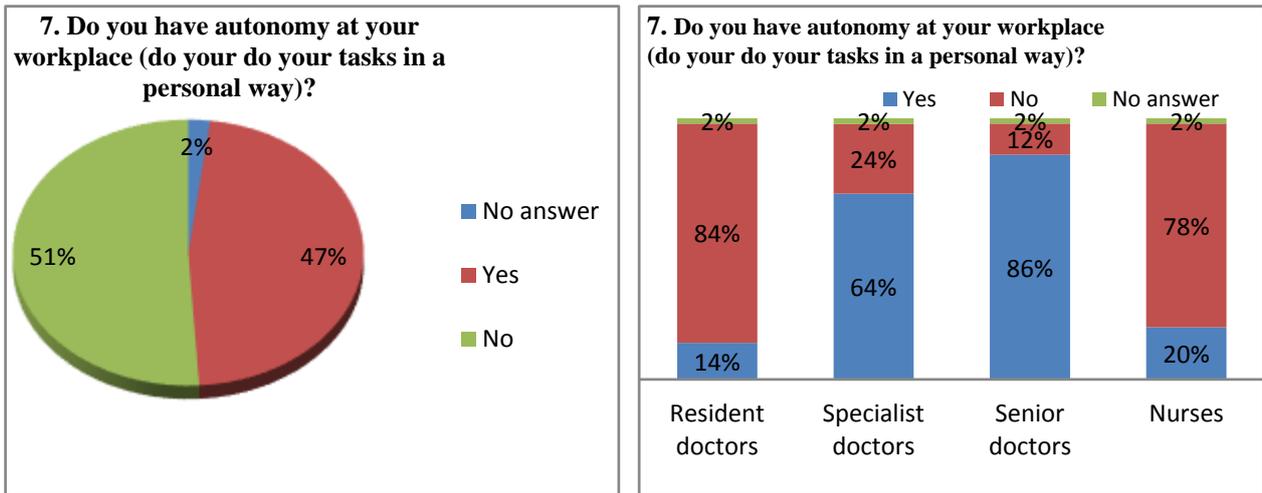
The answers to *question 6 "At your workplace do you prefer to do exactly what is written in the job description?"* from the questionnaire reflect the fact that the vast majority of respondents answered positively (67%) and 31% disagreed. Those who would prefer to do at the workplace exactly what is written in the job description in the highest share are represented by senior doctors (86%) followed by specialist doctors (76%) and resident doctors (56%), while nurses would prefer not to do exactly what is written in the job description at the work post, in a 54% percentage (Graph no. 6).



Graph no. 6. The preference of doing exactly what is written in the job description at workplace

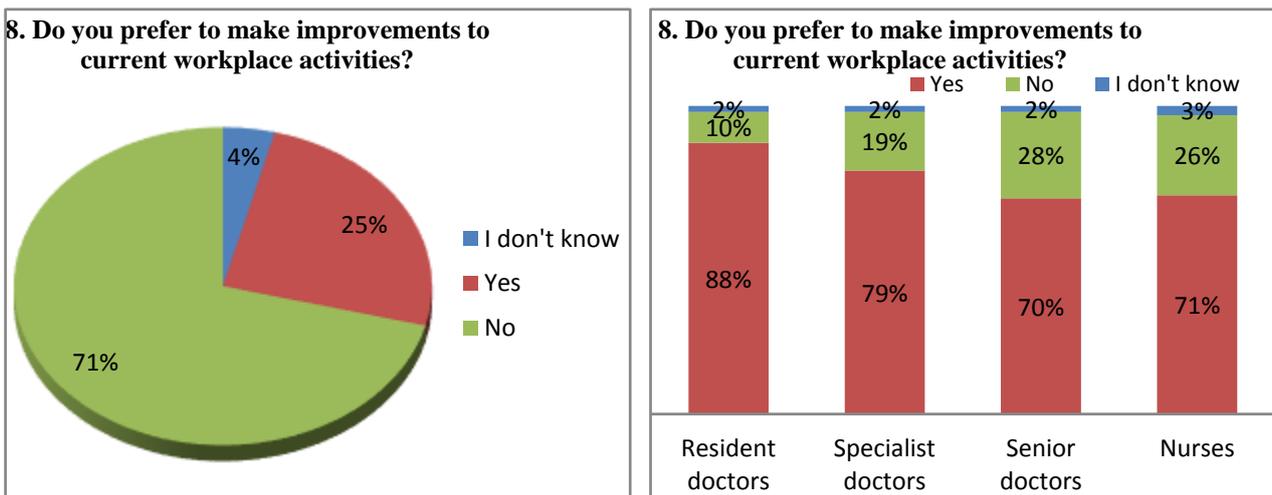
The answers to *question 7 "Do you have autonomy at your workplace (do you do your tasks in a personal way)?"* in the questionnaire reflect the fact that most medical staff would want a greater autonomy (51% of respondents having a negative answer to this question), 47% considering that they have this autonomy at present (Graph no. 7).

From the point of view of the distribution of responses according to the category of medical staff they belong to, the resident doctors (2% did not respond, 14% yes, 84% no) and the nurses (2% did not respond, 20% yes, 78% no) are at an opposite pole compared to the specialized doctors and to the senior doctors (the majority of whom considers to have autonomy to carry out their tasks in a personal way), in terms of perception of autonomy at work.



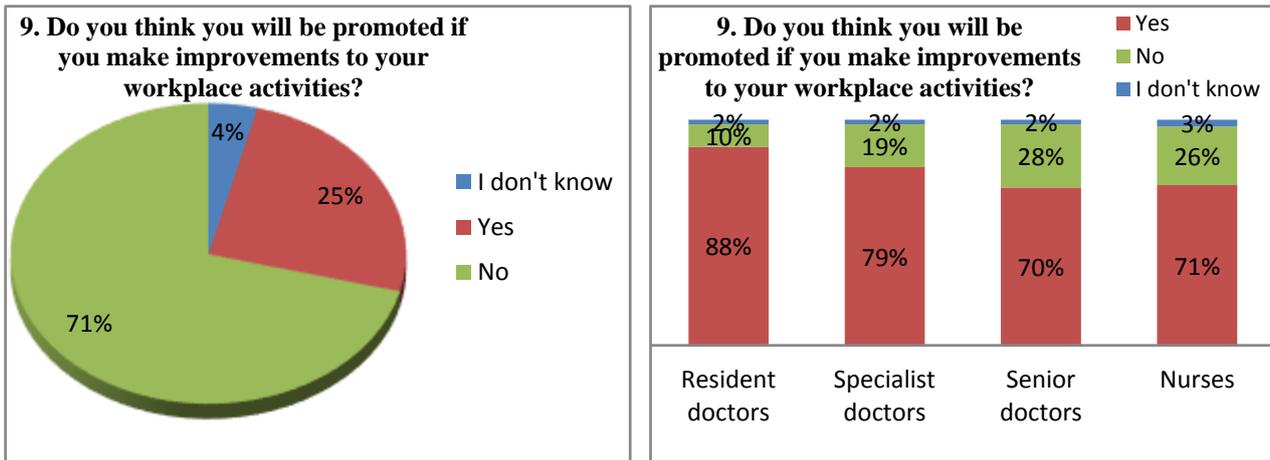
Graph no. 7. The autonomy at the workplace

The answers to question 8 "Can you make improvements to current workplace activities?" from the questionnaire reflect the fact that the vast majority of respondents consider that they can not make additional improvements - significant percentage of 71%, while only 25% mention that they can make improvements to the current workplace activities (Graph no. 8).



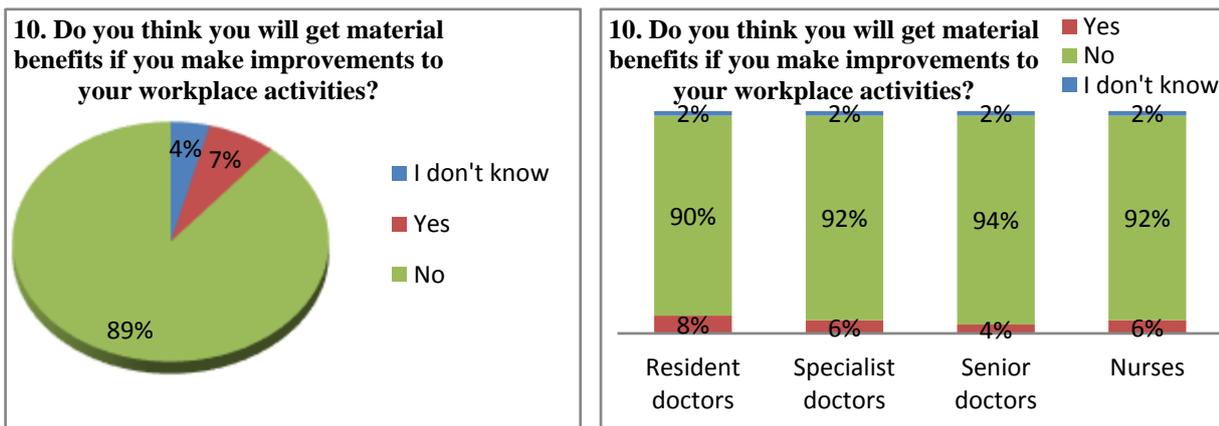
Graph no. 8. The preference to make improvements to current workplace activities

The answers to question 9 "Do you think you will be promoted if you make improvements to your workplace activities?" from the questionnaire reflect that the expectations for promotion are the highest among the resident doctors (88% yes, 10% no, 2% did not respond), followed by the specialist doctors (79% yes, 19% no, 2% did not respond) and by the senior doctors (70% yes, 28% no, 2% did not respond), while the category of staff that considers in the lowest share that will be promoted if making improvements to the workplace activities are represented by the nurses (71% yes, 26% no, 3% did not respond) (Graph no. 9).



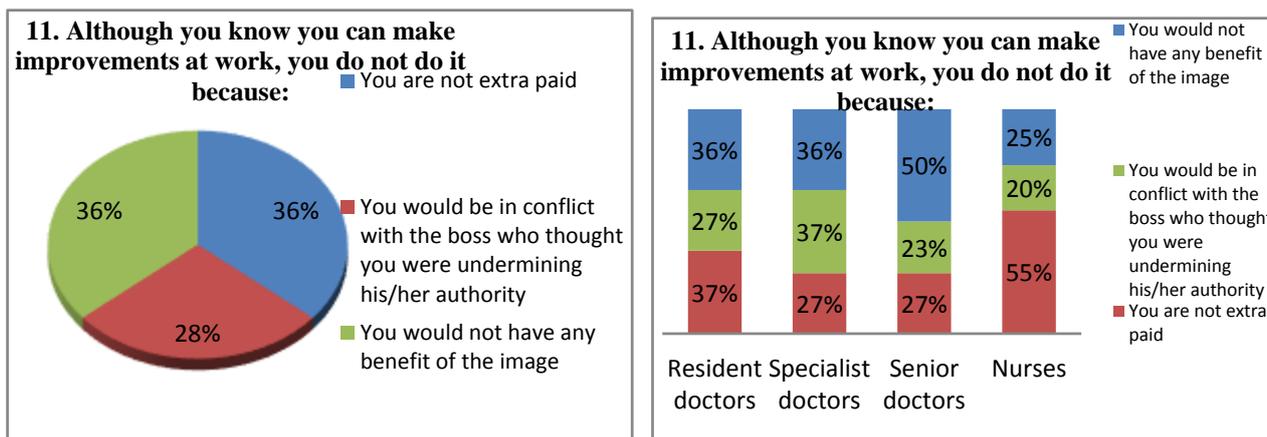
Graph no. 9. The relation between promotion and making improvements to workplace activities

The answers to question 10 "Do you think you will get material benefits if you make improvements to your workplace activities?" from the questionnaire reflect the fact that the vast majority of respondents (89%) disagree with this statement, only 7% responding affirmatively, and 4% do not know, this share being reflected in a balanced way in the four categories of medical staff included in the research (Graph no. 10).



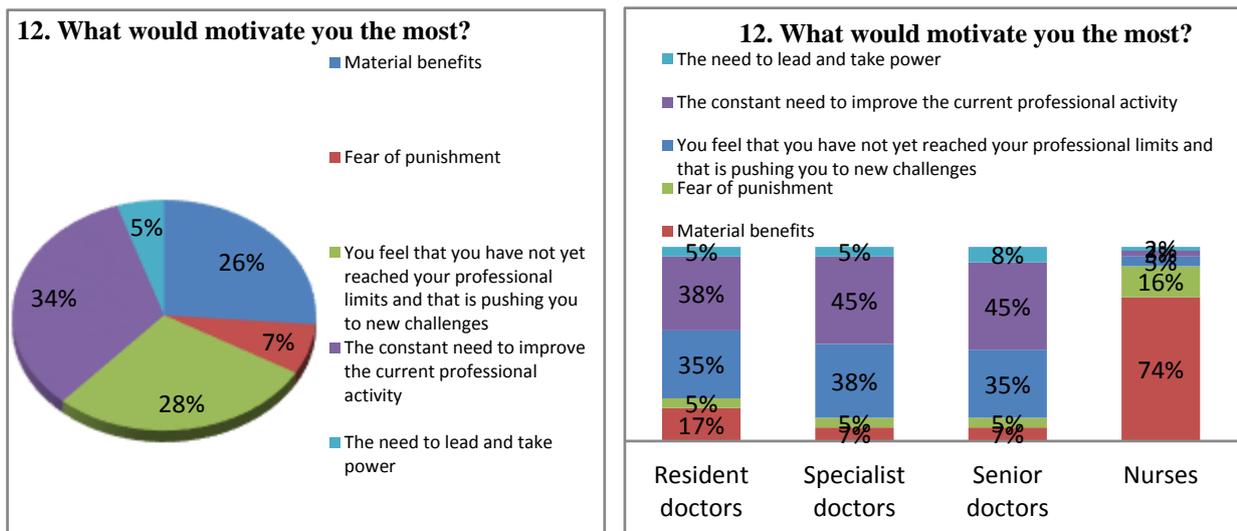
Graph no. 10. The opinion regarding getting material benefits if making improvements to the workplace activities

The answers to question 11 "Although you know you can make improvements at your workplace, you do not do it because:" in the questionnaire reflect the fact that the respondents do not think they are extra paid (36%) and that they would not benefit from the image (36%), while 28% opt for the option that they would be in conflict with the boss who would consider his/her authority to be undermined. Most senior doctors believe they do not make improvements at their workplace because this would have no benefit for the image (50%), nurses and resident doctors consider that the main reason why they do not make improvements in the workplace is the lack of extra remuneration (55% and 37%, respectively), while specialist doctors say they would be in conflict with the boss who would consider his/her authority to be undermined (Graph no. 11).



Graph no. 11. The attitude regarding the willingness to make improvements at work

The answers to *question 12 "What would motivate you the most?"* from the questionnaire reflect the fact that the great majority of respondents consider the main motivating factor (34%) the permanent need to improve the current professional activity, on the following places, according to the order of importance in motivation being: the second place (28%) - feel they have not yet reached their professional limits and this is pushing them to new challenges, third place (26%) - material benefits, fourth place (7%) - fear of punishment and fifth place (5%) - the need to drive and take power (Graph no. 12).



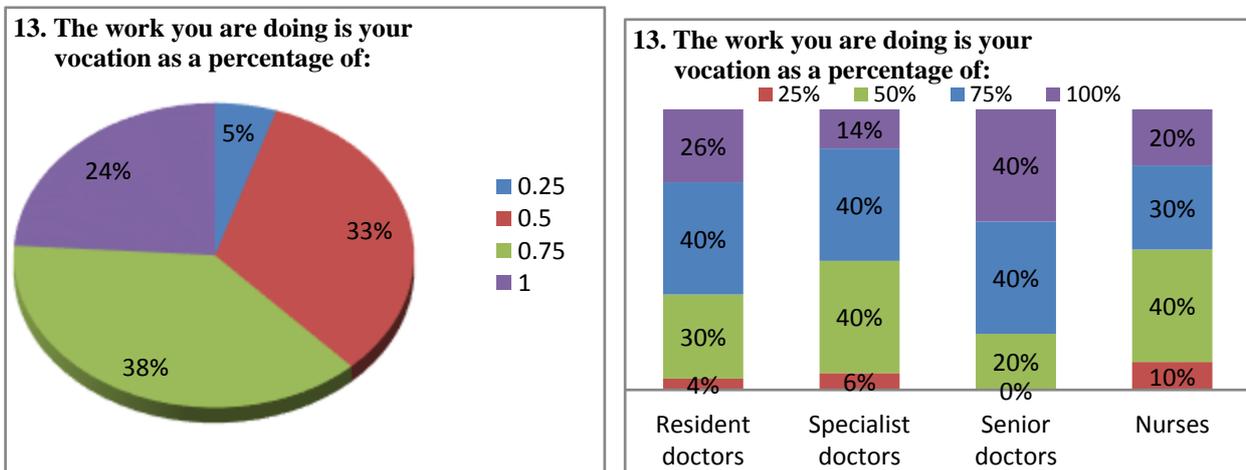
Graph no. 12. The main motivations

As regards the distribution of the most important motivation factors on the four categories of medical staff, we can observe that:

- resident doctors – they feel motivated by the constant need to improve the current professional activity (38%), by the fact that they feel that they have not reached yet the professional limits and this pushes them to new challenges (35%) and by material benefits (17%);
- specialist doctors – they feel motivated by the constant need to improve the current professional activity (45%), by the fact that they have not reached yet the professional limits and this pushes them to new challenges (38%) and by material benefits (7%);
- senior doctors – they feel motivated by the constant need to improve the current professional activity (45%), by the fact that they feel they have not yet reached their professional limits and that is pushing them to new challenges (35%) and by the need of leading and of taking power (8%);

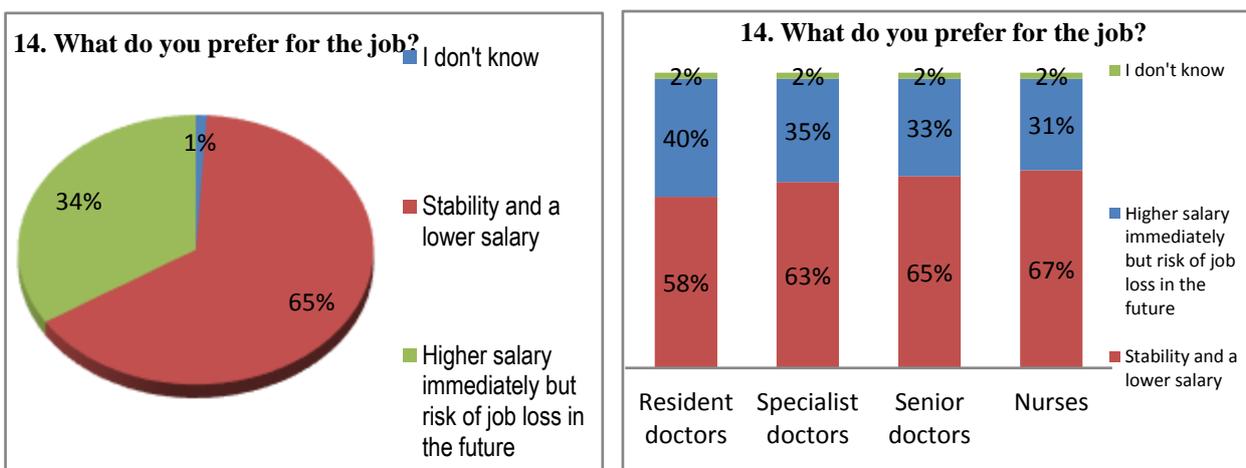
- while nurses feel motivated by material benefits (74%), by fear of punishment (16%), and the fact that they feel they have not reached yet the professional limits and this pushes them to new challenges (5%).

The answers to *question 13 "The work you are doing is your vocation in a percentage of:"* from the questionnaire reflect the fact that the majority of respondents (38%) consider the work done a vocation in percent of 75%, 33% consider the work done a vocation in a percentage 50%, 25% consider work performed a vocation in percent of 100%, while only 5% consider the work done a vocation in percent of 25% (Graph no. 13).



Graph no. 13. The relation between work and vocation

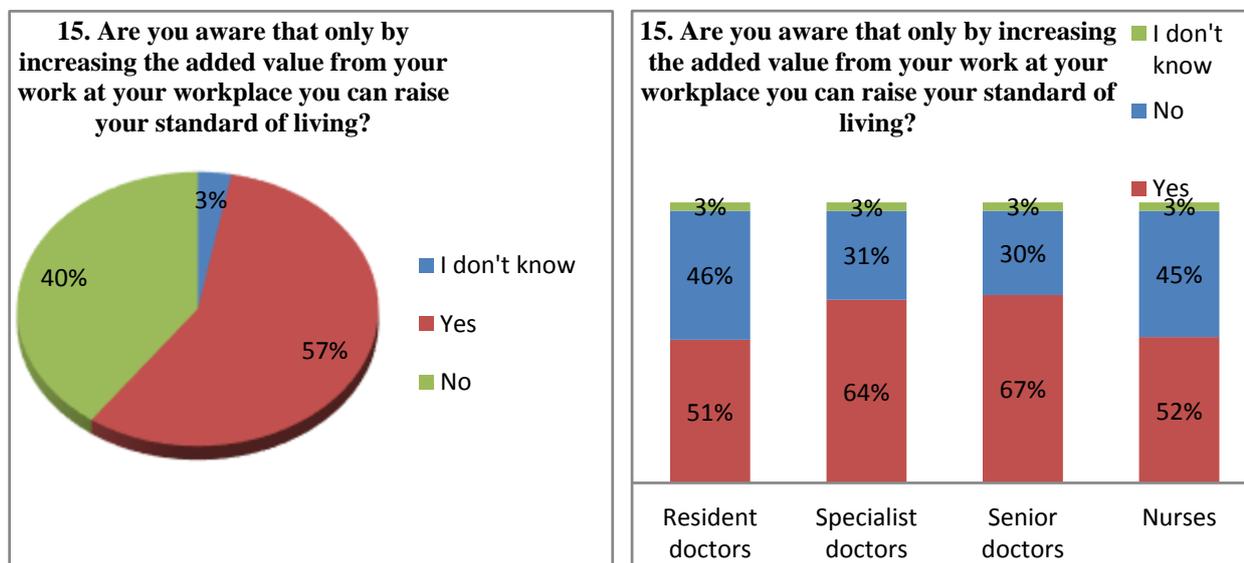
The majority - 40% of the resident doctors included in the study consider their work to be their vocation in percent of 75% and 30% consider to be their vocation in percent of 50%, 40% of the specialist doctors included in the study consider their work to be the vocation in percent of 75%, and also 40% of them consider it to be their vocation in percent of 50%, 40% of the senior doctors included in the study consider their work to be their vocation in percent of 100%, and also 40% of them consider it their vocation in a percentage 75%, while 40% of nurses consider their work to be their vocation by 50% and 30% consider it their vocation in percent of 75%. We can say that senior doctors are the ones who consider the most the work they perform as their vocation in percent of 100% (40%), followed by resident doctors (26%), nurses (20%) and specialist doctors (14%).



Graph no. 14. The preference for stability or high salary

The answers to *question 14 "What do you prefer for the job?"* from the questionnaire reflect the fact that the vast majority of medical staff would prefer stability and a lower salary, while 34% would want a higher salary immediately but a risk of job loss in the future (Graph no. 14).

Resident doctors would prefer in proportion of 58% stability and a lower salary, and in proportion of 40% a higher salary immediately but a risk of job loss in the future, specialist doctors would prefer in proportion of 63% stability and a lower salary and in proportion of 35% a higher salary immediately but a risk of job loss in the future, senior doctors would prefer in proportion of 65% stability and a lower salary and in proportion of 33% a higher salary immediately but a risk of job loss in the future, and nurses would prefer in proportion of 67% of stability and a lower wage and in proportion of 31% a higher salary immediately but the risk of job loss in the future.



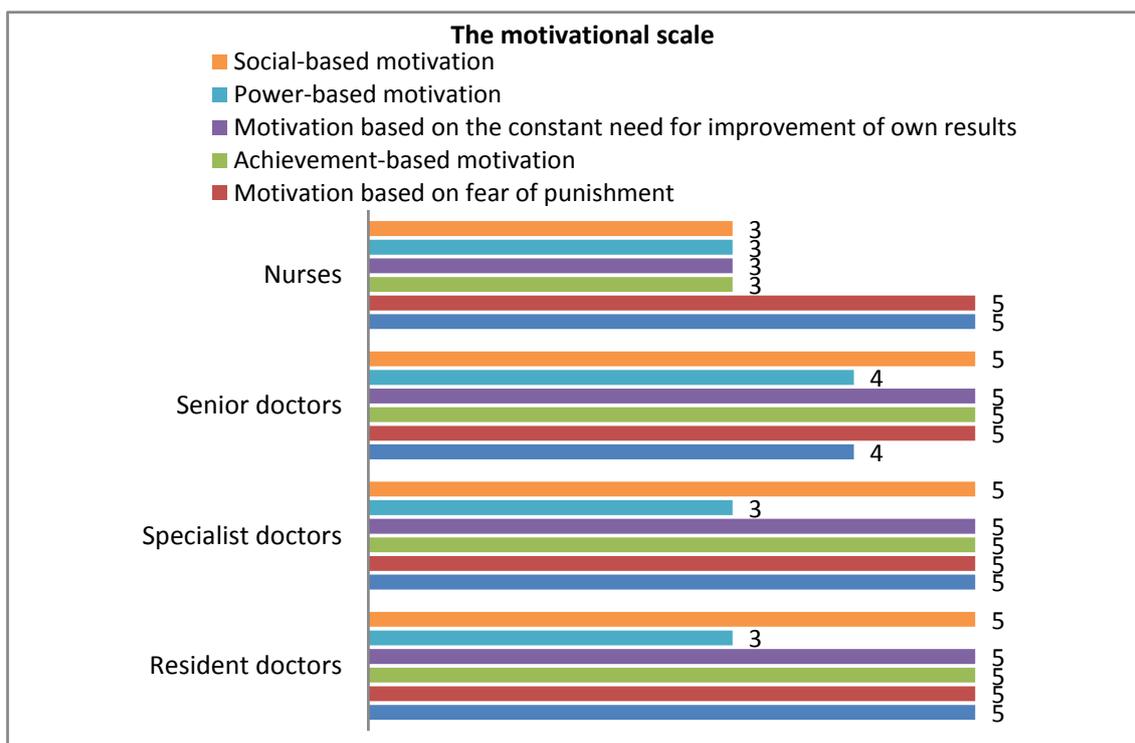
Graph no. 15. The link between increasing the added value from work at the workplace and the raising the standard of living

The answers to question 15 "Are you aware that only through the increase of the added value from your work at your workplace raising your standard of living can be achieved?" from the questionnaire reflect the fact that the vast majority of respondents - 57% agreed with this statement, while 40% responded negatively to this question (Graph no. 15).

5. DISCUSSIONS AND CONCLUSIONS. RESULTS OF THE RESEARCH

After collecting and analyzing the data obtained from the distribution of the questionnaire, the results of the research were interpreted and it was considered appropriate for drawing a pertinent image of the representative motivational factors for the medical staff to carry out a correlation analysis that takes into account both the category of work of the medical staff (resident doctors, specialist doctors, senior doctors, nurses) and the six types of motivation: motivation based on stimulation, motivation based on fear of punishment, motivation based on achievements, motivation based on the permanent need of improvement of the own results, motivation based on power and motivation based on social factors.

The analysis of the motivational factors of the employees of the "Prof. Dr. C. C. Iliescu" Emergency Institute of Cardiovascular Diseases Bucharest is presented in the Graph no. 16 (the motivational scale), the results of which are presented below:



Graph no. 16. The motivational scale

Resident doctors:

- own housing space - 20%,
- are married - 20%,
- length of service 0-5 years - 90%

Specialist doctors:

- own housing space - 70%,
- are married - 70%,
- length of service 5-10 years - 90%.

Senior doctors:

- own housing space - 100%,
- are married - 80%,
- length of service - 10-20 years 80%, 15-20 years 10%, over 20 years 10%.

Nurses:

- own housing space - 80%,
- are married - 80%,
- length of service - 0-5 years 20%, 5-10 years 20%, 15-20 years 30%, over 20 years 30%.

1. Motivation based on stimulation

Motivation based on stimulation is found in employees who: do not have a personal house; rent or live with their parents; have a short length of service of up to 5 years, want to affirm at work; are family members and/or have dependent children.

The categories that can be motivated by this method are: resident doctors, specialist doctors, nurses.

Motivation based on stimulation fades and even disappears into employees: who have a long length of service of over 20 years. This category includes: nurses, senior doctors.

2. Motivation based on fear of punishment

Motivation based on fear of punishment is found in all employees regardless of their length of service, social status, housing status, whether they are nurses, resident doctors, specialist doctors or senior doctors.

3. *Achievement-based motivation*

Achievement-based motivation is found in all employees regardless of their length of service, social status, housing status, whether they are resident doctors, specialist doctors, or senior doctors, with a certain reserve on nurses.

4. *Motivation based on the constant need for improvement of own results*

The motivation based on the constant need to improve own results is mainly found at resident doctors and young specialist doctors, at nursing staff with short length of service.

It can not be concluded that the motivation based on the permanent need to improve the own results at the other categories of doctors or senior nurses is lacking. As a result of their accumulated experience, their need to improve results is much lower compared to the need for young inexperienced employees who have a need to accumulate a lot of information.

5. *Power-based motivation*

Due to the organization of the public health system, access to the power of employees is strictly regulated by norms.

Only at a small proportion of employees we can speak about access to power. It is impossible for a resident doctor or a nurse to gain access to such a function. Not even specialist doctors with short length of service do not meet the legal criteria for occupying leading positions in a public health system.

So, the only ones who can occupy leadership positions and have access in the true sense of the word to power are senior doctors with the highest degrees of associate professors and professors. They were not included in this study.

1. *Motivation based on social factors*

All employees, irrespective of the variables studied, felt the need to belong to a group, to be part of a team, being aware that the results and performances can not be individual, but belong to the group they belong to.

Also, the activity in the frame of the group for all employees focuses on gaining self-esteem, as well as gaining the esteem of colleagues from the group they belong to, and there is no incentive benefit for it.

The motivation based on the consciousness of the well done work within the team gives satisfaction to any employee when the result of the work is a healed person for the family and society.

Motivational scale where the most motivated is denoted by 5 and the least motivated is denoted by 0 for each sample revealed from the general analysis of the results.

Resident doctors:

1. *Motivation based on stimulation 5*

2. *Motivation based on fear of punishment 5*

3. *Motivation based on achievements 5*

4. *Motivation based on the constant need for improvement own results 5*

5. *Power-based motivation 3*

6. *Motivation based on social factors 5*

Specialist doctors have a strong similarity from motivational point of view with the resident doctors, the difference consisting in the fact that they are employees of the hospital and not part of an educational system whose purpose is a specialized examination, and can only be within certain limits constrained to perform additional hours/tasks outside the hours of the program without being redeemed.

1. *Motivation based on stimulation 5*

2. *Motivation based on fear of punishment 5*

3. *Motivation based on achievements 5*

4. *Motivation based on the constant need for improvement own results 5*

5. *Power-based motivation 3*

6. *Motivation based on social factors 5*

Senior doctors:

1. *Motivation based on stimulation* 4
2. *Motivation based on fear of punishment* 5
3. *Motivation based on achievements* 5
4. *Motivation based on the constant need for improvement own results* 5
5. *Power-based motivation* 4
6. *Motivation based on social factors* 5

Nurses:

1. *Motivation based on stimulation* 5
2. *Motivation based on fear of punishment* 5
3. *Motivation based on achievements* 3
4. *Motivation based on the constant need for improvement of own results* 3
5. *Power-based motivation* 3
6. *Motivation based on social factors* 3.

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