

FACTORS GENERATING DISSATISFACTION IN THE EMERGENCY HOSPITALS IN ROMANIA

FACTORI GENERATORI DE INSATISFACTIE ÎN SPITALELE DE URGENȚĂ DIN ROMÂNIA

ONEA Angelica-Nicoleta¹, GEORGEANU V. Al.²
e-mail: anonea@uaic.ro

Abstract. *Against the general dysfunctionalities of public health, physicians from the emergency hospitals accuse various reasons of dissatisfaction. Some are based on material factors; others are caused by a number of psychological factors. Our analysis emphasizes these factors as well as their consequences. Furthermore, we suggest some recommendations for improvement in emergency hospitals, by providing the appropriate importance to the human factor.*

Key words: satisfaction, medical personnel, emergency hospitals, public sector

Rezumat. *Pe fondul disfuncționalităților generale din sistemul public de sănătate, medicii din spitalele de urgență reclamă diverse motive de insatisfacție. Unele au la bază factori de natură materială, altele sunt cauzate de o serie de factori psihologici. Analiza noastră pune în evidență acești factori, precum și consecințele lor. Mai mult, sugerăm unele recomandări de ameliorare a situației în spitalele de urgență, prin acordarea importanței cuvenite factorului uman.*

Cuvinte cheie: satisfacție, personal medical, spitale de urgență, sector public

INTRODUCTION

The problem of sub-funding the public health system is still without solution, affecting the professional activity of physicians. It manifests strongly in emergency hospitals, whose activities have some peculiarities arising from the special nature of the cases. On this background, a number of dissatisfaction reasons arise among the medical staff (we will refer in this article only to physicians) with negative consequences at various levels, including on the medical system as a whole. It is important to know these dissatisfaction reasons when there are developed strategies to eliminate / reduce them, with positive effects on increasing the performance of doctors' professional work.

The analysis is based on Herzberg's dual factors theory and equity theory of Adams (Nica et Iftimescu, 2004; Pânișoară et Pânișoară, 2005; Prodan, 1999; Amstrong, 2003; Johns, 1998). The first theory takes into account the hygiene and motivator factors, and the second one involves comparison of the relationships between outcomes (received rewards) and input (effort). A dashboard was shaped starting with these theoretical data and data were

¹ "Alexandru Ioan Cuza" University of Iasi, Romania

² "Carol Davila" University of Medicine and Pharmacy of Bucharest, Romania

processed in accordance to it, leading to inventorying the causes that generate dissatisfaction among the doctors in emergency hospitals. Obviously, the area of motivational theories is very broad (theory of hierarchy of needs, expectations theory, etc.), but for the present study we considered relevant the two theories.

Before presenting the results of research, we will analyze, briefly, the situational context of the investigated facts for a better understanding and justification.

For Romania, data on public health funding do not honour it. Expenditure on health per capita is situated around 200 EUR, less than a tenth as in the Western Europe countries (National Institute of Public Health, 2010).

Other problems facing the Romanian public health are related to *the coverage level with medical personnel*. According to the *Health Statistical Breviary* (p. 15), in 2010 there were 24.4 physicians allocated to 10,000 inhabitants, 411 people to a doctor, given that Romania has one of the highest rates of hospitalization from EU and even the world.

The migration tendency still shows an upward trend, mainly due to revenue reductions following the measures generated by the economic crisis; therefore we can say that Romania has become a provider of medical specialists in Western Europe, specialists trained from public funds.

The emergency hospitals are facing this problem acutely because these specialists, characterized by a high level of professionalism, have great chances to get jobs that provide them a decent living, not only on the external labour market, but also in the private health system.

MATERIAL AND METHOD

Motivational research show that motivation at work is influenced by two categories of factors: 1. hygiene factors, related to working conditions, 2. motivator factors, related to work's content.

The presence of the factors from the first category (company's management and policy, quality supervision, working conditions, salaries, status, job security, quality of interpersonal relations) removes dissatisfaction, but only the presence of the second category (work's features, responsibility, achievements, career advancement opportunities, fair assessment of performance, rewards based on performance level) creates satisfaction.

On the other hand, the perception of equity is another motivator factor. On this aspect there are considered the effort-reward ratio and the comparison with other colleagues and / or professional categories.

Data that underlie the analysis in this article were collected on participative and non-participative observation and semi-structured interview. The interview was applied to primary doctors, specialists and residents from an emergency hospital in Bucharest whose description upon socio-professional variables is presented in Table 1.

These data collection techniques, qualitative dominant, allowed us to inventory the reasons for dissatisfaction, to deepen the research and to find out the respondents' views on consequences and their severity.

Table 1

Features of the participants to the interview

Structural variables	Categories	Frequency	Percent (%)
Professional category	Primary Doctor	13	76.47
	Specialist Doctor	2	11.76
	Resident Doctor	2	11.76
Department	Orthopaedics	7	41.18
	Surgery	3	17.65
	Internal Medicine	2	11.76
	Obstetrics and Gynaecology	3	17.65
	Anaesthesia and Surgical Intensive Care	2	11.76
	Experience in the emergency hospital	≤5	3
	6-10	2	11.76
	11-15	3	17.65
	>15	9	52.94
Didactic degree	University Assistant	5	29.41
	Senior Lecturer	3	17.65
	Principal Lecturer	2	11.76
	Without teaching degree	7	41.18
Age	25-35	4	23.53
	36-45	10	58.82
	>45	3	17.65
Gender	M	13	76.47
	F	4	23.53

RESULTS AND DISCUSSIONS

Following data collection and analysis, the results related to the dissatisfaction reasons of physicians in emergency hospitals, by category of factors (hygiene and motivator ones) are as follows (Table 2, Table 3):

A) Reasons for dissatisfaction generated by *hygiene factors*:

Table 2

Reasons for dissatisfaction generated by hygiene factors

Hygiene factors	
Policies and administration of Health Unit	political involvement at managerial level; mismanagement; bureaucracy;
Quality of supervision	financially conditioned supervision of treatment schemes (un-favouring the maximum standards);
Working conditions	continuous degradation both of hospital hotelier conditions for patients and activity spaces for the medical staff; lack of medical supplies (drugs, implants, devices, etc.);

Salaries	Material motivation absolutely degrading that does not provide any medical performance reward (very low income reported on the nature and volume of work);
Status	discrepancy between the acquired professional status and opportunities of material support; negative image because of ethical problems generated by the material compromises, but also because of the defamation campaigns waged by mass-media, which deviate from the problem core;
Interpersonal relations	relations with medical and administrative staff - conflicts arise caused by high workload, bureaucracy, informal payment system etc.; doctor-patient relations – the pressure put on the doctor by the patient while the last one pays health insurance for a long time and when they should benefit of this payment, the necessary funds are not available; the doctor represents the system-patient interface, therefore they become the target of patient's discontents.

B) Reasons for dissatisfaction caused by *motivator factors*

Table 3

Reasons for dissatisfaction caused by motivator factors

Motivator factors	
Work	high workload, due to staff shortages and over-undertaking tasks, due to the lack of qualified medical personnel; involvement in didactic activities increases workload, without justifying the effort; stress-generating work due to the permanent need to improvise and find solutions; increased occupational risk (on their own health, but also on the patient's one);
Responsibility	great responsibility, due to the severity of cases, with strong psychological effects; lack of institutional concern to protect the doctors - the risk of being accused of malpractice;
Achievements	the poorer and poorer quality of the medical care itself (a consequence of the lack of hygiene factors);
Acknowledgment	lack of appreciation for professional merits; weak correlation between income and performance or assuming the merits by the chiefs; unclear or inconsistent evaluation criteria with the specific of the work itself;
Advancement	blocked positions and their limited number in the academic

	environment;
	changes that make impossible a career planning;
Professional progress	lack of support at institutional level.

The analysis revealed the specific characteristics of emergency hospital activities, such as: 1. Seriousness of the cases that come into the hospital; 2. Speed of response required by limit cases which induces additional stress; 3. High workload; 4. Need for a multidisciplinary approach; 5. High cost of investigations and treatments.

These distinct elements generate additional pressures, and, by taking into account the rather uniform remuneration of doctors in the system, it leads to reasons for dissatisfaction, perceived in terms of inequity. Moreover, the analysis of personal growth, efforts of education and specialization, compared with wages and working conditions reflects an imbalance that should bring attention of policy makers. The comparison reveals also inequity when other occupational categories are taken into account.

Consequences:

- Dissatisfaction, correlated with the high degree of professionalism of doctors in emergency hospital and with the high demand of these specializations on the market, contributes to a continuous leaving of the system;
- Lack of satisfaction diminishes work performance;
- Lack of performance, correlated with other problems from the system, leads to dissatisfaction among patients.

The main causes of the problems that generate dissatisfaction, claimed by physicians, are the following (ranked in the order of importance):

- Sub-funding at budget level;
- Working conditions and technical equipment;
- Mismanagement.

Analyzing the causes of the core problems from emergency hospital, we conclude that only an adequate funding process can enhance the attractiveness of the system and eliminate the problems of material type.

According to the outlined reasons for dissatisfaction, there are factors not strictly related to the above mentioned cases, but ones that could motivate physicians. We suggest some recommendations in this regard:

- Fair and transparent professional performance evaluation systems;
- International projects / partnerships that open the opportunity to the physicians to improve and to excel professionally;
- Recognition / appreciation of professional merits;
- Enabling career advancement;
- Institutional support granted to the physicians, by a common assumption of risks and concluding insurances.

CONCLUSIONS

1. The public health system, although in scripting it proclaims focus on patient's needs, it is unable to care for its own people, the main resource that could lead to achieving this goal. This leads to various reasons for dissatisfaction, not only among doctors, but also among the entire personnel. Although our attention has focused on detecting the reasons for dissatisfaction of physicians from hospital emergency, the reality reveals the most serious consequence of sub-funding the system: leaving of professionals in favour of external labour market or private system.

2. Reasons for dissatisfaction are related both to the hygiene factors (salaries and working conditions being the most frequently and strongly claimed factors) and to the motivator ones, including:

- Lack of consideration of professional merits at institutional level;
- Barriers encountered in career development;
- Lack of fairness and transparency of the evaluation systems.

3. The only factor which does not raise problems is job security, an unimportant hygiene factor for physicians from emergency hospitals, due to the lack of personnel and their migration trend.

4. All raised issues, but also the particularities arising from the fact that in emergency hospitals appear, in general, cases at limit, have effects on performance and motivation of doctors.

According to the above noted aspects, we appreciate that governmental speeches about patient's satisfaction and focusing on their needs have no basis in fact. Solving the issues of the system must start with motivation and support of its own personnel

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