## THE IMPACT OF MOTIVATION ON THE WORK PERFORMANCE IN HEALTH SYSTEM

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#### ABSTRACT

Motivation is a factor that determines the performance of health workers in most hospitals. Given this, sufficient motivational policies have been developed to emphasize the work performance of employees in the health system. The Romanian medical system is defined by low budgets and by inefficient use of public resources.

The purpose of this article is to examine the impact of motivation and to identify how intrinsic and extrinsic motivating factors affect the performance of employees in the health system. Understanding what motivates health workers and supporting them in ways that help increase motivation is important.

The key findings of the study revealed that job satisfaction, logistics supply and an attractive work environment are intrinsic motivators that contribute to job performance. Extrinsic factors such as financial rewards influence work performance.

Moreover, motivation is essential for achieving performance. It is recommended to adopt motivational policies based on intrinsic (education, traininig, professional development opportunities, social recognition, career progression) and extrinsic motivational factors (salaries, working, living conditions, payment systems, benefits and allowances).

**KEYWORDS:** *health system, management motivation, performance, human resources, health and economic development.* 

# 1. INTRODUCTION

The reform of the Romanian medical sector which started in 1990 is still far from being finalized. The first important step was made in 1997 when the Social Health Insurances Law (Law no. 145/1997) was adopted. This was a major change, which made the passage from the formal Semashko type system to a Bismarck type system (model used in countries such as France, Belgium, Holland, Austria and Germany, from where originated).

The process of reform was constant, but often inefficient, partially due to an increased level of political instability. The health status of Romanians has ameliorated but the life expectancy at birth remains one of the lowest in the EU (6 years inferior to the EU average), the level of coverage isn't universal and the socioeconomic disparities regarding health are still present.

The Romanian medical system is defined by low budgets and by inefficient use of public resources.
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• with 814 EOK per capita (value adjusted with differences in purchasing power), Romania spends less than a third of the EU average, the lowest level of all the member states.

• The part of the GDP dedicated to health (4,9 %) is the lowest in the EU (9,9 %) being the EU average).

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A major problem of Romanian health system is the limited access to medical assistance of people living in rural areas. There are also many negative aspects such as the increase of mortality rates for the most frequent causes of death (cardiovascular diseases, lung, breast and colorectal cancers), the increase of AIDS cases and the decrease of immunization rates.

# 2. HUMAN RESOURCES - A VITAL ROLE IN THE HEALTH CARE SYSTEM

#### 2.1 The correlation between human resorces and performance

Human resources are the key to a performant health care system, the health worker being at the center of the system. From an economics viewpoint, health workers' salaries make up a great share of health budgets in most countries (European Commission, 2018).

In the professional environment, motivation can be presented as the "individual's degree of willingness to exert and maintain an effort towards organizational goals" (Franco et al., 2002)

Motivation is intimately connected to job satisfaction, an essential element in the retention of medical workers over time. A good retention level reduces overall costs related to health care system (recruitment, hire, and training of new comers) and also reduces the appearance of vacant posts. Many countries experience a shortage of qualified health workers (World Health Organization, 2006a), the loss of medical personnel having a strong effect on the health of native people. Poorly motivated medical personnel can have a negative impact on individual medical facilities, but also on the entire health system. Often they consist of health workers who work longer hours, whose workplaces have fewer resources and who feel abandoned by decision makers. (Henderson and Tulloch, 2008).

#### 2.2 The efficiency of the health system

Efficiency is ensured by: activities, responsibilities, separation of authority and the collaboration of the responsible ones (Ciurea et al., 2007). Through some clearly established indicators performance evaluation can be ensured and fixed costs can be reduced (by reorganizing the structure).

Beneficial results are encountered if the incentives or penalties are correlated with the obtained performance, and the resources are used efficiently and there is a system of assessment of patient satisfaction. Efficiency plays an important role for management. Managers are directly responsible for the process of streamlining health services.

Within health services, efficiency translates into: better use of resources so that employees and patients are satisfied, reduced waiting time for the benefit of medical services, high performance equipment, and various facilities.

## 2.3 The radiography of Romanian medical specialists

Even if there are many positions available in the Romanian health care system, they are not occupied due to the level of remuneration, to the working conditions in the medical institutions and to the lack of professional and personal development opportunities. The most important and immediate consequence is the massive migration of health care specialists towards other countries.

Romania is losing important human capital that was trained with significant financial resources. Since 2007, 45.300 doctors, dentists, nurses, pharmacists and midwifes have left Romania to work abroad. Even if today, Romanian medical education institutions produce more specialists than in 1990, the health care system received far less medical staff than the level of departures, which leads to medical institutions closing down due to the lack of personnel. (The Romanian Association for the Promotion of Health).

Today, the Romanian health system is deserved by 57.300 doctors, situated especially in the university towns. According to official estimates, Romania is falling behind the other EU countries regarding the number of doctors per 1000 inhabitants with 2.5 compared to the European average of 3.4. Some specialists estimate that this indicator will continue to drop to 2.2 in the near future.

Almost one third of the positions in Romanian hospitals are vacant, which affects the entire health system. The total deficit of the system is of 4.700 doctor positions (According to Mr. Gheorghe Borcean – President of the Romanian College of Doctors). Positions in branches such as Cardiology, ENT and ER are vacant in many towns, in some areas, the deficit reaching almost 50%. The small hospitals have the most difficulties in finding personnel and many positions are filled with retired doctors. It is also the case of family doctors, more than 600 localities having no medical assistance (The Romanian Association for the Promotion of Health). This leads to an unfortunate situation - more than a quarter of Romanians have an insufficient access to basic medical assistance. Even if salaries of medical staff have significantly increased in the recent years, they are still far from western standards and not sufficient to stop the exodus of specialists. The trade unions active in the health care system say they have identified elements that disadvantage several professional categories and increase the inequalities of pay.

"The most often indicated reason for departure is the level of pay. We have also identified some work conditions in the health care system. When we say work conditions we take into consideration the technical level of hospitals and of procedures. Another reason is that of professional development because many of them would like to have a carrier in Romania. Unfortunately, this is not available to everybody and, very often, remains an opaque matter" (Nicola, 2017).

According to the reports of professional organizations, the favorite destinations of the Romanian medical stuff are: Germany (6.000 doctors), Great Britain (4.000 doctors), France (4.000 doctors) and Belgium (600 doctors). Most of the doctors who decide to leave the country are specialized in internal medicine, family medicine, general surgery and anaesthetize and emergency services.

"The departure of a specialist means the loss of more than 15 years of state investment in medical education". According to Professor Ionel Sinescu, rector of the University of Medicine and Pharmacy Carol Davila of Bucharest, "a transfer tax should be demanded by the Romanian state from the states that benefit of the doctors educated in Romania".

In an attempt to deal with these problems, the Romanian Health Ministry has elaborated a multiannual plan for the medical professions, which includes the simplification of recruitment procedures, an educational reform, better carrier opportunities and aids for doctors willing to work in rural areas. A National Center for human resources will also be established in order to give assistance to Romanian medical personnel living and working abroad who wish to return to their home country.

The aspects mentioned above are very painful for the Romanian medical system. They are determined, especially, by the lack of proper personnel policies. The medical sector, like any other organization, is confronted with significant losses due to an inefficient wage system, the labor productivity being reduced by the use of an unfair and opaque system of incentives. The solution to the abovementioned problems is the implementation in the Romanian medical sector of motivation and stimulation mechanisms.

## 2.4 Aspects of motivation and stimulation of medical staff

The implementation of an effective mechanism of motivation represents one of the main objectives of any manager as it influences the personnel to increase the level of activity, effectiveness, and productivity.

In the scientific literature, motivation is defined as the process of deliberate choice by a person of a certain type of behavior, which is influenced by external (incentive) and internal (motive) factors. Motivation allows the employees to meet their basic needs by completing their work duties, thus, by taking into account the needs of their subordinates, managers have to encourage them to take the proper actions in order to achieve the goals of their organization.

According to figure 1, even though the main reason for dissatisfaction was a lower income, especially when compared with the incomes from Western Europe countries, now, more and more medical specialists identify a lot more reasons that determined their departure, like the lack of

appropriate training or development opportunities, social recognition or a bad working environment.

In the following we present the factors identified by Henderson and Tulloch (2008) of motivation and retention amongst health workers.



Figure 1. Factors affecting health worker motivation and retention *Source:* adapted from Henderson and Tulloch, 2008

There are many reasons medical personnel remain motivated and continue with their jobs. The factors contributing to motivation and satisfaction at work usually include career development, an adequate compensation, and proper working and living conditions (Deussom et al., 2012).

A strong human resources policy within a medical system can ensure that the proper motivational factors are set in place at adequate levels in order to keep medical staff satisfied.

Having a positive relationship with colleagues, patients and the management can increase motivation. On the other side, problems with career development, pay, working and living conditions are reasons why medical workers become unmotivated. Any of these elements or a combination of them, can lead to dissatisfaction and even to leave from the work place.

Career development is defined as the possibility to specialize in a certain domain or to be promoted through the ranks of the health system (Willis-Shattuck et al., 2008).

Doctors and health personnel working in the rural areas commonly cite limited career development opportunities as a demotivating factor. This can lead to bad feelings and life changing decision, so it is recommended to have staff appraisals and transparent promotion procedures that can determine a better working morale.

Another theme of discontent among medical personnel consists of having limited proper training during their medical education or during their job. In understaffed clinics and hospitals, medical personnel are often asked to perform tasks beyond their usual job, but without proper training. This can lead to frustration and demotivation and can create concerns about the quality of the medical services provided.

Inadequate and outdated medical infrastructure, equipment and techniques at clinics and hospitals can also contribute to the medical workers' frustration on the job, and even attrition. Often, medical workers argue that inadequate resources prohibit them from properly doing their jobs.

Another key aspect is maintaining a positive relationship with the management of the medical institution. In some cases, vacant positions are left unfilled for very long periods of time, increasing the workloads for the remaining medical staff. Health workers, especially in rural areas or in small towns, complain of the lack of professional supervision from their managers. Feedback on their activity is especially problematic and, many times the only feedback received from managers was negative.

Least but not the last, complaints about salaries is often the reason behind unmotivated personnel and even behind the decision to leave the country.

Dimension	Possible indicators
Availability	Staff ratios
	Absence rates
	Waiting time
Competence	Individual: prescribing practices
	Institutional: readmission rates, live births;
	cross-infections
Responsiveness	Patient satisfaction; assessment of
	responsiveness
Productivity	Occupied beds; outpatient visits; interventions
	delivered per worker or facility

 Table 1. Human resource indicators to assess health workforce performance

Source: adapted from World Health Organization (2006b)

According to table 1 the dimensions of the human resource indicators to assess health workforce performance are: availability, competence, responsiveness and productivity.

# 3 CONCLUSIONS

Job satisfaction and motivation of the health workers can be increased throw management strategies regarding recognition and social acceptance. It is obvious that there is an urgent need for changes in the motivation mechanism of the medical sector.

The factors that influence the work of the health workers to perform differently are the characteristics of the population being served, characteristics of the health workers themselves and characteristics of the health system.

In our opinion, it is important to learn from the experiences of the developed European medical systems and to adapt them to our realities. Thus, the following measures should be implemented:

 $\checkmark$  Development of the medical infrastructure and purchase of modern equipment and innovative techniques.

✓ Development of medical education and a financial support program for young specialists.

 $\checkmark$  Development of a carrier system based on the level of qualification, the quality of medical services and the patients' satisfaction.

 $\checkmark$  Implementation of a pay system of extra-payments based on professional results.

The challenges of maintaining a motivated health workforce require a sustained effort in the planning, development and financing strategies. This effort requires innovative strategies, such as incentive packages for retaining and motivating health workers.

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