

Personnel Satisfaction Study regarding the Emergency Medical Services' Quality of Bucharest Hospitals

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Abstract: *The current Romanian medical system is going through a complex process of reform based mainly in winning the citizens, professionalization the management and increasing the funding levels. The present study is an analysis of the satisfaction level felt by medical staff in emergency reception units in Bucharest hospitals and brings a novelty in the field of medical research, based on the problems approached and the emphasis placed in observation the quality and the performance of medical services. This study shows how satisfied is a medical personnel in the working environment and identify what are the main drawbacks that generate disaffection and inefficiency in public medical emergency services in Bucharest. The research methodology used is based on a target group consisting of medical personnel's in emergency reception units analyzed. The tools used for data collection were questionnaires and non-participatory observations were processed by computer program called SPSS. The results obtained from the medical staff examined shows dissatisfaction towards salary level, the level of endowment with modern equipment and informative materials available which capture the need to create a remuneration system based on performance criteria and competitiveness associated with a penalty system in parallel. The beneficiaries of this study are researchers in the medical field, hospitals surveyed, managers and representatives of research and development departments of analyzed hospitals taking into account their low activity in recent years.*

Keywords: *physician satisfaction, working environment, effective.*

JEL: *I10, I18, J19.*

Introduction

In the last decade there has been a revival interest in healthcare systems, especially of the attention given in academic discourses and political dialogues within the community developers after 20 years of neglect, with small programs and limited projects, finally the investment appeared in good health strong and long lasting. Health systems are again seen through the mirror of political decision-makers and the essential donors for supporting healthcare in developing countries where a growing interest for performance is appraisal. (Kruk, Freedman, 2008)

Studies shows that improvement in the work environment in a hospital and finding solution to the lack of medical assistance are critical in improve the level of

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patient care. Among the current issues that confront managers in hospitals was the lack of registered nurses and patient safety. It has been observed that there is a strong link between explaining variations in mortality of hospital departments and the number of practiced nurses, not only nurses constitute a permanent surveillance system for an early detection and timely intervention to patients but also ensure a good overall quality of hospital at an adequate level. Hospital managers are trying to improve the safety of patients while in same time attempting to reduce the number of staff hired to get an additional financial margins. Developing a high performant working environment in a hospital involves five key dimensions: professionalism, interpersonal communication and team work, training and staff development, the measurement of health behavior and rewarding on the basis of professional standards met and shared decision-making. Additionally a continuous form of managers, respecting the promise of continuous learn throughout life collaboration between the hospital education suppliers for career and professional development, realization of experience exchange programs. (Batten, Gerald, Distefano, 2008) Migration and the fluctuation of personnel are other reasons that had determinate organizations to settle new standards in the strategy and practice of human resources management. In the last decade the public sector has also understood the necessity to change the human resources practices and to create a brand employer strategy in order to attract and retain talents. In many countries, strategies for the renewal of the public sector have been launched in the last two decades, but these initiatives have been strongly affected or, even worst, in some cases they were stopped. The main objective of these strategies was to increase efficiency, effectiveness and flexibility as well as to improve quality in the public sector according to the needs of the national, European or even international economy and the growing expectations of citizens. (Androniceanu, Corbos, Sora, 2010)

Other studies shows that in the last thirty years, New Public Management principles have inspired a series of reforms in the public sector in most Western countries, a fact which involved a series of radical changes in the healthcare sector in increase its performance, and the quality of the medical assistance and the rationalization use of the health care resource. (Castro, Galizzi, Bassani, 2012). Most analyses of hospital productivity in the specific literature are around value, cost/expenditure or resources terms and low focus on the results quality. Therefore when conducting a research on the hospital services must put in consideration the quality of medical care and also must exist a clear orientation for the management policy applied. (Minvielle, Kimberly, 2005) In the last two decades, empirical researches show that, frequently, Romanian managers have problems in understanding the global context. Furthermore, the enterprises managed by them, have difficulties in adapting to the newest demands. In the last two decades, empirical researches show that, frequently, Romanian managers have problems in understanding the global context. Furthermore, the enterprises managed by them, have difficulties in adapting to the newest demands. (Androniceanu, Drăgulănescu, 2012)

The main role of orientating for an effective performance healthcare system it holds in the hands of the national leadership, and the existence of a government in country which till present approaches healthcare in an arbitrary and scrappy way. In order to operation late and set out priorities in most time the cost-effectiveness analysis are used and the concepts of leadership and governance are relatively considered new terms, the consensus lack to define leadership and governance in healthcare involve setting priorities for maintaining and improving the population's health. (Smith, Anders, Busse, Crivelli, Judith, Lindahl, Westert, Kene, 2012). One of the major challenge that XXI century organizations need to face with is attracting and retaining talents. The main methods to measure the level of performance in a hospital rely on some periodic regulatory inspection which must be measured from public satisfaction surveys and also through the use of statistical indicators. The results of evaluations should be transparent and accessible to the public. (Verboncu, Ganescu, 2010)

Therefore, a physician must be a model in ethics and professional behavior, to be constantly concerned in raising his professional and moral authority and prestige, and must devote his entire professional activity exclusively in defending the life, physical and mental integrity of the human being. Act professionally and his/her overall activity must be held without any kind of discrimination regarding the health or the healing chances of the patient. The doctor is forbidden to make professional or medical decisions from an economic perspective or from administrative grounds. The relationship with the patient must be strictly professional build on its respect for human dignity, understanding and compassionate towards the suffering taken by the patient taking into account the previous expressed wishes in relating to a medical intervention. (Medical Deontology code, 2012) But also, in a public institution that provides emergency medical services should be designed training programs to help participants to understand ethical aspects of their work, their status and also the ethical aspects of the decision making process inside the public institutions. Guidance and internal consultation mechanisms should be set up and explained in order to help the human resources to apply basic ethical standards in the workplace. It is important setting up a special department in public institutions to monitor ethical values and behaviour and designing and implementing a special ethical accounting mechanism in public organizations. The internal mechanism should be based on the following values: respect for human dignity and respect for basic rights. (Androniceanu, 2013) The role of ethical behaviour in public management is crucial for the public organizations' results and for the citizens' satisfaction all over the world. This idea is already demonstrated by several studies and the practitioners share it. (Androniceanu, Nastase, 2009).

1. Presentation and research problem

The Research is approaching the medical satisfaction issue and the influence of working environment where the medical personals operates in the emergency receptions units in Bucharest and also examines the factors that influence the quality of a medical service.

The research is a general problem mainly because the information presented are useful and is an argument topic for every European citizen recipient for healthcare in both systems public or private. The efficiency and effectiveness of the first aid system (emergency) is directly proportional to the time spent and the resources used and also the training and experience with dealing with patient condition in question and his or her success of obtaining a desired result, which mainly the treatment of the patient.

In particular, the aspects of this case study identifies the degree of satisfaction of the medical staff they feel within the emergencies units in hospitals, the analysis helps to create an overview image for emergency medical services in Bucharest and also to the knowledge and the need for reform, modernization, improvement, or implement new funding plans and strategies with success encountered or retrieved from other hospitals.

The research topic presents an importance step for increasing the research level in the field of healthcare services nationally and internationally by helping to identify the level of economic development, and social policy in a country which indirectly influence the system of governance in European Union but also give access to collaboration with other medical organizations in the medical profile and the transfer of know-how.

The collection of data regarding the degree of physicians satisfaction in public health services is a highly essential for creating a health monitoring system, which gives European Union a chance to increase access to information and knowledge in this field, encourages and supports the work in this respect through the electronic exchange of information vital to saving lives, exchange experiences, better practices, development of more long-term strategies and adherence to various programs and projects that would lead ultimately to strengthen the confidence of patients in his medical services, increase safety, security, dignity and human rights.

2. Research objectives

The general objective of the study is carried out to meet the level of satisfaction/dissatisfaction felt by medical professionals regarding the environment in which they operates observing the quality of medical services provided in emergency reception units analyzed so to make improvements and correct deficiencies.

The first specific objective of research which helps to achieve the general objective is to know medical personnel opinion toward the satisfaction/dissatisfaction of activities carried out in order to see how well they cooperate with the patients who arrive to medical emergency and what steps have been taken by the hospital to increase satisfaction of physicians and patients.

The second specific objective is to discover and develop with the help of obtained information by the instruments used, proposals to efficient (where

necessary) to be inadequate, and eliminate incompetent medical practices and increase the degree of trust, respect, support and closeness between the doctor and his patient but also the degree of general welfare in relation to the emergency medical unit in which a citizen has received the care they needed and the third objective is to discover how well medical staff get to know the content of the current reforms and the return in the quality of medical services.

3. Research hypotheses and variables

3.1 Research hypotheses

The first hypothesis that I will explore in the study in order to check its validity, shows the working environment's influence over the overall satisfaction level of the medical personnel, related to used material, financial and informational resources that interacts with the activities and programs conducted by the analyzed hospitals.

As for the second hypothesis that I will test, it shows the extent to which can negatively influence or positive medical behavior, satisfaction perceived in general patients and how important it is that they empathize and communicate more closely with them.

The third hypothesis check how reform in the health care system affect or does not affect satisfaction/ dissatisfaction with perceived by the medical staff of the hospitals analyzed as their claim that the system of public health in developing countries is influenced by the political leaders.

3.2 The research variables

To understand, explain and test the validity of investigated problem identified the socio-demographic variables and analyzed and interpreted, the characteristics of age, gender, level of training, wage level and also the attitude and behavior variables which are important to analyze the quality of the medical emergency public units studied.

4. Research methodology

Target group which is included in the research problem concern the medical personnel involved in medical emergencies units of hospitals analyzed.

Beneficiaries of research results are much hospitals managers analyzed which by the information obtained will be able to implement new strategies in the long term to improve and develop the medical services offered in such a way to increase the performance and also researchers in the health care sector, economic operators, concerned people in develop a future career in scientific research, also the representatives of the departments of research and development of hospital departments.

The chosen units for collecting observations are represented by four hospitals in Bucharest which offers emergency medical services namely: emergency Clinical Hospital Saint John emergency Clinical Hospital for children, Marie Curie, University Hospital of Bucharest's emergency Hospital emergency Bagdasar-Abs and the sample size is represented by a total of 36 medical personnel chosen in a random process.

Method of data collection is based on two instruments, questionnaires (for health care professionals) and non-participatory observation.

Non-participatory method is important for the research because it can allows noting specific happenings, facts and behaviors which could not be observed through the questionnaire or questions were avoided answering in the questionnaire.

The first tool for data collection is represented by the questionnaire applied to medical personnel and it is composed of two parts: the first part contains the respondent's the identification of data, ensure that the ratings of satisfaction level towards hospital in which the activities are measured, identify the frequency of assessments on the level of patients satisfaction for medical services and also towards the influence relationship between the doctor and the patient. In the second part, questioned people have open questions on topics such as the patient's trust in physician, correcting medical errors and the need of medical personal to change the hospital where he or she practice.

I would like to mention that before the process of collecting and analyzing the data I carried out all the steps necessary to obtain official approval from units manager which have asked certain conditions to be allow the questionnaires application: eliminating the appearance of design in the questionnaire, to prevent those people who stood in a difficult health condition or people who have manifesting behavior problems to participate and also to transmit the results of study to two of the four units. Also results sent also to the National Association for the protection of Patients delegation.

5. Analysis of primary data and results obtained

The method of analysis and interpretation of data was accomplished through the computer program called SPSS for statistical analysis where were used in a series codified data which correspond with the answer variety in the questionnaire.

The analysis information obtained was held at a general level, without any specific reference in particular to a specific observation.

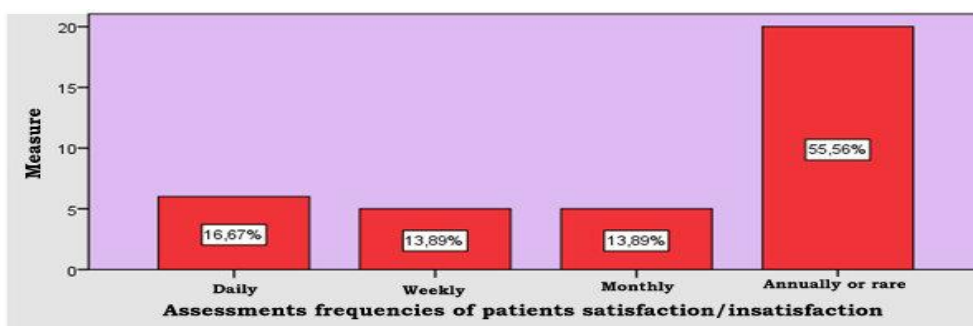
Questionnaire for medical personnel has been applied to thirty-six medical staff; most respondents were feminine age between 31 to 40 years.

Most of the respondent have given the proportion of 30.6%, rate 7 for the grade of endowment to modern equipment and facilities they shown the maximum value of 10 in utilizing medical equipment and that they have been trained enough. Most of the questioned in percentage of 22.2% have offered rate of 5 to salary level

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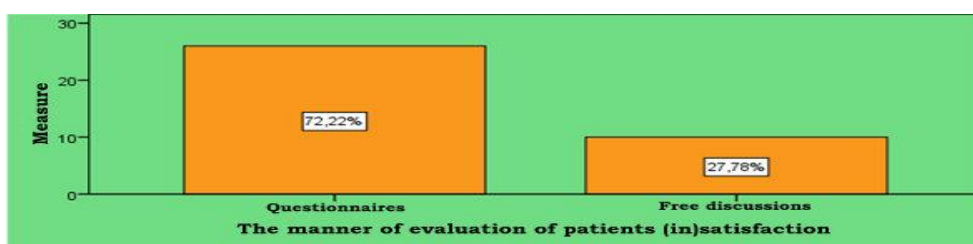
showing and dissatisfaction, and that their work is not appreciated at its true value. Only 22% of those who were approached gave the rate of 8 for informational materials used to treat patients, adding that this statement situation but reality is more worsen. To verify the best treatment method required or for to be better information about a particular type of medicine, medical staff questioned answered that Internet utilization as a main source of information for the physical materials are inadequate and sometimes are not sufficient and old method to be used. Most (55.6%) did not know if the hospital in which they work accesses to European funds were ever used demonstrating an indirect lack of interest in knowing the additional issues that may be important for the growth of the satisfaction level inside the hospital. At These two negative aspects identified since the beginning of the research a percentage of 55, 56% of the responded answered that the frequency of assessment of satisfaction/dissatisfaction levels felt by patient is once year or more rare, not very sure on the answer given they specified that they do not have a definite information in connection with this aspect (Figure 1).

Figure 1. Units' evaluation frequency observed



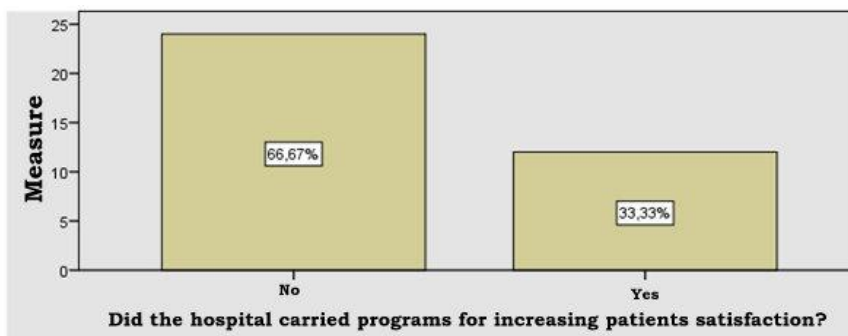
In further the analysis is joined by the percentage of 72, 22% which shows that most often used to measure patients' satisfaction/dissatisfaction is the questionnaire (Figure 2) and 66, 67% argued that they do not have no special knowledge relating to the conduct of past programs targeted by the hospital in order to increase the level of satisfaction felt by the patient.

Figure 2. The evaluation of (in) patients' satisfaction



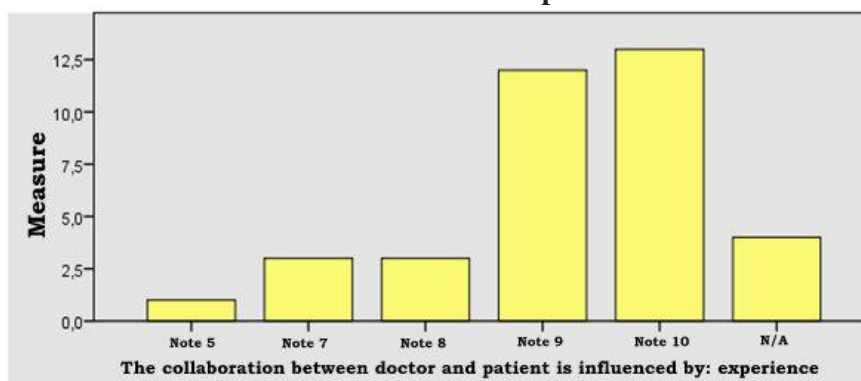
The level of satisfaction of the respondents because of the internal programs developed by the hospitals are presented in figure 3.

Figure 3. Knowledge of conducting programs to increase satisfaction



The next topic introduced by the fifth question refers to the kinds of influences as the collaboration between doctor and his patient, most of those questioned assigned with a maximum rate for doctor's experience and his knowledge and the approach to the patient followed by the doctor's ability to be collaborative and making time to conduct a dialogue with his patient (Figure 4).

Figure 4. The value attributed to the cause that most influence the relationship between a doctor and patient



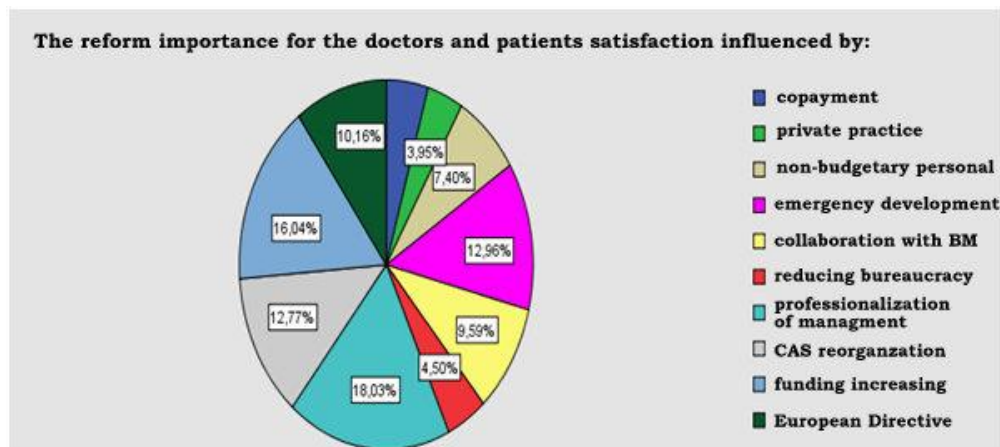
The formulated answer at the 6th question, which closes the first part of the questionnaire applied to medical staff has the most complex form and show how the reforms in the Romanian medical system influences the perception of satisfaction/dissatisfaction felt by patients. The highest percentage was recorded for the importance of the professionalization of management, by the deeper involvement and more careful driving followed by hospital administration 18,03%,

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following 16,04% the percentage of financing growth for emergency system. (Figure 5)

At the opposite pole of these selected variants there is a general disagreement and dissatisfaction over the low importance of the co-payment system, the demand for some private cabinets within public hospitals or treating Romanian citizenship patients abroad. Most medical professionals consider the useless of these last three issues because it generates inequality of treatment, psychological discomfort, unequal chances to gain access to the services of the medical system and a low level of satisfaction. (Figure 5)

Figure 5. The importance of reform



Apart from gathering the data using a questionnaire, we also used the observation sheet through which we managed to merge and note several aspects not included in the first data collection tool. Should be mentioned that running the interview with the respondents was accomplished without any difficulty and there was certain openness from the part of medical personnel to express their opinion about the level of satisfaction/dissatisfaction felt only after the completion of the questionnaire by free discussion.

During our collaboration with the medical personnel, I noticed with surprise the courtesy and willingness to answer the questions in the questionnaire, a very large number of the subjects accepting to offer answers freely. There were reservations about responding to certain questions which approached issues related to the degree of endowment with modern equipment, the lack of knowledge of the use of European or any other origin funds in the hospital where they are practicing and they did not have precise information about the evaluation of the level of satisfaction/dissatisfaction of patients admitted to hospitals, most of them acknowledging that they chose the response option randomly. The aspects mentioned above are considered to be negative because they indirectly highlight

the lack of deep involvement in the knowledge of the ways through which the hospital seeks not only to achieve a high level of satisfaction for his patients but also to attract the necessary funds in order to improve the fact situation where necessary.

6. The main recommendations for improvement the level of satisfaction felt by survey participants

The main recommendations are supported by the idea that there will always be the need for improving and perfecting the Romanian health system due to technological development in the field, the change of patients' perception and the modification of economic and political trends.

Considering the obtained results I consider that there should be a higher and more responsible attention for conducting programs which evaluate the level of satisfaction/dissatisfaction in observed establishments for both healthcare professionals and patients.

It requires current and sufficient informative materials for health professionals so that they can provide assistance to the patient in a timely and correctly manner and also creating a mechanism by which healthcare professionals can negotiate their salary and be remunerated on the basis of performance and competitiveness.

Another recommendation involves the completion of repairs where necessary, a higher involvement of nurses in treating patients to which there can be added:

- the formulation of tests for the evaluation of medical staff;
- system orientation towards patient and not towards profit;
- developing the capacity of attracting donations;
- creating a financial autonomy of hospitals;
- assuming good practices from foreign healthcare systems;
- the transfer of managerial and medical know-how;
- carrying out an experience exchange among same specialty medical institutions;
- creating ways of attraction of the European/international funds;
- creating departments for quality management;
- specialized psycho-social counseling for medical personnel in order to develop their capacity of communicating with patients and to reduce the stress level in the workplace and organize daily tasks more efficiently;
- providing video monitoring inside the studied establishments;
- following up the activity carried out in the research and development departments;
- applying constantly and rigorously tools for measuring the level of (dis)satisfaction towards provided hospital services;

- development of new partnerships with the university or academic environment.

Besides these personal recommendations enunciated to streamline and enhance the quality of medical services in the analyzed emergency departments, we synthesized and exposed the information and advice offered freely by the personnel in the second part of the questionnaire.

Thus, some of the surveyed healthcare professionals declared that it is very important to have a system for evaluating the work performed together with a system of penalties for those who give evidence of disengagement at work.

Another recommendation expressed by medical professionals relies on receiving a decent salary, better working conditions, greater access to information, expanding the workspace, patience and empathy with the patient and also on increasing the number of medical assistants (noting that in one out of the 4 analyzed hospitals was reported only one medical assistant / night shift for about 40 in-patients).

Likewise many medical professionals have argued that it is necessary the endowment with more computers of the medical units where they work (in one out of the 4 surveyed hospitals it was reported a number of 4 medical assistants / 1 computer used) but it also takes hiring psychologists that communicate to patients those more difficult to present diagnoses.

Medical personnel noted in the questionnaire section dedicated to freely formulating answers the need to increase the level of collaboration between healthcare professionals and the need for a greater readiness in the Radiology Department, for more equipment for Ultrasound and Urology as well as the use of forensic medicine institutes in order to gain medical experience.

Adapting the level of communication according to the patient's level of training and the socio-professional situation under consideration is also very important in order to increase the quality of medical services offered together with saloons renovation, applying therapeutic alternatives taking into account not only the risk involved and the benefits that can be gained but also establishing a proportional relation between low payroll and increased risk of illness of the medical staff.

A final recommendation, but just as important and useful as the other ones is referring to the exclusion from the work process of the personnel that continue their work even after turning the necessary age, stopping information distortions presented in the media related to the Romanian medical system, increasing the level of participation in many conferences, debates, case studies, training courses and a more careful selection of medical personnel.

Conclusions

Taking into account all the aspects listed above, it should be specified that we were able to capture the perception of medical personnel about the positive elements as well as about the shortcomings of the Romanian medical system. As demonstrated by the scientific literature, the public health system is seen as being greatly influenced by politics and leaning towards patients' satisfaction is confined to their treatment, being excluded factors such as: the patient's psychical comfort, salubrious accommodation, pleasant and modern atmosphere, equipped with the latest generation equipment, increased attention on the part of medical staff.

Considering the limit reported by some authors on the reform's impact on the health policy, I have tried to identify to some extent how certain objectives of the reform of the Romanian public health system can have direct and immediate effect on the level of satisfaction/dissatisfaction felt, but it was a minor disappointment to find that very few of those questioned had knowledge of the problem or had accurate information. Most of respondents said that the value of copayment is without importance and that it won't be directed to the hospitals, that there is no clear monitoring of how the use the obtained financial resources and that there is not a very effective organization in this regard.

What I have identified as a negative point which is at the same time a second limit of the research carried among medical personnel is that there is a certain reserve regarding carrying out satisfaction evaluation programs in the four units which we observed in order not to subsequently develop a conflict of interests and not to be revealed certain functional deficiencies. This above mentioned aspect is reinforced by the pretty high percentages that were generated by the computer program used, called SPSS, which demonstrates that the medical staff is not sure how the satisfaction/dissatisfaction of patients is measured and has no accurate knowledge about the existence of programs to ensure increased patients satisfaction.

There have been validated two of the three hypotheses enunciated, the satisfaction felt by patients being influenced in equal proportions by both medical behavior and the environmental conditions of the relationship between them, but the third hypothesis could not be verified because people surveyed do not know very well the contents of the reform and the direct and immediate impact it had over the general level of satisfaction felt.

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