

# WORKING IN EMERGENCY SERVICES- A STUDY ON SUBORDINATE EMPLOYEES' ATTITUDES

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## **Abstract**

*In Romanian neurosurgery services, management entered the development projects agenda. We present some results of studies conducted in two neurosurgical clinics and intensive therapy department. The objective consisted of: revealing significant aspects about personnel activity and employees' attitude/psychology. Participants: 115 nurses. Method: questionnaire-based inquiry (a 95 items questionnaire). The research variables included: work satisfaction, formal power, self-esteem at workplace, salary satisfaction, peer relationships, relationships with leaders, organizational stress, and organizational commitment. We used correlation and differential analysis to explain the organizational-managerial reality in hospital. The results were the basis for a strategy of management development in neurosurgical departments.*

**Key words:** *neurosurgical departments, hospital, nurses.*

## **1. Introduction**

Over the last years, the healthcare system in Romania underwent ample change processes that were the consequences of several political, social, economic unprecedented transformations. In order to face all these changes, as well as others, the Romanian healthcare system entered a wide process of development, optimization, based on the elaboration of management projects and programs. It has been realized that a genuine healthcare reform cannot be accomplished without implications in organizational and human resources

management. Cutting expenses, optimizing the activity and work conditions, improving the psychosocial climate at the workplace, increasing service quality, managing information, communication a.s.o. have become the major interest fields for the management programs in Romanian healthcare (Ciurea, Ciubotaru, Avram, 2009).

WHO set objectives such as lining up to a set of common standards, studying and controlling the effects of the EU integration on the Member States (e.g. optimizing the cost-efficiency relation; organizational reform of the healthcare

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units; maximizing the services quality) (Ciurea, Ciubotaru, Avram, 2007).

The most eloquent field in which new concepts, methods and practices will be developed, as Peter Drucker asserts, will be the society knowledge resource management, namely the protection of healthcare and education, both being today much too administrated and too little coordinated (Drucker, 1998, p. 10).

The interest in the issue of development and efficiency was common to many managers in the healthcare organizations, the results of change and optimization programs undergoing thorough analyses. Bartley (1986) initiated studies regarding the changes that happened in the social structure of the radiology sections of the two hospitals, after introducing the computerized tomography as a diagnosis method. The author found that the new technology modified the interactions and the activities between the radiologists and the technical personnel, thus a series of adjustments being necessary in these structures (Bartley, 1986). Other studies approached complex problems of the medical-healthcare organizations' life. Therefore, the researchers paid special attention to phenomena such as: the issue of trust in management; professional satisfaction in healthcare services (Blegen, 1993; Tarnowski, Van Ess, 1994; Irvine and Evans, 1995; Kutzcher et al., 1997); perception of organizational fairness, of the respect for the employees in the hospital (McNeese-Smith, 1995); the role of reinforcement at the workplace (Laschinger Finegan, Shamian, Wilk, 2001; Laschinger, Finegan, Shamian, Sabiston, 2001; Laschinger, Finegan and Shamian, 2001), the relationship between the professional satisfaction of the nurses and the clients/patients satisfaction (Weisman and Nathanson, 1994); the relationship

between the job satisfaction of the nurses and the quality of work (Tarnowski and Van Ess, 1994); the unfavorable role of negative emotions at the workplace (Laschinger and Finegan, 2005); the effects of the increased degree of control at the workplace (Laschinger, Havens, 1996); the job insecurity in the healthcare system (Laschinger, Finegan, Shamian, 2001); the relationship between work satisfaction an organizational commitment (Wilson and Laschinger, 1994); the complex relationships between organizational fairness and organizational commitment with other psycho-organizational variables (Laschinger and Finegan, 2005), trust and commitment (Laschinger *et al*, 2000); the correlation between stress and health at the workplace (Faragher, Cass, Cooper, (2005).

The issue of management credibility perception (Decker *et al*, 2001); also, the issue of work's and ethic's value was always in the researchers' centre of attention (Johnson, 2006). In surgery services, the importance of stress management was pointed out, as well as the development of the leaders' skills and teams building. (Campbell Quick *et al.*, 2006); the manner in which the leaders of surgery teams may encourage or discourage ascendant communication in the context of new intervention technologies' implementation (Edmonson, 2003). In the neurosurgery departments research on the satisfaction and organizational stress was conducted, as well as research on commitment, leadership and trust among the subordinate employees (Ciurea, Ciubotaru, Avram, 2007).

## 2. Research

At present, there is a considerable need for an ethical analysis of the Romanian health system (Astărăstoae, 2010). This tendency has the purpose of continuing the developments in bioethics of the past years (Bauzon, 2009). A new field of research focuses on aspects correlated to institutional ethics emphasizing not only the relationship with the patient, be it a child (Stamatin, Păduraru, 2009; Miron, Miron, Marinca, 2009) or an adult (Negrea, 2009; Poantă, 2010), but also on the life quality of the medical personnel. Moreover, this engenders an increase in the interest for the study of the medical personnel's attitudes, in a time in which the Romanian society is heavily influenced by the exodus of medical personnel, a context which makes even more serious the responsibility towards life in a "society of risks" (Bulzan, 2009). Some studies targeted the work contract in the pharmaceutical domain (Rais, 2010). We, however, will focus our research on the work attitudes of the medical personnel in neurosurgery services.

As a response to the permanent need for development to the present exigencies, the management of the neurosurgical and intensive therapy departments at Bagdasar-Arseni Emergency Hospital has decided to launch several optimization projects and programs.

### 2.1. Objectives

- study of the subordinate employees' attitudes in neurosurgical and intensive therapy departments;
- analysis of the main factors of professional stress active at the

subordinate personnel;

- establishing relationships between the stress factors and other psychological and organizational variables: perception of management, justice, trust, and commitment;

- emphasizing differences in the variables' values for employees in different departments, with different experience, qualification, age.

### 2.2. Sample

The research included two neurosurgery clinics (26 subjects/26.60% and 23 de subjects/20%, respectively) and the intensive therapy department (ITD) (total of 66 subjects/ 57.39%). Employees' characteristics:

- professional categories: 84 superior level nurses (73.04%), 31 second level nurses (26.95%).

- the lengths of service within the department varies between 10 months to 38 years (M=11.15, SD= 10.37).

- the subjects' ages varies between 22 to 60 years (M= 37.55, SD= 10.60).

### 2.3. Method

Information was extracted by applying a questionnaire-based inquiry (95 items, the answers were given on a Likert scale referring at the frequency of manifestation of the behaviors presented in the items text: from 1- almost always to 5- almost never). The instrument was applied under the same form in all departments in order to perform the comparative and correlation analysis. The studied indicators are presented in Table 1. Other important data were obtained on activity indicators, human resources, technical and financial system.

Table 1. Research variables

Variables	M	SD	No. of items	Alpha
1. Job satisfaction	3.5	.92	3	.70
2. Remuneration satisfaction	1.82	.79	5	.83
3. Self-esteem in organization	3.48	1.00	3	.75
4. Formal power	3.24	0.77	6	.70
5. Receptivity	3.12	.83	4	.73
6. Concern for the employees	3.15	.94	4	.74
7. Interactional Ethics	3.67	.91	4	.75
8. Work orientation	3.40	.93	4	.74
9. Supportive peer relationships	4.13	.25	5	.86
10. Satisfaction in relationships with clients	3.82	.84	6	.72
11. Competency	4.00	.70	6	.73
12. Reliability	3.48	.74	4	.72
13. Identification	3.49	.91	3	.77
14. Development opportunities	3.12	1.02	5	.70
15. Material stress conditions	3.49	.70	6	.71
16. Physical stress conditions	2.77	.82	4	.71
17. Role ambiguity	2.23	.89	4	.70
18. Exhaustion	4.28	.85	5	.70
19. Negative emotions at the workplace	3.08	.96	3	.70
20. Organizational affective commitment	3.47	.61	6	.80

Note: the 9th indicator was applied only in clinics

### 3. Results

#### 3.1. Descriptive statistics

Looking in table 1, we find that as compared to the 5 steps Likert answering manner we have the following situation of the level of the subordinated personnel indicators in neurosurgery in the Bagdasar-Arseni hospital:

- the following variables have a very high level (very frequent): positive/supportive peer relationships and exhaustion. Almost permanently, these are the causes for satisfaction and dissatisfaction at the workplace, respectively;

- a high level is held by the organizations' competence. The employees often appreciate the performance of the activity performed within/by the hospital;

- at an average towards high level we

find: work satisfaction, self-esteem at the workplace, interactional justice, work orientation, relationship with the clients, reliability, identification, and material conditions stress, organizational commitment. All these variables are sources of satisfaction or stress in the workplace with a "current" frequency (not very often, not very rarely).

- at an average frequency of appreciation we find the indicators: receptivity/openness, preoccupation, development opportunities, negative emotions. Therefore, it seems that the employees appreciate the relationship with the superiors are sometimes an occasion of professional development, of support at the workplace; also the negative emotional experience appears sometimes with moderate frequency;

- with a moderate towards low

(“sometimes”) frequency we find the following phenomena: the stress related to the physical environment, formal power. Only sometimes or even quite rarely do the employees feel the nuisance of the hospital environment, with the same frequency they appreciate to have a formal authority in the workplace;

- with low frequency (“rarely”) we find the situation of role ambiguity, which means that sometimes there are problems with task-assigning and setting responsibilities in the work group;

- the salary related satisfaction has a very low level, it very rarely constitutes a reason for satisfaction of the healthcare employees. Thus, along with weariness/overwork, the salary is a sensitive issue for the human resources (in Romanian health system).

These results proved a series of aspects of the professional life of the personnel in neurosurgery services. Thus, we understand that the management interventions will be focused on optimizing organizational circuits, which proved to be susceptible to the application of special management programs.

Having this picture of the current state of facts, we can ask ourselves if we’re assisting to a positive, optimum or poor situation? Laschinger and Finegan (2005) conducted a research on a sample of 273 nurses and found that the highest level of configuration is held by the variable *development opportunities* and the variable positive informal alliance. *Interactional justice* is at a medium level. *Job satisfaction* and *organizational commitment* had medium values. The variable *respect at the workplace* was recorded with low values, the North-American (Canadian) employees perceiving that they don’t receive the respect they deserve in the organization they work for. It was found that the *trust*

*in management* is low, a poor preoccupation was reported for the *concern* and *honesty* showed to the employees in this category. The poorest aspect is *formal power*, the employees don’t feel they have decision-making capacity or the capacity to establish objectives or standards in the relationships with the others or the activity. In another research, Laschinger, Finegan and Shamian (2005) studied a sample of 412 nurses, and found the following: high values for the indicator *peer relationships*; medium values for the variables *support*, *information access*, *resource access*, *development opportunities* (with a slightly higher level), *organizational commitment* and *informal power*; low values for *trust in management* and *formal power*; *job satisfaction* proved to be poorly expressed.

Therefore, the main disadvantages in Romanian healthcare system are: the incapacity to financially support the healthcare employees’ efforts; the blockage in allocating the human resources in accordance with the departments’ necessities; the material resources insufficiency. Our system is characterized by increased weariness/overwork and salary dissatisfaction. Therefore, whereas in the North-American/ Canadian system the objective aspects are much better evaluated, in our case these are poorer. With them, the emotional climate at the workplace is weak, with distrust, low support and respect, with us these aspects are better configured. So, the Canadian system has a better material and logistical condition, but it is “colder” and unstable. By comparison, our system is “warmer” and more stable, but a lot poorer materially. What is common for both systems: the workgroup is the most important source of satisfaction within

the organization, and the most important factor for supporting people at the workplace; the weariness/overwork is a common phenomenon for healthcare environments everywhere. We can assert that in both (or all) healthcare systems there is still place for development, this trend having more and more a systematic character.

### 3.2. Differential analysis

Differential analysis has shown which are the priority areas of intervention in departments and at personnel category level (using: t test for independent sample, Levene test revealed homogenous distributions, effect size -  $r^2$  - was moderate to high):

- the clinics employees perceive the superiors ( $M=16.72$ ,  $SD=4.62$ ) as being more receptive/open to ideas as compared to the ones in ITD ( $M=14.30$ ,  $SD=3.55$ ) ( $t(113) = 3.18$ ,  $p<.05$ ;  $r^2 = 0.08$ ).

- the clinics employees ( $M=17.55$ ,  $SD=2.85$ ) have a higher satisfaction in what the supportive relationships in the work group are concerned than the ones in ITD ( $M=16.42$ ,  $SD=3.24$ ) ( $t(113) = 1.93$ ,  $p<.05$ ;  $r^2 = 0.03$ ).

- the job satisfaction is higher for the clinics employees ( $M=12.10$ ,  $SD=2.49$ ) than the ones in ITD ( $M=10.12$ ,  $SD=3.42$ ) ( $t(113) = 2.85$ ,  $p<.05$ ;  $r^2 = 0.06$ ).

- self-esteem at the workplace is higher for the clinics' staff ( $M=11.28$ ,  $SD=3.10$ ) as compared to the ITD staff ( $M=9.92$ ,  $SD=3.01$ ) ( $t(113) = 2.96$ ,  $p<.05$ ;  $r^2 = 0.07$ ).

- the stress related to material resources is higher for the employees in ITD ( $M=17.92$ ,  $SD=3.70$ ) than for the employees of the clinics ( $M=16.40$ ,  $SD=3.29$ ) ( $t(113) = 2.27$ ,  $p<.05$ ;  $r^2 = 0.04$ ).

The data put forward by the

employees in the ITD department may set the grounds for elaborating management trends. Their supervising is multiple, the physicians in the hospital may visit patients in ITD, the department is highly fragmented, and the management style is exclusively task-oriented. The material endowments, the leadership's orientation towards the personnel, the redesign of several optimization procedures for the characteristics of the job, the support of the group's cohesion through team-building practices are the most important trends in management.

Differential analyses among the professional levels are important to the hospital's management. In neurosurgery the caretaking tasks are divided, and superior level nurses accomplish actions such as: treatment, dressing, medication distribution, report draw-up; second level nurses have the responsibility of intimate caretaking for the patients. The statistically significant results are the following (the size of the effect has medium values):

- superior level nurses ( $M = 10.83$ ,  $SD = 2.86$ ) are more content with the *performed work* than second level nurses ( $M = 9.74$ ,  $SD = 2.65$ ); ( $t(113) = 2.84$ ,  $p <.05$ ;  $r^2 = 0.06$ ).

- second level nurses ( $M = 7.12$ ,  $SD = 2.78$ ) perceive *remuneration* much less satisfactory than superior level nurses ( $M = 10.00$ ,  $SD = 4.18$ ); ( $t(113) = 3.53$ ,  $p <.05$ ;  $r^2 = 0.09$ ).

- superior level nurses ( $M = 13.00$ ,  $SD = 3.55$ ) feel much more intensely the need of *work orientation* than second level nurses ( $M = 15.29$ ,  $SD = 3.78$ ); ( $t(113) = -3.01$ ,  $p <.01$ ;  $r^2 = 0.07$ ).

- superior level nurses ( $M = 14.73$ ,  $SD = 3.85$ ) feel much more intensely the need for *receptivity* from the superiors than second level nurses ( $M = 16.96$ ,  $SD = 4.71$ ); ( $t(113) = -3.47$ ,  $p <.01$ ;  $r^2 = 0.09$ ).

- second level nurses ( $M = 16.32$ ,  $SD=3.70$ ) perceive more positively the *interactional justice* than superior level nurses ( $M = 13.94$ ,  $SD = 3.59$ );  $t(113)=3.12$ ,  $p <.05$ ;  $r^2 = 0.07$ ).

- superior level nurses feel much more intensely the need for *professional development* ( $M = 8.76$ ,  $SD = 2.96$ ) as compared with second level nurses ( $M = 10.61$ ,  $SD = 3.24$ );  $t(113) = -2.89$ ,  $p <.05$ ;  $r^2 = 0.06$ ).

- superior level nurses feel much more intensely the stress related to the *material work conditions* ( $M = 17.70$ ,  $SD = 3.57$ ) as compared with second level nurses ( $M = 16.12$ ,  $SD = 3.49$ );  $t(113) = 2.10$ ,  $p <.05$ ;  $r^2 = 0.03$ ).

- superior level nurses experience *negative emotions* ( $M = 9.67$ ,  $SD = 2.93$ ) as compared with second level nurses ( $M = 8.51$ ,  $SD = 2.75$ );  $t(113) = 1.91$ ,  $p <.05$ ;  $r^2 = 0.03$ ).

- in clinics, superior level nurses ( $M = 20.09$ ,  $SD = 4.01$ ) have a higher satisfaction in the *relationships with the beneficiaries* than second level nurses ( $M = 17.35$ ,  $SD = 4.16$ ) ( $t(47) = 2.24$ ,  $p <.05$ ;  $r^2 = 0.09$ ).

Therefore, the effect's size is moderated, which can guide us towards designing managerial solutions. The activity of superior level nurses is perceived (in Romania) as a "clean", "noble" profession, with a large number of candidates. The second level nurses' work is not as pleasant, but these categories are aware from the beginning of the content of their profession. Enriching the job of these two employee categories with a couple of intellectual tasks (keeping records, drawing up reports, assigning responsibilities for certain territories or objects) could improve work satisfaction.

Supplementing the forms of professional training at the workplace, from the standpoint of methods utilized

as well as of contents, constitutes a necessary solution at the level of superior nurses. Medical nurses are more motivated to express proposals for improving the work process, to be more oriented in their work towards the physicians, because the hospital environment involves many risks, and thus, they want to be involved in their work modernization.

We note that second level nurses have a lower satisfaction when it comes to *client relationships* and *remuneration*. It is very probable that these two aspects are correlated: the contact with patients' intimacy, thereof for some of them it's impossible to collaborate lowers work satisfaction, the employees appreciating they are not paid for this effort. In what the *material work conditions* are concerned, the superior level nurses feel the deficit more than the other professions. That's explicable by the specific of the activity of treatment, dressing, countless procedures involving the necessity of good quality materials.

We drew up comparative *analyses on seniority in the section categories*. Empirical observations lead us to the assumption that the less experimented employees need some integration and adaptation measures at the workplace. The distribution of seniority categories in the section was drawn up: short seniority – up to 3 years inclusively (33 subjects, 28.7%), medium – up to 10 years inclusively (43 subjects, 37.4%), long seniority – over 10 years (10-38 years) (39 subjects, 33.9%) for the entire 115 employee sample. We used the ANOVA one-way test. Therefore, we found the following aspects, supported by the empirical observations:

- long seniority employees ( $M = 15.12$ ;  $SD = 3.02$ ) in the section *identify* more with the organization than the ones with short seniority in the section ( $M =$

13.18; SD = 3.94) ( $F(2, 112) = 2.84$ ,  $p < .05$ ; Levene (2;112) = 1.27; (*Gabriel* = 2.39;  $r^2 = 0.02$ ).

- short seniority employees ( $M = 19.03$ ;  $SD = 3.10$ ) feel more intensely the *issue of physical climate at the workplace* than the ones with higher ( $M = 15.79$ ;  $SD = 4.23$ ) ( $F(2;112) = 4.23$ ,  $p < .05$ ; Levene (2;112) = 1.84,  $p > .05$ ; *Gabriel* = 2.78;  $r^2 = 0.02$ ).

- short seniority employees ( $M = 10.21$ ;  $SD = 3.38$ ) feel some difficulties related to *task distribution within the group*, responsibility distribution, sometimes with the risk of *role ambiguities*, these aspects having a lower relevance for the long seniority ( $M = 7.84$ ;  $SD = 3.59$ ) ( $F(2;112) = 3.85$ ,  $p < .05$ ; Levene (2;112) = 0.21,  $p > .05$ ; *Gabriel* = 2.77;  $r^2 = 0.02$ ).

- short seniority employees ( $M = 18.96$ ;  $SD = 3.53$ ) feel more intensely the *task distribution* than the ones with long seniority ( $M = 16.46$ ;  $SD = 2.97$ ) ( $F(2;112) = 3.54$ ,  $p < .05$ ; Levene (2;112) = 1.29,  $p > .05$ ; *Gabriel* = 2.57;  $r^2 = 0.02$ ). The recorded results are statistically significant, but the effect's size ( $r^2$ ) is low, which suggests that the results don't necessarily imply significant interventions in managerial practice related to the recorded differences.

Several differentiating aspects between the employees in the three seniority categories are significant, but not prominent. To be noted, that the employees with greater length of service identify more with the hospital's mission and objectives, they reached the stage when they possess a wider vision on activities and results, which determines them to be more committed subjectively. On the other hand, it is the time when every person thinks in retrospect about their professional experience, about the contributions the organizations brought to their personal and professional life.

They acknowledge the merit of the organization for both those aspects, they have a broader understanding of action plans. At the moment, when the work and family responsibilities are at maximum level, the employees feel they belong to their organization, they understand the role of their professional life, of the hospital, that offers them a social solid and stable support.

The physical hospital climate appears to be well assimilated by the employees, but when some uncomfortable feelings arise, they are felt by the ones with little experience. In what the material work resources are concerned, it seems the employees with long seniority have gained the feeling of control over the profession, of action autonomy.

Therefore, even though it is not the case to search for managerial solutions for different categories of employees, the material resource issue remains pressing for everyone, and the other differentiating aspects involve allowing supplementary attention on the part of the members with supervising and work orientation responsibilities.

#### 4. Conclusions

In neurosurgery the content of the work is complex, stimulating, the relationships with the superiors are highly important for the motivation of people, for their development. The working style in which priorities shift involves rarely role ambiguities, which negative correlates with the dimensions of organizational trust. The employees successfully solve these contradictions each time, but the physical and psychological cost is felt: over-solicitation and negative emotions appear at the workplace. In neurosurgery self-esteem has a special meaning, solving highly complex problems to save human lives connects the complex connections

of all attitude variables with the issue of self-esteem at the workplace.

The leadership in NS decided to promote excellence and sustain projects and programs on the basis of scientific

studies' results, representing the conceptual-applicative basis for starting the actions of accrediting for excellence/quality (Ciurea, Ciubotaru, Avram, 2007).

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