ORGANIZATIONAL ATTACHMENT OF INTERNS IN POLAND TO HEALTHCARE SYSTEM

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Abstract
Objectives: Despite the profound structural reform of the health service in Poland, the present organizational system of health care is subject to severe criticism. It is described as unjust and enhancing malpractice as well as migration of young doctors abroad. The commonly expressed disapproval and own observations on the organization and functions of health care are expected to affect future performance of medical interns and suppress their motivation to pursue professional career. The purpose of the study was to evaluate the extent to which the interns approve the present healthcare system as a measure of their organizational attachment. Method: Questionnaire survey was conducted in 992 interns (mean age 26 years) in 2004 and responses were evaluated using a specially designed scale of approval. Results: The majority of interns expressed high disapproval of the healthcare system. Conclusions: This disapproval can be regarded as an indirect measure of the lack of organizational attachment on the part of the interns. These findings may have negative consequences for the future functions of healthcare in Poland. Therefore, measures should be undertaken to promote positive attitudes among medical students and interns. The disapproval of the system is a personal attitude independent of the social and economic characteristics. One should note that the personnel mobility opportunities do not seem to be playing the role of an effective "safety valve" to diminish the disapproval of the system by medical interns.

Key words: Doctors, Interns, Health care system, Sociology of work, Organizational attachment

INTRODUCTION
Despite the profound structural reform of the health service in Poland, the present organizational system of health care is subject to severe criticism, both on the part of employers and research circles. In its present form, the system cannot be assessed as fair from the ethical point of view. Nowadays, sociologists tend to understand society as composed of different moral communities who do not share the same concept of rationality or ethical system. The question that arises is whose ethical norms should we adopt to evaluate the health care system. The two principal models of justice were those worked up by Rawls [1] and Nozick [2]. However, the Polish healthcare system was found not to be complying with any of them [3]. While the primary care system in Poland seems to be just, the system of specialist services is not void of violating the ethical standards mostly in terms of bribery and corruption. We can presume that the awareness of this injustice may prevent some of the young doctors from adopting correct work ethics [4]. Moreover, it constitutes a serious stressor for some members of this occupational class. From the sociological point of view, one can presume that establishing proper interpersonal relations between the managers and the professionals should improve the quality of services and increase work satisfaction among employees, which would be beneficial for the performance of work in general [5–7]. However, another attitude of the managers to the relations between employer and employees, that may be labelled a “conflict-oriented” approach is common in Poland [8]. This approach is based on an assumption that the conflicts that arise between the

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managers and the personnel can be resolved solely by suppressing the workers’ demands. Thus the problem of work satisfaction of the employees is either neglected or underestimated. A substantial number of managers believe that they can get the maximum output of the workforce without paying attention to the workers’ needs.

The third weakness of the organization of the healthcare system is an ignorance of the effective methods of introducing changes; this is particularly common among the managerial staff. The findings of the nationwide survey of healthcare managers conducted by Boczkowski et al. revealed that health managers had a profoundly negative assessment of the ongoing reform of the healthcare system. They hypothesised that the reason underlying this negative attitude may have been the fact that the organizational and functional changes have been introduced rather carelessly, with no adequate explanation why they were necessary or beneficial [9].

The question that arises is what impact could these negative attitudes and criticism have on the youngest generation of medical professionals, namely the interns who will soon enter the labour market. Will they feel attached to the healthcare system as their work environment in the near future?

“Attachment to organization” is usually defined as a resultant of: (a) intrinsic approval of the goals and values of the organization and the conviction that they are legitimate, (b) readiness to make efforts for the benefit of the organization, (c) a strong will to remain a part of the organization [10].

A high level of “attachment to organization” among the physicians would be beneficial for the quality of their job, it would support good medical practice as well as contribute to the safety and satisfaction of their patients. Moreover, it would motivate doctors to pursue professional development as we understand and appreciate it today. On the contrary, low organizational attachment should be considered a threat to the functioning of the healthcare system.

Objectives
The aim of the study was to evaluate the extent to which medical interns in Poland approve of the organization and functions of the healthcare system. The results were supposed to be indirect measures of their organizational attachment to the system they are about to enter.

MATERIAL AND METHODS
An anonymous questionnaire was designed to facilitate a descriptive and multidimensional analysis of attitudes towards health care in the population of medical interns. In Poland, an obligatory internship (residency training) for every medical student graduating from a medical university lasts for 13 months and ends with a national exam for the profession. The questionnaire was distributed to randomly selected groups of medical interns at the beginning of their modules on bioethics in nine academic centres in the year of 2003/2004. The response rate was 100%. Additionally, in two other centres, the questionnaire was distributed by the administration of university hospitals, and only 25% of the forms were returned by post. In total, 992 completed questionnaires were collected from all the eleven centres (i.e. from ca. 40% of all medical interns in Poland). 984 answers were subject to multidimensional analyses. The questionnaire comprised 82 sentences describing attitudes. Using a 5-point scale, the respondents had to define to what extent they agree with the attitudes included in the questionnaire items. Multidimensional factor analysis of the 82 items revealed that four of the items could be used to measure approval of healthcare organization. The distribution of responses to the four items that are thought to have a diagnostic function are discussed below. The total measure of “Approval of the healthcare system” (APPROV) was also calculated, and the interpretation of results has been presented as well. Factor analysis and the construction of the APPROV scale were performed using STATISTICA 6 package. The items included in the APPROV scale are displayed in Table 1.

Factor analysis performed on these four items alone showed that they loaded one factor (relevant loadings: 0.69, 0.81, 0.83, 0.72; eigenvalue 2.33, 58% of variance explained). The analysis of the scale positions yielded good results (Cronbach’s alpha coefficient 0.74, reliability 0.75;
Table 1. Items used in the trial scale of “approval of organization of the healthcare system” (APPROV)

<table>
<thead>
<tr>
<th>Item no.</th>
<th>Item</th>
<th>1 — do not agree with</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 — fully agree with</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>I disagree with the control of prices and distribution of medical services by the National Healthcare Fund</td>
<td>27</td>
<td>37</td>
<td>161</td>
<td>236</td>
<td>523</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3%</td>
<td>4%</td>
<td>16%</td>
<td>24%</td>
<td>53%</td>
</tr>
<tr>
<td>31</td>
<td>In my opinion, the financial resources for healthcare in my country are used inappropriately</td>
<td>10</td>
<td>11</td>
<td>36</td>
<td>131</td>
<td>796</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>13%</td>
<td>81%</td>
</tr>
<tr>
<td>32</td>
<td>I dislike the changes made to the organization and funding of healthcare in my country</td>
<td>11</td>
<td>14</td>
<td>57</td>
<td>152</td>
<td>750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1%</td>
<td>1%</td>
<td>6%</td>
<td>15%</td>
<td>76%</td>
</tr>
<tr>
<td>33</td>
<td>The ongoing reform of the healthcare system leads to a decline in the human dimension of the medical profession</td>
<td>17</td>
<td>37</td>
<td>111</td>
<td>252</td>
<td>567</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2%</td>
<td>4%</td>
<td>11%</td>
<td>26%</td>
<td>58%</td>
</tr>
<tr>
<td>2</td>
<td>I fear that as a doctor I will face difficulties in earning a living for my family</td>
<td>44</td>
<td>109</td>
<td>185</td>
<td>291</td>
<td>312</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5%</td>
<td>11.5%</td>
<td>19.5%</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>72</td>
<td>I think there is nothing wrong with the patient’s giving the doctor a small gift before the treatment</td>
<td>669</td>
<td>162</td>
<td>62</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>71%</td>
<td>17%</td>
<td>7%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>77</td>
<td>Good professional education is definitely an asset in applying for a job</td>
<td>197</td>
<td>221</td>
<td>216</td>
<td>204</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20%</td>
<td>22%</td>
<td>22%</td>
<td>21%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Notes: Distribution of answers is given as a number of answers and percent of valid answers, rounded to integer numbers. Items finally included in the scale are printed bold.

correlation between halves: 0.60). It should be mentioned, however, that all the items had a highly skewed distribution.

RESULTS

Most of the interns who responded to the survey expressed the highest level of congruity with the four statements (53–81%) expressing criticism of the organization of the healthcare system (Table 1). The distribution of health services, the control of the fee for service, the use of financial resources, and the organization and financing of the system were assessed as unacceptable.

The interpretation of the APPROV scale was as follows: it shows, in the percentage values ranging from 0 to 100, the extent to which the organization of the healthcare system is approved by the respondents. The mean value of the APPROV scale for all the 984 responses analyzed was 13% and the distribution skewed. In the different centers covered by the survey, it varied from 9–17%, with no significant differences (ANOVA).

Female respondents expressed lower approval (11.4%) (Mann-Whitney U test, Z corrected = 2.9, p = 0.0000) of the system than the male subjects (15.7%). Those of the respondents who grew up in countries other than Poland showed a slightly higher level of approval (21%) than native Poles (13%) but the statistical analysis did not show any significant difference. The subjects who did not express a will to work abroad were characterized by lower scores on APPROV (Mann-Whitney U test, Z corrected = 2.3, p = 0.0203).

No correlation was found between the APPROV score and the subjects’ study grades. The same referred to such items as having a medical doctor among close relatives, and language skills, parents’ economic status and practising faith.

DISCUSSION

The findings of the survey indicate that the medical interns express a high disapproval of the Polish healthcare system in its present shape. They postulate a necessity for major changes in its organization and finance. They also seem to share the feeling of anxiety and uncertainty about their future professional life [11,12]. The questionnaire was translated into French. In a comparative study assessing responses of a small group of French interns, the indicators of the disapproval of the healthcare system and of the anxiety about the future were definitely lower.
One should bear in mind that the results of the opinion surveys conducted among medical doctors and students in other countries [13–16] also show criticism with regard to the organization of healthcare systems. Our latest surveys on job satisfaction and assessment of hospital management that were administered to experienced hospital medical personnel showed a considerable lack of satisfaction with the economic aspects of work [17,18]. This problem was less frequently reported by respondents from western European countries [19]. Young doctors in Poland are aware that their opportunities to develop career will not be as good [20] as in many other countries.

The negative attitude to the healthcare system in Poland is commonly shared by medical interns. However, the organizational forms of protest and showing disapproval, especially among young doctors, have not been developed yet. The strikes, as those carried out by the physicians representing the so-called “Zielona Góra Resolution”, have become a more and more common practice but are not likely to be initiated by the youngest professionals. However, one should at this point mention the interns who organized themselves in a nationwide movement called the National Action of Medical Interns (“Ogólnopolska Akcja Lekarzy Stażystów”) in 2003/2004. The movement participants sought the means and ways by which the newly imposed medical profession examination could be made more rational.

One can hope that young doctors will start using effective forms of protest that will bring forth not only higher remuneration for their work but also a substantial improvement in healthcare organization, management and economics.

On the other hand, no major initiatives have been taken to increase the acceptance of the system by the doctors beginning their careers. The workers’ mobility, both in Poland and internationally, is thought to play the role of a “safety valve” to diminish the disapproval of the system. However, the validity of this assumption can be questioned by the findings of the present study; the doctors who declared no will to seek job abroad showed a lower level of approval of the healthcare system.

A deep reflection on the opinions regarding the organization of the healthcare systems worldwide makes one conclude that rising funds for the health care, although sometimes necessary, will not solve all the problems. An improvement in the managerial skills of the medical and administrative personnel, a more effective training for health managers, and a critical analysis of the organizational obstacles seem to be the priorities for action in Poland and other countries [21].

CONCLUSIONS

1. “Approval of the organization of the healthcare system” was measured on a 4-item scale (APPROV) of acceptable statistical properties. The approval can be treated as an indirect measure of “attachment to organization” in terms of the sociology of work.

2. Medical interns in Poland show a very low organizational attachment with respect to the healthcare system. This fact can have serious negative consequences for the future functions of the healthcare system, and actions are necessary to promote positive attitudes among medical students and interns.

3. Personnel mobility opportunities do not play the role of an effective “safety valve” to diminish disapproval of the healthcare system among the interns.

4. The disapproval of the system is a personal attitude that is independent of the social and economic characteristics.

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