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Employment request in the healthcare sector: A case of a specialized not-for-profit hospital in Greece

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Αναζήτηση εργασίας στον υγειονομικό τομέα: Η περίπτωση ενός εξειδικευμένου, μη κερδοσκοπικού νοσοκομείου στην Ελλάδα

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ABSTRACT

This paper presents the findings of a novel research conducted in a specialized, not-for-profit hospital in Greece. The authors analysed 775 curriculum vitae (CVs) that were spontaneously submitted to the healthcare organisation in a two-year period and did not refer to a specific job opening. The research is novel, as it was performed in a not-for-profit hospital under the supervision of the Ministry of Health and to the best of the authors' knowledge there are not any other published data on spontaneous employment requests. The paper shows that the transition of professionals to the healthcare sector should be carefully managed and that a high number of CVs were sent to a hospital, where employees lack the benefit of permanency compared to their colleagues in public hospitals in Greece.

KEY WORDS: Human resources, job request, employees, healthcare sector.

ΠΕΡΙΛΗΨΗ

Η παρούσα ερευνητική εργασία παρουσιάζει τα αποτελέσματα μιας καινοτόμου έρευνας σε ένα εξειδικευμένο, μη κερδοσκοπικό νοσοκομείο στην Ελλάδα. Οι συγγραφείς ανέλυσαν 775 βιογραφικά σημειώματα, τα οποία υποβλήθηκαν στο Τμήμα Ανθρώπινου Δυναμικού του νοσοκομείου αυθόρμητα, χωρίς να αναφέρονται σε συγκεκριμένη υπό προκήρυξη θέση. Η έρευνα είναι καινοτόμος δεδομένου ότι πραγματοποιήθηκε σε ένα μη – κερδοσκοπικό νοσοκομείο, το οποίο λειτουργεί υπό την εποπτεία του Υπουργείου Υγείας, και πραγματοποιείται την αυθόρμητη αναζήτηση εργασίας στον υγειονομικό τομέα, για την οποία δεν υπάρχουν δημοσιευμένα δεδομένα αλλού. Το άρθρο επισημαίνει μια τάση μετάβασης επαγγελματιών στον υγειονομικό τομέα, η οποία οφείλει να τύχει ειδικής προσοχής, σε ένα νοσοκομείο μάλιστα, όπου οι εργαζόμενοι στερούνται το πλεονέκτημα της μονιμότητας των άλλων εργαζομένων σε δημόσια νοσοκομεία στη χώρα.

ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ: Ανθρώπινο δυναμικό, αναζήτηση εργασίας, εργαζόμενοι, υγειονομικός τομέας.

1. Human resources in the healthcare sector

Healthcare has been characterised as a labour intensive service industry, with staffing costs and wages representing, in most countries, more than three quarters of recurrent health expenditure (OHE, 1992). Healthcare organisations are social systems where human resources are the most important factor affecting quality of services, effectiveness and efficiency. World Health Organisation (WHO) based on national censuses, labour surveys and statistical sources, reported there were 59,2 million full-time paid health workers worldwide (WHO, 2006). In the same report, it was noted that health service providers constitute about two thirds of the global health workforce, while the remaining third is composed of health management and support workers. In 2001, total health employment as a percentage of overall employment ranged between 1,8% (Mexico) to 10,3 % (Switzerland and Germany). Rapid growth among health-related occupations reflects an aging population that requires more healthcare, a wealthier population that can afford better healthcare, and advances in medical technology that permit more health problems to be treated more aggressively. It appears that healthcare workers cannot be seen as replaceable inputs but healthcare organisations should invest on and work with them, as: (a) healthcare organisations are becoming more competitive and (b) employees with the skills and abilities needed to obtain competitive advantages are becoming scarcer (Miles R.E., Creed W.E.D., 1995).

However, it has been reported that healthcare workers suffer from work overload and job stress. Specifically, 26% of healthcare workers claim they often or always have difficulty keeping up with the workload, and 45% agree that their job is very stressful, far more than any other occupational group. In tackling this issue, healthcare employers and especially HR managers should successfully implement a strategy to manage their human resources (Pfeffer J., 1994). Healthcare workers are the key to competitive advantage, thus organisations need to build on their people's strengths. Success depends on the implementation capability that derives from the organisation's strategy, people, how people are treated, their skills and competencies and their efforts on behalf of the healthcare organisation. HR managers should systematically invest in building the capabilities of their forces, (Beer M., Nohria N., 2000) in filling immediate staff shortages and in keeping the workforce satisfied. Employee needs and wants are satisfied when they perceive that rewards from the organization (e.g. pay, promotion, recognition, personal growth, meaningful work) meet or exceed their expectations. It appears that employees' satisfaction and retention are instrumental. Berry (1981) stated that whether managing customers or employees "the central purpose remains the same: the attraction of patronage through the satisfaction of needs and wants". Employee needs and wants are satisfied when they perceive that rewards from the organization (e.g. pay, promotion, recognition, personal growth, meaningful work) meet or exceed their expectations. High satisfaction has been linked to retention of employees, performance increase (McNeese-Smith D.K., 1997) and patient satisfaction (Kivimaki M., Kalimo R. & Lindstrom K., 1994).

Developing satisfied, capable, motivated and supported health workers is essential for: (a) improving business performance, (b) increasing quality of care services and (c) overcoming bottlenecks to achieve national and global health goals (WHO, 2006). The goal of HR managers in the healthcare sector is to retain the agility to respond to crises, to meet current gaps, and to anticipate the future, by getting the right workers with the right skills in the right place doing the right things (WHO, 2006). Many methods aim at estimating the supply and demand of health personnel and services. One simple and widespread method is based on a population to workforce

ratio. However, this normative method is not recommended for planning, as it does not consider productivity of physicians, evolution of technology and changes in epidemiological profiles (Danon-Hersch N., Paccaud F., 2005).

In 2006, WHO proposed a roadmap for workforce management that consists of three phases, namely: (a) Entry (b) Workforce and (c) Exit (WHO, 2006). The first phase of the roadmap (entry) refers to the preparation of the workforce through education and recruitment practices. The aim is to recruit and produce skilled workers that will be able to reach diverse clients and populations. Training in and through the use of new technologies is a key aspect of this phase, as a better balance with the competing demands of research and service can be achieved. Access to recruitment information and effective deployment of health workers merit serious attention, especially where there are expectations in scaling up the health workforce. The second phase (workforce) is related to the increase of the worker performance. Initially existing staff should be trained, as it takes longer to train new health workers. In doing so, methods such as supervision, compensation, use of critical support systems and lifelong learning should be introduced. The latter phase (exit) aims to reduce wasteful loss of human resources by managing workers' migration and attrition. In doing so, healthcare organisations should ensure safe work environments, support and protect female health workers and provide good retirement plans.

This paper focuses on the first part of the framework, namely "Entry". Research published in the healthcare HR research area traditionally focuses on HR planning, immigration of health professionals, analysis of health workers' characteristics, employee satisfaction and performance, work related stress, feminisation of health employees, economic issues etc. This paper presents and analyses CVs received by a healthcare organisation in Greece. The interesting point regarding these employment requests is that the 775 applications received did not refer to a specific job opening.

The following sections present the research approach used, the case study and the analysis of data collected, such as professionals' transition to the healthcare sector, applicants' employment requests, qualifications and demographics in the healthcare sector, lessons learnt and conclusions.

2. Research approach

The selection of the appropriate research strategies for a given study depends on multiple factors, such as objectives of the study, type of information needed, and data availability. A case study strategy suites the objectives and the research parameters of this study that involves a single hospital and a novel phenomenon to be analysed. As data cannot be generalised from a single case study, authors suggest that research findings allow others to relate their experiences to those reported herein.. Hence, this paper offers a broader understanding of the phenomenon. In addition, the first author, acting as an HR manager during the study period in this particular hospital, offered recommendations in interpreting the findings of the questionnaires based on his first-hand experience. He also provided his own comments and suggestions, based on his experience and knowledge, in formulating the final conclusions. Within the protocol, a quantitative research method was developed to gather data as required by the units of analysis. In the context of this research, the authors gathered and analysed CVs submitted to the HR department of the hospital, over the period 2006-2007.

3. Case study

The Greek National Health System was established in 1983 under Law 1397/1983 (HAPC, 2003). The Ministry of Health and Welfare is responsible for the national health policy and strategy development as well as healthcare provision. NHS constitutes of 123 general and specialised public hospitals (36,621 beds) and 9 psychiatric clinics (3,500 beds). 32 out of the 123 hospitals provide tertiary and highly specialised care (HAPC, 2003). Healthcare services are also provided at 13 Military hospitals financed by the Ministry of Defence, 5 Hospitals owned by the Social Security Fund (SSF IKA) and two university hospitals operating under the authority of the National and Kapodistrian University of Athens. Emergency pre-Hospital Care is provided by the National Centre of Emergency Care (EKAB) which is a NHS agency.

Health Centres provide primary care as well as emergency services, short hospitalisation and follow up of recovering patients, dental treatment, family planning services, vaccinations, and health education. In addition, healthcare services are provided extensively by private healthcare organisations (26%). 234 private hospitals and clinics operate in Greece, with a total capacity of 15,397 beds (HAPC, 2003). It appears that the Greek NHS is a mixed system of public-private funding and provision of healthcare services (Tountas Y., Karnaki P., Pavi E., Souliotis K., 2005). Since the establishment of the National Health System in 1983, several extensive efforts for modernisation have taken place, the latter in early 2011.

The case study hospital is based in Greece, specializes in heart diseases and operates as a non-profit institution, under the supervision of the Ministry of Health. It provides the complete spectrum of services to the local and international community, from preventive medicine to diagnosis and treatment. The hospital supports research related to the prevention, diagnosis and treatment of heart disease, by providing considerable scientific resources. In doing so, it cooperates with distinguished educational institutions and specialized research centres in Greece and abroad. In 2007, it was estimated that 7.808 patients were hospitalised and 1.681 patients were operated upon at its premises.

The hospital is organised in the following departments: (a) Medical and Nursing Services Department, (b) Financial Services Department and (c) Managerial Services Department. Each department has separate management, with the management team comprising of a Chief Executive Officer (CEO), who heads the hospital and departmental directors (Director of Medical and Nursing, Director of Finance, and Director of Management). The Managerial Services Department is organised in different sub-departments (offices), such as the Quality Assurance Office, Nutrition Office, Technical Office, Education Office, Patient Records Office, Information Systems Management Office, Human Resources Office etc and each office has its own Office Director. The latter (Human Resources Office) supervises, controls and is responsible for the remuneration of hospital employees. Hospital human resources consist of medical doctors, nurses, managers and technicians. This case study was reported over a period of 2 years (from 2006 to 2007) during which 962 health professionals submitted their CVs to the HR department, without applying for a specific job post. As CVs received were in different format, the authors coded questions and answers, to facilitate data analysis. Of the total 962 employment requests, 775 were included in the case study, the rest being ruled out as incomplete.

4. Data analysis and discussion

As presented in Table 1, in the 775 applicants, the male-to-female ratio was approximately 1 to 4. The fact that more applicants are female in the urban Greek hospital, has been supported by the normative literature, which indicates that (a) female healthcare professionals are more likely to practice in urban rather than rural areas and (b) the percentage of women among medical students and graduates is rising. More specifically, over the period 2000-2005, the percentage of women medical doctors in Greece increased by 27, 36%. The feminisation of the medical workforce is a phenomenon that has been analysed worldwide. The increasing proportion of females in the health care workforce is expected to bring with it new benefits and new challenges both for patients and health care workers (WHO, 2006). However, this feminization comes with new challenges and issues that will need to be further studied and considered by healthcare HR departments.

The applicants' age was ranging from 18 to 45. The majority of them (60,9%) belonged to the youngest applicants age group (18-26), while 26,3% was in the oldest age group (27 -35). It has been reported that the youngest applicants are less experienced and the oldest can be characterised as the weakest physically and less able to adapt. If both situations are not adequately dealt with by human resources it might have undesirable consequences to the quality of services provided and can increase job dissatisfaction and insecurity (Coelho M., Assunção A., Belisário S., 2009). From spontaneous applications review in this case study, it can be derived that younger professionals, most straight after completing their education, seek employment through various means, without waiting for a post to be advertised. It should also be noted that the health care sector appears to be attractive to younger professionals, the majority of whom do not have any prior work experience, either because of their relevant to the sector educational background or because of the sector's attractiveness as an employer in general.

Subject Demographic (n=775)

Gender	N	%
Male	148	19
Female	627	81
Age	N	%
18-26 yrs	472	60,9
27-35 yrs	204	26,3
36-44 yrs	63	8,1
45+ yrs	36	4,6

Table 1. Applicants Demographics

Another factor considered as important for shaping the applicants' profile was their educational level. As presented in Figure 1, more than half of the applicants held a technological degree, 47 out of 775 a bachelor's degree; twenty six a master's degree and three a doctoral degree. Moreover, thirty two of the applicants had only completed the obligatory education and 324 had completed higher/college educational level. From the aforementioned data, it appears that approximately

12% of the applicants have completed graduate and post-graduate studies. Thus it can be derived that in general there are low indicators of academic education amongst applicants in the health care sector, which calls for caution in a work area with increasing specialization and demands.

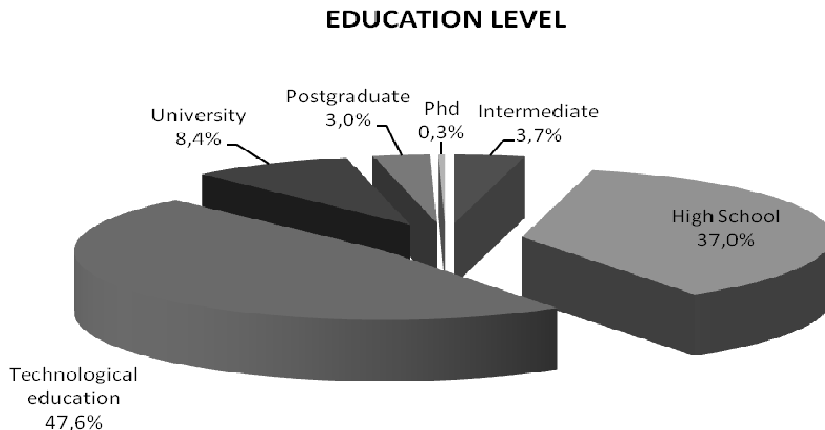


Figure 1. Applicants Education Level

Figure 2 presents the posts people applied for in the hospital. The vast majority of the applicants (nearly 600 out of the 775) requested a nursing or nursing assistant post. From these high numbers of nursing job requests, we can conclude that these applicant nurses are either dissatisfied with their current jobs and seeking an alternative or are currently unemployed, despite inadequate levels of staffing for nurse posts in the Greek NHS. In 2004, Greece reported 4.9 practising physicians per 1,000 population, whereas, there were only 3.8 nurses per 1,000 population. This ratio is well below the OECD average of 8.3 per 1,000 population (OECD, 2006) and has consistently ranked as one of main causes of medical errors in hospitals by both the public and physicians (Blendon J., DesRoches M., Brodie M., 2003).

Next, professionals applied for administrative and laboratory technician positions. As mentioned before, this may correlate with their educational background and relevant prior work experience, displaying a dissatisfaction with current jobs held elsewhere.

What strikes as remarkable in an era where most health care systems push as a priority for the introduction of information technology in managing and running health care organizations, in the case hospital and over the case study period there were no applications related to Healthcare Information Systems . e.g. by introducing, managing or further evolving information systems.

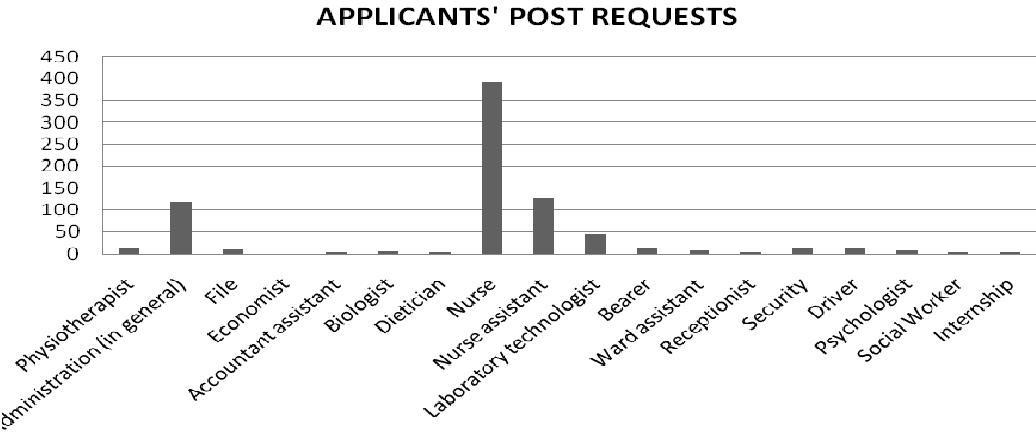


Figure 2. Applicants' Post Request

Figure 3 depicts prior employment records for applicants. Most applicants (58%) had previous work experience in the healthcare sector, 24% had previous work experience in other sectors and the remaining 18% had no prior work experience. Prior employment in the health care sector referred to, primarily, laboratory technicians, physiotherapists, nurses and nurse assistants. Of the applications that were targeted at an administrative post, the majority has no prior experience in the health care sector, despite there being considerable differences between the health care and other sectors, related both to the nature of the job as more stressful and to the nature of the patient as the customer. For those without prior employment in the health care sector, it would be interesting to further analyse what prompted this transition, particularly given the lack of previous experience.

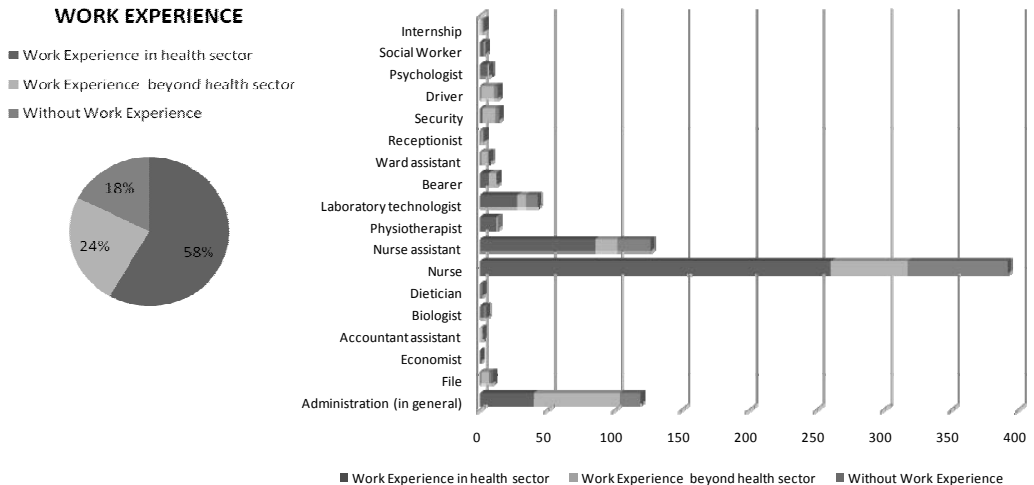


Figure 3. Applicants' Work Experience

Figure 4 indicates that the majority of applicants with prior work experience in the healthcare sector had graduated from a technical university or had only completed obligatory education. Nonetheless, most of the applicants who held a bachelor's, master's or doctoral degree had past work experience in the healthcare sector. This correlates with the assumption made earlier that most spontaneous employment requests stemmed from dissatisfaction with a similar position in the health care sector and are related to positions that are education and prior experience sensitive.

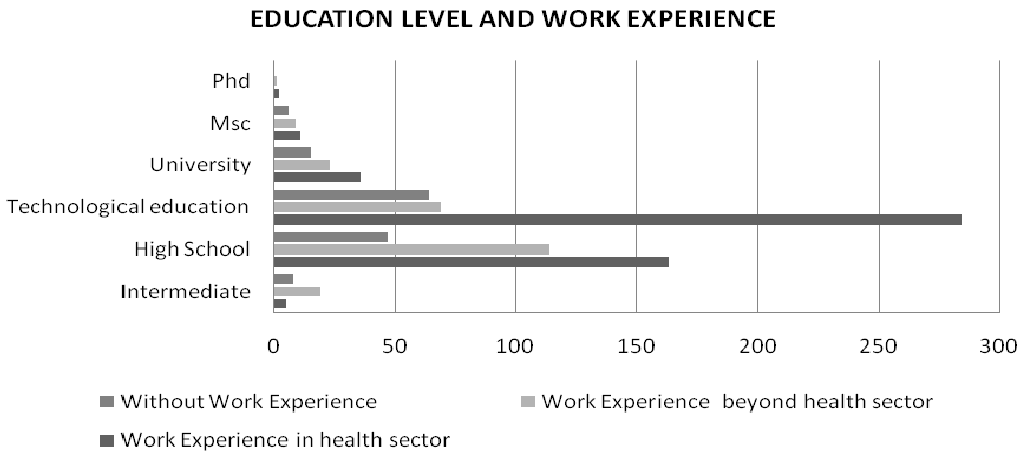


Figure 4. Applicants' Education Level and Work Experience

5. Key findings- further work and research limitations

This paper analysed the characteristics of 775 CVs submitted spontaneously to a healthcare organisation in Greece without referring to a specific job opening. Through this case study, authors analysed data, such as professionals' transition to the healthcare sector, applicants' employment requests, qualifications and demographics in the healthcare sector. It appears there is a transition of professionals to the healthcare sector, even to a hospital where employees lack the benefit of permanency of the public servant status that the rest of the NHS staff enjoys in Greece. The high rate of female applicants indicates that women are more likely to practice in urban rather than rural areas and work in the healthcare sector. Human resources managers should manage carefully their workforce and balance the age groups, considering that the youngest applicants are less experienced and that the oldest ones are weakest physically and less able to adapt to new environments. Determining and achieving the "right" mix of health personnel are major challenges for most healthcare organizations and health systems. No claim for generalisation is made for interpretive research of this type. Thus, key findings are a result of the description provided and do not seek to be prescriptive. These findings might be helpful to healthcare organisations as well as to researchers, healthcare workers and HR managers.

One of the limitations of this research is that the outcomes presented herein are based on a single case based strategy. Thus, data and observations derived from this case cannot be generalized. Nonetheless, it is not the intention of this paper to offer prescriptive guidelines about employment

and job applications in the healthcare sector. The purpose of the paper is to allow others to relate their experiences to those reported herein. Therefore, this paper offers a broader understanding of the phenomenon of HR in healthcare. Moreover, it is open for discussion whether the findings of this research would be either valid in a longer term perspective or transferable and directly applicable to different organisational settings (i.e. other hospitals in Greece or other countries). Finally, it would be interesting to study (a) whether these high numbers of employment requests are a result of current job dissatisfaction or of high unemployment rates and (b) the reasons behind the professionals' transition to the healthcare sector.

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