

SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator

Action number: CA15222

STSM title: Exploring the incentives of medical staff for PCC implementation: a case of Poland

STSM start and end date: 24/03/2019 to 1/04/2019

Grantee name: Anatoliy Goncharuk

PURPOSE OF THE STSM:

Implementation of Person-Centred Care (PCC) at European countries needs to appropriate incentives system to reach success. The incentive system should be based on the appropriate motivation of patients, medical staff and providers. As our previous study (Goncharuk, 2018) shown, the motivation of medical staff can vary from country to country and depends on the age, gender and profession. Hence we can assume that an effective incentive system may depend on these factors. Therefore, the aim of this study was to figure out a possible motivation of providing PCC at one of the Rehabilitation Hospital for Children in Poland and testing the hypothesis about the dependence of the PCC incentives on the age, gender and profession of medical staff. This study will be conducted in collaboration with WG3, in particular with Dr. Heather Rogers and Dr. Roman Lewandowski from the Voivodeship Rehabilitation Hospital for Children (Poland) that supposed to be a host for this STMS.

The STSM was expected to give specific results characterizing the case of medical staff motivation in one of the European rehabilitation hospitals, namely:

- (1) identifying the true motives and current working conditions of medical staff;
- (2) studying the possible incentives for medical staff provided PCC;
- (3) testing the hypothesis about the dependence of the PCC incentives on the age, gender, and profession of medical staff.

Further comparison of the studied case with a case in the home country of the applicant was planned.

DESCRIPTION OF WORK CARRIED OUT DURING THE STSMS

During the STSM, two special questionnaires were supposed to conduct a survey of medical staff of the examined hospital. These questionnaires had to reveal the true motives of medical staff, their perception of working conditions, and possible incentives of the medical staff for providing PCC.

At the beginning of my STSM (at March 24th, 2019) I had a meeting with the host supervisor where we discuss the form and content of the questionnaires. The first one was approved by the host supervisor. Also, we agreed to modify the second one in accordance with the experienced doctor's opinion.

At March 25th, 2019 jointly with the host supervisor we issued the first questionnaire on a motivation and working conditions and distributed them among the medical staff of the hospital. Thanks to the host supervisor, I could find enough number of appropriate health professionals for a survey.

During the next 3 days, 71 filled questionnaires from doctors and nurses of the hospital were returned to the grantee.

Further at March 28th–31th 2019 the one-way ANOVA on ranks, Kruskal-Wallis test, and correlation analysis were applied to test the hypothesis about the dependence of the motivation of medical staff on the age, gender and profession.

At April 1st the first results of the survey were discussed with the host supervisor. Later, during the next week after the STSM, further comparison of the studied case with a case in the home country of the applicant was performed. The first draft of the research paper is prepared.

DESCRIPTION OF THE MAIN RESULTS OBTAINED

During this STSM the true motives and current working conditions of medical staff in the Polish hospital were identified. Besides, the significant differences between health professionals with a different profession, gender and age were revealed. Moreover, it was detected a significant difference in motivation of medical staff in Polish and Ukrainian hospitals.

Considering the Polish hospital, we found that there is a heightened interest of experienced doctors in community respect for their occupation and the altruistic motives of young doctors. In general, Polish nurses are significantly less motivated than experienced doctors in interesting work. Besides, there are no direct significant differences in motivation between nurses and maternity nurses in Polish hospitals. Young Polish doctors also are significantly less motivated than experienced doctors in community respect for their occupation, but much more motivated than nurses in working to help others (altruistic motives), an interesting work, an ability to make a strong contribution to society, and a demand for the profession (job opportunities). However, they less motivated than nurses in future earnings potential. Besides, unlike the experienced medical staff, Polish young doctors (interns) showed another, in some ways even opposite, motivation. Future Polish doctors surpass the expectations of their foreign colleagues only in a few incentives, namely social benefits, an ability to make a strong contribution to society, and opportunities for creativity and originality. Strangely enough, such interests are more common among older people who are waiting for social guarantees and want to leave behind a certain positive image.

Later, considering Ukrainian hospital, I found that in general Ukrainian medical staff is a little more optimistic than the Polish colleagues, but their current working conditions are worse than in Poland. Ukrainian experienced doctors and nurses are relatively highly motivated only by moral incentives, which probably still keep them in their workplace. Unlike the experienced medical staff, the Ukrainian young doctors (interns) are significantly more motivated than Polish ones in opportunities for travel, creativity and originality, promotion (advancement); a potential to combine work and family; future earnings potential; pleasant working conditions; and current salary. They are highly motivated by current salary levels and are optimistic about future earnings.

We also found a huge difference in motivation of medical staff by different gender and age. So, Polish male health professionals are much more motivated by community respect for their occupation, flexible hours of work, and pleasant working conditions than their Ukrainian colleagues. Perhaps this different motivation helps them to be more effective and efficient at their workplaces.

However, the female health professionals of the two countries have more differences than male ones. Polish females have much stronger motivation in interesting work, social benefits, and job opportunities. Their Ukrainian female colleagues much more motivated by opportunities for travel and promotion (advancement), and responsibility in a job.

If for women in both samples with age there is a mixed change in the set of motivators (both positive and negative), for men, the majority of motivators with age is observed an extinction of interest (needs). Ukrainian women in healthcare with age increasingly need social benefits and are motivated less by the opportunities for advancement. Their Polish female colleagues with age have strongly increased the needs of working to help others and job opportunities. However, they also moderately lose interest in flexible hours of work, social benefits and current salary with age.

However, Ukrainian men in healthcare with age intensify their need in interesting work but lose interest in the demand for the profession, opportunities for creativity and originality, professional prestige (high status) and flexible hours of work. Their Polish male colleagues with age have strongly increased the needs of working closely with people and community respect for their occupation, as well as moderately increased the incentives of working to help others, interesting work, social benefits, potential to combine work and family, and pleasant working conditions. However, the other incentives mostly become less important for them with age.

According to the results of this study, I have formulated five main findings that can be useful for the healthcare reform enablers, and also for health policy makers and regulators, as well as all the stakeholders, including hospital management that are interested in higher healthcare performance.

FUTURE COLLABORATIONS (if applicable)

After the proposed modification of the second questionnaire, I plan to continue this study in a part of studying the possible incentives for medical staff provided PCC. The host supervisor agreed to provide a survey of the hospital medical staff when this questionnaire will be approved by established health professionals and the leaders of incentives sub-group of WG3 of the COST Action CA15222.

Besides, on the results of this study, a joint paper by the grantee and host supervisor is planned for submission in one of the refereed international research journal.

In the future, cooperation between the grantee and the host on the construction of an optimum system of incentives for the implementation of PCC in hospitals in Poland and other EU countries is also expected.