

Original Article**Intersectorial relations of personnel in the hospital****Maria Maniou**

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Abstract

Background: Nowadays, the hospitals have turned their interest more than ever in the Administration of Human Resources. It is well-known that the success of hospital is based almost on the factor person. The main factors that influence the productivity of a hospital are the quality of employees in a hospital, their enthusiasm, their satisfaction from the work, their experience, the feeling of their fair treatment, the motives that are provided for them, all these influence the productivity and finally, the viability of hospital.

The aim of this study was to explore internal communication and labour relations of personnel in all branch in the General Hospital of Heraklion "Venizeleio-Pananeio".

Methodology: The sample consisted of 78 workers. Descriptive survey was conducted and the collection of data was performed by numbers, percentages and means of a specifically designed questionnaire, which apart from the demographic data, it included questions concerning the labour relations of workers and evaluation of incitement's policies. The data analysis was performed using the statistical programme SPSS 11.0 for Windows.

Results: From the 78 individuals that participated in the research 51 (65%) were women and 27 (35%) were men. Regarding age, 25 (32%) were age of 18-36 years and 53 (68%) were age of 37-65 years. In terms of education level, 34 (44%) individuals were of secondary education, 22 (28%) of technological education, 22 (28%) of university education and 3 (4%) had titles of postgraduate study. Regarding the reasons of conflicts between doctors and nurses, 21 (27%) of the participants reported that does not exist conflict, 32 (35%) believe that doctors "increase the pressure of nurses' work" and only 6 (8%) support that there is conflict because of other reasons. On the contrary only 4 (5%) persons consider responsible the nursing personnel because of "nurses' unwillingness for collaboration with the doctors" Moreover, 33 (38%) persons answered that "the governor is considered not a part of the hospital", 24 (27%) consider that there is responsibility of doctors because they reported their role more important". Finally, 13 (15%) of the doctors deny to consider themselves existent

Conclusively: There are important elements that prove disturbed relations between the professional teams that compose the personnel of hospital. Exists need for improvement of this relations via Administration of Human Resources.

Key words: Labour relations, Administration of Human Resources, Hospital

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Introduction

The units of benefit of health's services such as the public and private hospitals, constitute organisms with multileveled structure where work persons (administrative, doctors, nurses, technicians) differ in education, in social, in economic and personal level. Also they differ in breadth of experiences and faculties. The personnel is not homogeneous so that many times are not ensured the collaboration between individuals and teams, attachment in common values and the unit of objectives, orientations and records. In the hospital three different cultures are met. The result is that often emerge conflicts that begin from juxtaposition of different motives, between administration and personnel and the conclusion is the intense disturbance of labour climate in the hospital with likely negative consequences. The good labour relations include the output fair and reliable treatment between the employees, in order the workers to be devotional in the hospital. Hospitals with good labour relations present a strategy of human resources that attributes high value in the workers as partakers. A healthy labour environment is characterized by reciprocal respect and collaboration of various branches of workers and recognition.¹

Conflict is the situation in which the behavior of a person or a team deliberately seeks to prevent objectives' achievement of another individual or a team. It is an undesirable phenomenon that leads to negative results.² Nevertheless, the conflicts in an organism is healthy and inevitable and can have as a result positive consequences.³ The conflict can be constructive and have catalytic effect in the new ideas, the progress, the positive changes and the growth.⁴ These conflicts are distinguished in interpersonal conflicts (between individuals), common conflicts (between teams), hierarchical conflicts (authoritarian management), functional conflicts - more frequent in the hospital, conflicts staff - linear executives, conflicts between formal and informal organisation.

The conflicts' reasons are questions of prestige and imposition, conditions of

work-increase levels stresses, responsibilities' refusal, entanglement in roles because of problematic determination of duties as well as the different levels of education, provocative behavior toward the leadership, discriminations, complicated organisational labour environment, lack of vital space and different collaborating professional teams. Also, the existence of stereotypes with regard to the nurses' and doctors' profession, the change of nurses' role, the predominance of woman in the nurse's profession and the differentiation in the academician and in professional development. Moreover, conflicts' reasons are questions of the limited resources (lack of personnel, economic, material and technical resources), lack of organisation and problems of administration, mentality's differences, place, and educational level in the various hierarchical rungs.⁵

The good labour environment should constitute priority in the units that their product is based on the factor of work's production. Consequently the units of benefit of health's services, as are the hospitals, that are based mainly on factor of specialised work, owe to interest mainly for the labour environment, the labour relations and the professional satisfaction of their workers.^{6,7,8}

Aim

The purpose of the present study was the research of internal communication and labour relations of personnel in the all branch of the hospital as well as the formulation of proposals for the more effective and more efficient management of human resources in the operation of hospital units with methods of personal's incitement based in the questionnaire's answers and the bibliography.

Material and Method

The sample consisted of 78 workers. For the evaluation of the opinion of professionals' health about the internal

communication and the labour personnel's relations in the General Hospital of Heraklion. "Venizeleio - Pananeio" in January 2009 was used a questionnaire structured in 3 parts. The questionnaire was given to completion in sample of workers from numerically equivalent teams and from the 4 branch (nurses, doctors, administrative, technical. The questions developed for this research were based on existing studies and questionnaires. The data analysis was performed using the statistical programme SPSS 11.0 for Windows. Descriptive statistics were used to analyze the demographic data in the first part of the questionnaire numbers and percents. The second part consisted of questions that concerned the labour relations of workers from the all labour branches. The results of the first and the second part were given by numbers and percentages. And the third part of the questionnaires dealt with evaluation of incitement's policies for the improvement of relations and the results were given by means. The rate of correspondence asking was shaped in the 100%. All participating were Greek citizenship apart from 1 that was Dutch citizenship.

Results

Demographical Data

From the 78 individuals that participated in the research 51 (65%) were women and 27 (35%) were men. Regarding age, 25 (32%) were age of 18-36 years and 53 (68%) were age of 37-65 years. In terms of education level, 34 (44%) individuals were of secondary education, 22 (28%) of technological education, 22 (28%) of university education and 3 (4%) had titles of postgraduate study and 4 (5%). (table 1).

Topic-Related Questions

Question 1: "What is your opinion about the level of operation of your hospital?" From the personnel that answered 5 (8%) claimed that the level of operation of the hospital is very good. The biggest part 41 (52%) persons considered that the level is good and 28 (36%) claim that the level is

mediocre. Moreover, 2 (3%) persons consider that the level is bad and hardly the 1 (1%) person supports that it is unacceptable (table 2).

Question 2: "What is your opinion about the level of the professional relations and the collaboration between administrative and medical personnel of your hospital?" From the personnel that answered 8 (10%) claim that the professional relations and the collaboration of administrative medical personnel of the hospital are very good. The biggest part 47 (60%) persons consider that the level is good and 21 (27%) claim that the relations are mediocre. Moreover, the 2 (3%) persons consider that the level is bad and 0 (0%) supports that the level is very bad (table 2).

Question 3: "What is your opinion about the level of the professional relations and the collaboration between administrative and nursing personnel of your hospital?" From the personnel that took part in the research 7 (9%) answered that the professional relations and the collaboration between administrative and nursing personnel are very good. The biggest part 41 (53%) persons consider that are good and 23 (29%) claim that the level is mediocre. Moreover, 7 (9%) persons consider that the level is bad and no one (0%) supports that the level is very bad (table 2).

Question 4: "What is your opinion about the level professional relations and the collaboration between medical and nursing personnel of your hospital?" From the personnel that answered 13 (17%) claim that the professional relations and the collaboration between medical and nursing personnel of the hospital are very good. The biggest percentage 50 (65%) persons consider that are good and 9 (12%) persons claim that the relations are mediocre. Moreover, 5 (6%) persons consider that the level is bad and no one 0% supports that the level is very bad (table 2).

Question 5: "What is your opinion about the level professional relations and the

collaboration between administrative and technical personnel of your hospital?" From the personnel that answered 7 (9%) persons support that the level is very good. The biggest part 36 (47%) persons consider that the level is good and 30 (38%) claim that the relations are mediocre. Moreover, 5 (6%) persons consider that the level is bad and no one (0%) supports that is very bad (table 2).

Question 6: "What is your opinion about the level of the professional relations and the collaboration between medical and technical personnel of your hospital?" From the personnel that answered 7 (9%) persons claim that the professional relations and the collaboration between medical and technical personnel of the hospital are very good. The biggest percentage 39 (50%) considers that are good and the 27 (35%) claim that the relations are mediocre. Moreover, 4 (5%) persons consider that the level is bad and 1 (1%) person supports that the level is very bad (table 2).

Question 7: "What is your opinion about the level of the professional relations and the collaboration between nursing and technical personnel of your hospital?" From the personnel that answered the 7 (9%) claims that the professional relations and the collaboration between nursing and technical personnel of the hospital are very good. 41 (54%) persons consider that are good and 25 (30%) claim that the relations are mediocre. Moreover, 4 (5%) persons consider that the level is bad and no one (0%) supports that the level is very bad (table 2).

Question 8: "Where are owed the conflicts between medical and nursing personnel in your hospital?" 28 (31%) persons answered that the doctors consider their role much more important. The biggest percentage 32 (35%) persons consider that the doctors increase the pressure of nurses' work. 21 (23%) persons consider that does not exist conflict and finally 6 (7%) persons consider that the reasons of conflicts

between doctors and nurses are owed in other reasons (table 3).

Question 9: "Where is attributed the conflict between the governor and doctors in the hospitals?" From the personnel that answered 13 (15%) persons claim that the doctors deny to consider their selves existing. 24 (27%) persons answered that the doctors consider their role much more important. The biggest part 33 (38%) supports that the governor is considered to be a foreigner in the hospital. Moreover, 15 (17%) claim that does not exist conflict and only 3 (8%) persons answered that the appearing conflict between the governor and doctors in the hospitals is attributed in other reasons (table 4).

Question 10: "Do you believe that the improvement of the professional relations in the branches of personnel will improve also the benefit of health's services?" 75 (96%) persons answered positively "Yes" and only 3 (4%) answered negatively "No" (table 5).

Question 11: It was asked by the employees to mark with a scale of 6 gradations (from 1 until 6) the policies of incitement that are reported in the improvement of professional relations of various branch of personnel. By the means that resulted, it was realised that "Better wage" with mean 4.6 is considered the best policy, follows the "Better and more organised operation of hospital" and "Better environment of work" with means 4.0, follows the "Better system of development and hierarchy" with mean 3.8 "Recognition and reward of efforts with mean 3.4 and finally "Impose penalties" with mean 2.2 (table 6).

Question 12: Finally it was asked by the workers to make proposals that could contribute in the improvement of professional workers' relations in the hospital (table 13). From the proposals that we isolated the most interesting were:

- Unswayed and capable personnel in the managerial places.

- List of workers' duties,
- Segregation of roles,
- Entrusting of responsibilities.
- Motives of output and reward.
- Assembly, briefing.
- Engagements so that exists less pressure of work.
- Better conditions of work and better wage.
- Rotation of personnel in various departments.
- Stricter control of supplies and material.
- Less bureaucracy, computerization.
- Improvement of spaces of reception /work.
- Familial - social events

Discussion

The measurement of conflict's existence between the various professional teams in the hospital is considered a modern method for the evaluation of relations between the professional teams and the quality of services that offers.

With the first glance of the results of the study seems that there are important elements that would prove disturbing relations between the professional teams that compose the hospital's personnel. From the questions 2-8 that are reported in the relations between the branch results that the professional relations in the hospital are in very good level. Concretely, for the relations between administrative personnel and doctors the 70% (n=55) asking answer that the relations are good ("very good" and "good"), the 27% (n=21) characterize the relations "mediocre" and only the 3% (n=2) characterize the relations "bad". Proportionally also are the results of the question that concern relations between administrative and nursing personnel. From the asked 62% (n=48) answered that administrative and nurses have good relations ("very good" and "good"), 29% (n=23) characterized the relations "mediocre" and 9% (n=7) "Bad". About the relations that concern medical and nursing the results are much more encouraging, 82% (n=63) characterize them "very good"- "good", the 12% (n=9) "mediocre" and "bad"

the 6% (n=5). For the relations of technical personnel with the remaining branch the results are comparable. The half asking roughly answered that the relations of technical branch with remainder branch are good and only the (n=7) 9% characterizes the relations "bad". Similar research that agrees or commons with these results has never been done. In a research conducted by Rosenstein and concerned nurses, doctors and administrative employees in a big network of hospitals, the results showed that the majority reported that exists disjunctive behavior of doctors in their working areas, that influences negatively the nurses and the rest of the personnel even on issues health preventing them from common work and influencing the course of patients. This is supported by additional studies that the communication and collaboration between nurses and doctors have important effect in the environment of work and in the clinical course of patients.⁹

However, with a second glance it can be realised that a degree of conflict exists. In the question that is reported in the reasons of conflicts between doctors and nurses the most employees considered that exists conflict and the most of them attributed responsibility in the doctors. On the other hand, only a few employees considered responsible the nursing personnel. Studing the bibliography results that the medical culture in hospital is traditionally supported in the force and in the power. The doctors learn how not to show their sentiment even if this helps the patient, they are durable and they do not also complain when they feel exhausted. As a rule they learn to work individualised in each patient and they are complicated when they have to work in teams. It is marked that the medical culture is not single but varies proportionally the doctor's speciality and the hospitals.^{10,11,12}

In opposition, nursing traditionally is supported in the offer of services with respect in the heads and doctors. Of course, the role of nurses has been improved and has changed dramatically with the existence of academic study and the transport of knowledge from the nurses in the doctors for subjects of care and treatment. A decisive

role has also the fact that the 90% of nurses are women and this means that many times because of their familial obligations are unable to participate actively in the culture of hospital. However, nurses learn to be more initiated and receptive in common work. In a research that was carried out in 3065 doctors, nurses, heads nurses, medical directors and manager, in England, Wales, Australia and in the New Zealand were made questions with regard to the labour environment in the hospital, the existence of reciprocal confidence - common work and the autonomy of clinical professions. The results elect the dimension of opinions between medical, nursing and administrative personnel. The heads nurses and followingly the managers are more receptive in the various changes and reforms. On the other hand, doctors insist to work individually contrary to their manager that is advocates of team work.¹³ In an other research conducted by Davies et al.,¹⁴ in Australia and Britain resulted that the majority of nurses declare disappointment with their job, feel unbearable pressure from the doctors and face intense psychological problems. Remarkable is the answer in question 10 in which 75 (96%) from the 78 persons answered that the improvement of professional relations would improve the benefit of services of health in the hospital.

Next objective of this study was the appointment of conflict's causes between doctors and governors. The biggest percentage considers that exists responsibility of doctors because they "consider their role more important". According to Zupko, the doctors declare that they are dissatisfied and miserable in the hospital in a world that continuously changes. Even if the reasons vary a part of their malaise is owed in their relation with their manager-governor.¹⁵ This malaise reflects international tendencies that led to autonomy's and sovereignty's shrinkage of doctors in the hospital and specifically afterwards the reforms that happened. As an example in the national system of health in England (NHS) the import of manager's institution in 1984, the opening of internal market from 1991 and the import of methods' evaluation of activity of health's

functionals as well as control of economic activity in the hospital, created intensities between doctors and manager. The last two decades existed efforts of doctors' entanglement in administrative activities (medical director or clinically directorial) without a satisfactory attendance. The young doctors present themselves more willing to deal with management's subjects. It's a fact that doctors that worked as a manager experienced labour stress and high levels of disappointment.^{17,18,19,20}

All these led to a reallocation of force in the hospital and a new culture "these and we".²¹ In corresponding research that concerned the modernisation of NHS in England with the completion of questionnaire from 1092 clinical directors and managers, the managers were again proved more optimistic as long as it concerns their relations with doctors.²²

Next point of the present research is the evaluation of policies of incitement. Incitement is a process in the frames of scientific management and one of the main factors for achieving an organism's aims. Incitement is the process of achievement in the workers of organism of "internal situation that activate the total of their faculties and direct their behavior to the achievement of concrete objectives".²³ In the 13 question was asked by the workers to evaluate and attach importance to the policies of incitement that are reported. By the means that resulted, it was realised that "better wage" is considered the best policy. It should be priority for the Administration of Human Resources or Personnel's Office the planning of new methods of record's evaluation, so that they instigate the workers, have the Administration an explicit picture of offered work, and finally be possible the connection of wage with the performance.²⁴ The next policies that follow are the better and more organised operation of hospital work, better environment of work, better system of development and hierarchy, recognition and reward of efforts and finally the impose penalties. As long as it concerns the last question of the questionnaire results that the biggest percentage of proposals that was suggested by the workers is connected with the

operations of Department of Administration of human Resources (HRM). From this proposals the creation of a list of duties, a better wage, the existence of meritocracy at the crisis / development of the personnel and the requirement for briefing on the subjects of work and hospital were more often repeated. As it is proved by the organisation chart of the hospital, there isn't a completed department of Administration of Human Resources but an Office of personnel.²⁵ According to Vogiatzakis et al.,²⁶ nurses that had worked in a "magnet" hospitals (model hospitals) and concerned the main positive characteristics of this hospitals reported as a first positive characteristics the collaboration with nurses that were clinically capable and worked out, second the good relation and communication between doctors and nurses, thirdly the autonomy, fourth the supporting manager-supervisor, fifth the control of exercise of nurses, sixth the support for studies's continuation, seventh the sufficiency of personnel and eighth the interest for the patient. If the manager wants to apply correct methods of incitement, he should not apply the same model of incitement in the all personnel. The manager should specify the process for each worker so that he can detect the personal motives for each one. This means that he have to contract good relations with the personnel. In Greece the Polyclinic of Olympic Village is a very good example and the unique case of policy's exercise of motives. According to Terzidis et al.,²⁷ 29 professionals of health were asked how they manage the conflicts in their working place. They answered that they use the following approaches, evasion or concealment of conflict, persuasion and negotiation.

Summarising, it is resulted that between the professional branches exists a degree of conflict. It exists important elements that prove disturbed relations between the professional teams that compose the personnel of hospital. Exists need for improvement of this relations via Administration of Human Resources. The hospital doesn't have in its intended purpose the improvement of team work, the

configuration of culture and the internal communication in the hospital.

Conclusions - Proposals

Summarising, by the research is realised that between doctors and nurses in the hospital exists a degree of conflict that attributed responsibility in doctors. Moreover, it was realised the existence of conflict between doctors and managers of the hospitals. Also, it was realised that the improvement of professional relations would improve the benefit of health's services. The best policies of incitement for the improvement of the professional relations that were reported by the workers were "better wage", "better and more organised operation of the hospitals" and "better environment of work"

I concluded by saying that the interpersonal relations in the hospital that i study can't meet the department's of Administration of Human Resources demands. There isn't a completed department of Administration of Human Resources but a Personnel's Office and this means that the hospital doesn't have in its intended purpose the improvement of team work, the configuration of culture and the internal communication in the hospital.

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Appendix

Table 1: Demographical Data

	N	%
Gender:		
Women	51	65%
Men	27	35%
Age group:		
18-36	25	32%
37-65	53	68%
Education level:		
Secondary education	34	44%
Technological education	22	28%
University education	22	28%
Title of postgraduate study	3	4%

Table 2: Opinion of the workers about the internal communication and labour relations of .personnel in the all branch of the hospital

	Very good		Good		Mediocre		Bad		Unacceptable	
	n	%	n	%	n	%	n	%	n	%
Operation of the hospital	5	8%	41	52%	28	36%	2	3%	1	1%
Relations between administrative and medical personnel	8	10%	47	60%	21	27%	2	3%	0	0%
Relations between administrative and nursing personnel	7	9%	41	53%	23	29%	7	9%	0	0%
Relations between medical and nursing personnel	13	17%	50	65%	9	12%	5	6%	0	0%
Relations between administrative and technical personnel	7	9%	36	47%	30	38%	5	6%	0	0%
Relations between medical and technical personnel	7	9%	39	50%	27	35%	4	5%	1	1%
Relations between nursing and technical personnel	7	9%	41	54%	25	32%	4	5%	0	0%

Table 3: Opinion about the reasons that exists conflicts between medical and nursing personnel in .the hospital

	N	%
The doctors consider their selves more important	28	31 %
The doctors increase the tight schedule of nurses	32	35 %
Nurses' unwillingness to collaborate with the doctors	4	4 %
It doesn't exist conflict	21	23 %
Other reasons	6	7 %

Table 4: Opinion about the reasons that exists conflicts between governor and doctors personnel in the hospital

	N	%
The doctors deny to consider theirselves existent	13	15 %
The doctors consider their selves more important	24	35 %
The governor is considered foreigner in the hospital	33	38 %
It doesn't exist conflict	5	6 %
Other reasons	3	3 %

Table 5: Opinion about the improvement of the professional relations in the branches of the personnel and benefit of health's services

	N	%
Yes	75	96%
No	3	4%

Table 6: Evaluation of incitement's policies

	Mean
Better wage	4.6
Better and more organised operation of the hospital	4.0
Better environment of work	4.0
Better system of development and hierarchy	3.8
Recognition and reward of efforts	3.4
Impose penalties	2.2