



Exploring personal interests of physicians in hospitals and specialty clinics



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ABSTRACT

Physicians' interests substantially influence intra-organizational dynamics in hospitals, though little is known about the actual content and structure of these interests. The objective of this study was to both identify and build a structured model of physicians' interests. Based on literature and 27 semi-structured interviews with physicians, a questionnaire containing 10 interests was developed. Next, 1475 physicians in the Netherlands filled out an online survey. Analyses of the data revealed a distinction between the primary interest of 'helping patients as well as possible' and nine secondary interests. Factor analysis identified the main secondary interest dimensions as work-related, setting-related, and life-related. Value attached to interests differs between specialties and types of hospitals. The influence of hospital type on the value attached to interests is stronger than the influence of specialty group on the value attached to interests. Insight in the relative importance of different interests may help policy-makers make decisions that foster shared interests.

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Introduction

The significance of interests held by organizational members (Bidwell, 2012) in shaping intra-organizational dynamics and organizational responses to institutional pressures for change cannot be overemphasized (Greenwood & Hinings, 1996; Kim, Shin, Oh, & Jeong, 2007; Koelewijn, Ehrenhard, Groen, & van Harten, 2012).

According to Greenwood and Hinings (1996), interests will provide arenas for conflict as groups holding different interests will attempt to promote their own interests through power relations. Although Kikulis, Slack, and Hinings (1995) have argued that this interaction deserves special attention, the extent and implications of the role of organizational members' interests in shaping responses to conflicting institutional pressures remains poorly understood (Jarzabkowski, Matthiesen, & Van De Ven, 2009; Kraatz & Block, 2008; Kraatz & Moore, 2002).

In addition to the presumed influence of interests, the exploration of the concept of interests itself has not received a great deal of

attention from an intra-organizational perspective either. Instead, the few studies covering interest-related issues in healthcare focus on the causes and consequences of conflicts of interest from an inter-organizational or even inter-industry perspective (Brennan et al., 2006; Rodwin, 1993). As a result, the influence of interests from an intra-organizational perspective remains unclear.

In our effort to define interests from an intra-organizational perspective, we adopt the neo-institutional framework of organizational change as developed by Greenwood and Hinings (1996). They define the concept of interests in terms of organizational members' orientation and their motivation to maintain and enhance their sectional claims. Sartori (1970) acknowledges the political struggle resulting from the competing interests of organizational members and defines these interests as what an actor values in terms of ultimate outcomes. In addition, Thompson (1993), distinguishes between primary interests, which for physicians imply the health of patients, and secondary interests, which may include financial gains or a desire for power. Hall, Dugan, Zheng, and Mishra (2001) define secondary interests that include economic, professional, and personal interests. In conclusion, we define interests as primary or secondary outcomes valued by organizations, groups or individuals.

Summarizing, as interests are considered to be highly influential in shaping intra-hospital dynamics (Covaleski & Dirsmith, 1988; Powell & DiMaggio, 1991), we focus our study on the identification

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and analysis of the interests of physicians working in diverse specialties and different types of hospitals. We aim to contribute to the understanding of scholars, hospital managers, and physicians about both the nature and the structure of physicians' interests. This will provide a framework that can improve decision-making processes in both hospitals and specialty clinics. To achieve this, we first derived a list of 10 interests by drawing from both theory and interviews with physicians. Next, we applied systematic exploratory and confirmatory factor analyses to produce a structural model of physicians' interests. Finally, we used univariate and post-hoc analyses of the standardized factor loadings to assess differences between specialty groups and types of hospitals.

Methods

Study design

We first refined and extended previous work (Berkowitz, Fraser, Treasure, & Cochran, 1987; McMurray, Kirk van, & Linzer, 1997; Williams et al., 1999; Zazzali, Alexander, Shortell, & Burns, 2007) to produce a measure of eight interests indicated by an asterisk applicable to physicians across many specialty groups and types of hospitals. Next, we tested this initial list of eight interests during semi-structured interviews held to elicit the interests of the participating physicians. In total 27 physicians participated, of whom 15 were working in hospitals and 12 in specialty clinics. During the interviews, we first asked our respondents for their present interests to avoid leading them in a particular direction. Next, we combined their responses with the initial list of eight interests, which resulted in a list of in total 12 interests held by physicians in hospitals. However, we decided to remove two of these interests from the final list: First, 'a nice working climate' was mentioned though explicitly linked to the interest 'deciding for myself which employees work for me' in which colleagues are included. Second, as 'opportunism' was mentioned as an interest held by other physicians and not by physicians themselves, we decided to exclude it. Finally, 'specializing further' and 'deciding for myself which employees work for me' were added to the final list depicted below:

1. Helping patients as well as possible*
2. A good income*
3. Variety in my work as a physician*
4. Specializing further
5. Deciding for myself which employees work for me
6. Working with the best facilities*
7. Being able to do my work autonomously*
8. Having a say in hospital policy*
9. Doing research*
10. A good work-life balance*

Respondents received a personalized invitation by e-mail to increase the response rate. As part of the questionnaire, we explained that these interests were derived both from literature and previous interviews with medical specialists. In addition, we mentioned that questions regarding these interests focused on their current preference given their present situation and experienced dependencies. Finally, respondents were promised strict confidentiality to prevent a potential bias caused by socially desirable answers.

For the purpose of our study, we applied a self-explicated method similar to that used by Chen, Ali, and Veeman (2002). Accordingly, we developed two specific tests of the concordance of interests, one focusing on the ordinal aspect of the value attached to an interest, and one comparing the cardinal aspect of the value attached to an interest.

For the cardinal ranking method, all participants were asked to first rank a single interest in relation to the other nine interests, from most important to least important thereby reflecting their current preference. Then participants were asked to rate the importance of each interest in their present situation on a 5-point Likert scale ranging from "very unimportant" (1) to "very important" (5). Three measures of value were derived from these data: a ranking measure rated from most important (10) to least important (1); a rating measure ranging from very unimportant to very important; and a self-explicated measure which we used in our analyses, given by the product of the rating and ranking measures and consequently ranging from 1 to 50.

Before using the list in a survey among a large sample of physicians in the Netherlands, we first performed a psychometrical test including analyses of skewness, non-response and correlation, among 30 physicians in a general hospital to ensure the validity of our results. After this validation we started the large-scale survey across hospital types and specialty groups.

With respect to hospitals we distinguish between general hospitals, large teaching hospitals, academic hospitals, specialist hospitals and specialty clinics. General hospitals offer a broad range of basis care sometimes added with a few of top-reference clinical functions. Large teaching hospitals offer next to basis care also a broad range of top-reference care, in addition to providing education to students of medicine in which the function as satellites of academic hospitals. Academic hospitals provide next to basis to top-reference care, a 'last resort' function for patients with complex healthcare issues. In addition they bear responsibility for providing basic medical training and play a major role in the continuing education of medical specialists. Finally, specialty clinics offer basic care, mostly centered around one or two specialties.

In terms of specialty groups we distinguish between support specialties including microbiology, pathology and anesthesia, surgical specialties including orthopedics and cardio surgery and medical specialties including amongst others; internal medicine and pediatrics.

Data obtained from the questionnaire

The data collection was undertaken from June to mid-July 2012. For the large-scale survey, we sent an invitation by e-mail to a large sample of 7913 physicians in the Netherlands working in a hospital or specialty clinic, inviting them to fill out our online survey. Two reminders were sent to those who had not yet filled out the survey. In total, 18.6% filled out the questionnaire completely ($n = 1475$), which is a somewhat higher response compared to earlier surveys by Kruijthof (2005) and Kloppe-kes, Meerdink, Wilderom, and Van Harten (2011).

Ethics approval

For our research no ethics approval was required. In The Netherlands, ethics approval of research is necessary under the Medical Research Involving Human Subjects Act and/or the Embryos Act (WMO) when it concerns clinical trials in which persons are subjected to treatment or are required to behave in a certain manner.

Descriptive statistics and assessment of the model

First, as part of our descriptive analysis, a correlation matrix was created, showing the descriptive associations between interests as an indication of covariance and the interdependence of individual interests.

Next, the associations between the different interest dimensions were assessed. To do this, we applied a systematic procedure in

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