

PROPOSALS FOR ORGANIZATIONAL CHANGES IN HOSPITALS BASED ON DIAGNOSIS OF MEDICAL STAFF KNOWLEDGE

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Abstract:

Reforms in Polish hospitals could be successful, if they were carried out with participation and involvement of medical staff employed there. Syllabus of medical studies does not include subjects that provide knowledge of economics, finance and management. This professional group of hospitals gains this knowledge mainly by work experience or participation in training courses and postgraduate studies. Apart from qualifications in the field of medical science, while carrying out their duties, it is necessary to have knowledge of, among others: finance, marketing, quality, supervision of infrastructure, as well as the psychology of management. Every day, members of medical staff make management decisions which require special competences: stress resistance, empathy, communication skills, which are necessary to achieve satisfactory interdisciplinary relationships. In addition, some staff have influence on the budget and is also involved in the budgeting the costs and revenues and makes decisions on the basis of staff evaluation. Those and other mentioned activities require specific skills and broad knowledge, which should be continuously improved. Professional literature indicates that according to the organization, the most desirable skills are: communication, focusing on own goals, leadership, focusing on clients, teamwork, planning and organizing, business awareness, ability to adapt, stimulating other people's development and ability of solving problems. Diagnosis of medical staff knowledge will not only allow to make changes in the field of human resources management, but also has a chance to improve relationships within the organization and between the hospital and its environment, particularly between the hospital and the patient.

Purpose: The purpose of this article is to present the results of research conducted by the author and the other members of the research team of Avicenna functioning at the Jagiellonian University in Krakow. The results of research show self-assessment of medical staff in the following areas: financial management, marketing and quality, supervision of infrastructure, human resource management, information management, psychology management and change management. They also define the competences requiring improvement in opinion of respondents and they are the basis for proposing organizational changes in hospitals.

Methods: Studies of polish and foreign literature in the field of management. Survey research conducted in the chosen hospitals. The survey was prepared for the medical Staff – physicians and nurses. 162 people from the two professional groups were tested and interviewed: physicians and nurses/midwives. The research was carried out in seven Polish cities, on the territory of different provinces. Five physicians and ten nurses/midwives of each hospital took part in the research.

Conclusions and findings: Two professional groups did the self-evaluation of their knowledge concerning i.a. finance, managing, quality and marketing, supervision and infrastructure, labour law. The participants of the research also specified the fields in need of development. Results of the research will help to create training program, which will be the base for organizational changes in the hospitals. The purpose is also to identify the barriers of changes implementation.

Keywords: *medical knowledge, improving of the knowledge, organizational changes*

1. INTRODUCTION

Reforms within Polish hospitals could be successful, if they were carried out with participation and involvement of a medical staff. While performing responsibilities by the medical staff, apart from qualifications within medical science, it is necessary to have knowledge of: finance, marketing, quality, supervision of infrastructure, as well as the psychology of management. Syllabus of medical studies does not include subjects that provide knowledge of economics, finance and management. The professional group gains this knowledge mainly based on work experience or participation in training courses and postgraduate studies. Daily, members of medical staff make management decisions which require special competences: stress resistance, empathy, communication skills, which are necessary to achieve satisfactory interdisciplinary relationships. In addition, some staff has influence on the budget and is also involved in the budgeting the costs and revenues and makes decisions on the basis on staff evaluation. These and the other not mentioned activities require specific skills and broad knowledge, which should be continuously improved.

The medical staff has obligation to broad its competences (Gunderman, Kanter, Steven, 2009, pp. 1348-1351). In 2011 the number of nurses with higher education in Poland reached 45.900 (13.600 with master of nursing degree; respectively 29% and 7,2%). Midwives with higher education accounted for 26% respondents in this group, and 7,9% of all respondents were participants with master of midwifery degree. The highest percentage of respondents with master of medical science degree was among a group of physiotherapists (63,5%). Within this group 45,8% respondents have master of either physiotherapy or rehabilitation. In 2011, in comparison with 2009 and 2010, in the above mentioned groups the percentage of people with higher education as well with master degree among all employed increased; similarly the absolute their number increased.¹

In practice, most of Polish hospitals are managed by a physician, not a management or economics graduate. Hospital managers improve their practical knowledge mainly based on work experience or postgraduate studies. Economical and managerial knowledge is useful for ward heads as well as for nurses responsible for team work on the ward.

One of the studies (Epstein, Hundert, 2002) states that from the organization point of view the most desirable competences are: communication, orientation on achieved results, leadership, client orientation, team work, planning and organizing, business awareness, ability to adjust, stimulation of other people developing as well as problems solving.

Based on the research diagnosis of medical staff knowledge allows not only to make changes within the field of human resources, but it may improve relationships inside the organization as well as between a hospital and its environment, especially between a hospital and a patient (Kęsy, 2012). The aim of this paper is to present the research results which show self-assessment of the medical staff regarding obtained knowledge of: financial management, marketing and quality, infrastructure supervision, and human resource management. What is more, the researches provide information regarding competences which require improvements. The researches are the basis for organizational changes propositions in hospitals.

2. RESEARCH METHODS

Researches of managerial knowledge demand were carried out in Polish hospitals between October 2011 and May 2012². It required to perform the following steps: overviews of Polish and foreign literature, creating a paper questionnaire, making interviews, coding and entering obtained data into Statistica program, results analyzing and creating conclusions regarding the knowledge demand.

In the research 162 persons took part from two groups of the medical staff – physicians, and nurses/midwives. The subject of the study was 8 highly specialized hospitals based in different regions

¹ http://www.stat.gov.pl/cps/rde/xbcr/gus/zo_zdrowie_i_ochrona_zdrowia_w_2011.pdf

² Researches were conducted by an exploratory team Avicenna at the Jagiellonian University in Krakow. Scientific activities of Avicenna is related to papers which revolve around organization field and health care and social institutions management, organizational innovations in hospital management, staff competences, assessment of health care institutions activities using experience of market organizations as well as using techniques and methods of modern business management.

in Poland. The research concerned the knowledge level of the medical staff regarding: financial management, marketing and quality, infrastructure supervision, and human resource management, information management, psychology of management and change management. The obtained data allowed to propose organization changes in hospitals.

The reliability of the used scales was verified by alpha Cronbach. Position analysis of these scales as well as correlation among these scales were carried out. Based on alpha Cronbach it was investigated whether all constructs are of appropriate internal compliance (when alpha Cronbach is above 0,7 – the reliability of the used scales is confirmed and allows to use them in the further investigations). In the questionnaire, the level of knowledge a following scale was used: 1 – marginal knowledge, 2 – low, 3 – medium, 4 – high, 5 – very high. In the question regarding willingness to broaden the knowledge the following scale was used: 1 – none, 2 – slightly, 3 – partly, 4 – largely, 5 – fully. The means and standard deviations were obtained. Qualitative research (interviews) were used as an extension of quantitative research; in order to explain, broaden and better understanding of the obtained results. Overall 48 respondents took part in qualitative research – 3 persons among physicians and 3 among nurses in each of 8 hospitals.

3. RESEARCH RESULTS – KNOWLEDGE SELF ASSESSMENT AND DETERMINATION OF MANAGERIAL KNOWLEDGE DEMAND AMONG THE MEDICAL STAFF

Based on the questionnaire the analysis of self assessment of physicians and nurses level knowledge was conducted. The means were obtained (1-5 scale) as well as standard deviations within 7 areas of management (Table 1 and Table 2).

Table 1: Self-assessment of knowledge and abilities physicians and nurses

Management domains	All respondents		Nurses		Physicians		The significance of differences between the responses
	M	SD	M	SD	M	SD	p
Altogether	3,0	0,7	3,0	0,7	3,0	0,8	0,659
Financial Management	2,4	0,8	2,4	0,8	2,4	0,9	0,903
Marketing and quality	3,2	0,8	3,2	0,8	3,2	0,9	0,831
Infrastructure supervision	3,0	1,0	3,1	0,9	2,8	1,0	0,129
Human Resource Management	2,9	1,0	2,9	0,9	2,8	1,1	0,644
Information management	3,3	1,0	3,3	1,1	3,3	0,9	0,981
The psychology of management	3,4	0,8	3,4	0,8	3,5	0,8	0,876
Change management	2,9	0,9	2,9	0,8	2,8	1,0	0,668

Source: Own work based on surveys.

There are no significant differences between the responses of nurses and physicians. Overall, the knowledge level of the respondents is medium which stands for average knowledge. All of the respondents assessed highly their knowledge of psychology of management (means 3,4 for nurses and 3,5 for physicians, thus above the average level). Furthermore, the respondents assessed slightly lower the field of information management (means for both nurses and physicians scored 3,3). Lower scored the knowledge of marketing and quality (means for physicians and nurses reached 3,2). The lowest means were accounted for financial management, the knowledge level was assessed for 2,4, thus, between average and poor level. Table 2 shows self assessment of knowledge within management field for all the respondents due to lack of any significant differences between physicians and nurses responses.

Table 2: Self-assessment of the level of knowledge of all respondents

Management domains	Management Area	All respondents		Nurses		Physicians		The significance of differences between the
		M	SD	M	SD	M	SD	P
Financial management	Remuneration system	2,6	0,9	2,6	0,9	2,7	0,9	0,704
	Budgeting	2,3	0,9	2,3	0,9	2,4	1,0	0,606
	The settlement with the National	2,4	1,0	2,4	1,0	2,4	1,1	0,772
	Expenditure and income control	2,3	1,0	2,4	1,0	2,3	1,1	0,903
Marketing and quality	Health care quality	3,3	0,8	3,4	0,8	3,2	0,8	0,193
	People's perception of a hospital	3,3	0,9	3,4	0,9	3,3	0,9	0,623
	Provided services	3,3	1,1	3,2	1,0	3,3	1,1	0,446
	Waiting time management	3,0	1,1	3,0	1,1	3,0	1,2	0,956
Infrastructure supervision	Supervision over entrusted property	3,3	1,1	3,4	1,1	3,2	1,1	0,159
	Infrastructure investment plan	2,6	1,1	2,7	1,2	2,5	1,1	0,198
Human Resource Management	Enrolment	2,6	1,1	2,6	1,0	2,6	1,2	0,708
	Employee motivation	2,9	1,2	2,9	1,1	2,9	1,3	0,788
	Staff assessment	3,1	1,0	3,1	1,0	3,0	1,2	0,700
	Employee training	3,0	1,1	3,1	1,1	2,9	1,1	0,383
	Promotion and dismissal	2,8	1,1	2,8	1,0	2,7	1,2	0,474
Information management	Ability to use computer software	3,3	1,1	3,3	1,1	3,4	0,9	0,487
	Knowledge of workflow system	3,3	1,1	3,4	1,1	3,3	1,1	0,521
	Protection of personal data	3,4	1,2	3,4	1,2	3,4	1,1	0,970
The psychology of management	Employee management	3,2	1,1	3,2	0,9	3,1	1,3	0,375
	Communication with co-workers	3,6	1,0	3,6	1,0	3,6	1,0	0,756
	Communication with superiors or subordinates	3,5	0,9	3,5	0,9	3,5	0,9	0,766
	Communication with patients	3,9	0,8	3,9	0,9	4,0	0,6	0,194
	Development of workplace	3,3	0,9	3,3	1,0	3,2	0,9	0,821
	Dispute resolution skills	3,4	0,9	3,3	0,9	3,4	0,9	0,666
	Negotiation skills	3,2	1,0	3,2	1,0	3,3	0,9	0,570
Change management	Knowledge of legislative changes related to the	2,7	1,0	2,7	1,0	2,6	1,0	0,490
	Mentoring and coaching	2,6	1,1	2,7	1,1	2,6	1,2	0,683
	Ability to introduce changes in the workplace	2,8	1,1	2,8	1,0	2,9	1,2	0,671
	Stress management in difficult	3,3	0,9	3,3	0,9	3,2	0,9	0,361

Source: Own work based on surveys.

Within financial management field the respondents assessed highly their knowledge regarding remuneration system (mean 2,6; thus, between poor and average level), subsequently regarding the settlement with the National Health Fund (mean 2,4) and budgeting and expenditure and income control (both means of 2,3). Within marketing and quality field the respondents assessed poorly their knowledge regarding time management (mean 3,0, thus average level). The rest variables (health care quality, people's (patience's) perception of a hospital, provided services) in this field was assessed slightly higher – mean 3,3 each, thus between average and good level. Within infrastructure supervision the respondents assessed highly their knowledge regarding supervision over entrusted property (mean 3,3). Slightly lower knowledge the respondents possess in infrastructure investment

planning area (2,6). Within human resource management the respondents assessed their knowledge on low level when it comes to enrolment knowledge (mean 2,6), slightly higher the knowledge of promotion and dismissal (mean 2,8). Employee motivation had a mean of 2,9, staff assessment – 3,1, and employees trainings – 3,0. Within information management physicians and nurses assessed similarly. Ability to use computer software as well as knowledge of workflow system obtained the mean of 3,3. Within psychology of management field the respondents assessed high their knowledge of communication with patients (mean 3,9, almost good level), next were communication with co-workers and communication with superiors or subordinates (respectively 3,6 and 3,5, thus, between average and good level). Dispute resolution skills and employee management were assessed on the average level (respectively 3,4 and 3,3). The lowest means in this field obtained negotiation skills and development of workplace relationships (means of 3,2, thus, close to the average level). Within change management field physicians and nurses the highest assessed their knowledge regarding stress management in difficult situations (mean 3,3, thus, between average and good level). Lower scored the rest of the variables (ability to introduce changes in the workplace, knowledge of legislative changes related to the organization, and mentoring and coaching knowledge), respectively scored 2,8; 2,7; and 2,6, thus, between poor and average level.

The respondents were also asked about the issues which they would like to improve (Table 3).

Table 3: Competences requiring improvement (according to respondents)

Issues	All respondents (N=162)		Nurses (N=99)		Physicians (N=63)		The significance of differences between the responses
	n	%	n	%	n	%	
Interpersonal communication	129	79,6	76	76,8	53	84,1	0,261
Labour Law	127	78,4	79	79,8	48	76,2	0,587
Quality	103	63,6	63	63,6	40	63,5	0,990
The psychology of management	38	23,5	22	22,2	16	25,4	0,639
Information management	37	22,8	21	21,2	16	25,4	0,535
Change management	36	22,2	19	19,2	17	27,0	0,245
Financial Management	29	17,9	16	16,2	13	20,6	0,477
Human Resource Management	24	14,8	14	14,1	10	15,9	0,753
Cost accounting	21	13,0	11	11,1	10	15,9	0,375
Marketing	17	10,5	12	12,1	5	7,9	0,395
Infrastructure Management	7	4,3	4	4,0	3	4,8	0,807
Other	5	3,1	3	3,0	2	3,2	0,943

Source: Own work based on surveys.

Responses of physicians and nurses did not vary significantly ($p > 0,05$). The most popular issues concern three areas: interdisciplinary communication (79,6% of the respondents would like to improve this area); labour law (78,4% of the respondents would like to improve this area), and quality (63,6% of the respondents would like to improve this area). The rest variables were chosen less frequently. Almost 25% of the respondents would like to gain more knowledge regarding psychology of management, information management or change management. Between 10% and 17% of the respondents would like to broaden their knowledge regarding financial management, human resources management, cost accounting or marketing. The lowest rate (4,3% of the respondents) was noted for gaining more knowledge regarding infrastructure management. The rest, non-mentioned in the questionnaire issues accounted for 3,1% of the responses.

All respondents in largely would like to gain more knowledge in the field of management (see Table 4). Their willingness was assessed of 4,0. Nurses significantly are interested in the knowledge of human resources management. In the rest fields of management there are no significant differences between physicians and nurses. The respondents are more interested in broaden their knowledge regarding psychology of management (mean 4,1), marketing and quality and change management (3,9), thus in large degree. The rest areas had the following means: information management (3,7), human resources management (3,6), financial management (3,5) and infrastructural supervision (3,4).

Table 4: Areas of improvement of knowledge of physicians and nurses

Management domains	All respondents		Nurses		Physicians		The significance of differences between the responses P
	M	SD	M	SD	M	SD	
Altogether	3,7	0,7	3,8	0,7	3,7	0,7	0,329
Financial Management	3,5	0,9	3,4	0,8	3,7	1,0	0,127
Marketing and quality	3,9	0,8	4,0	0,7	3,8	0,9	0,190
Infrastructure supervision	3,4	1,0	3,5	1,0	3,4	1,0	0,639
Human Resource Management	3,6	1,0	3,7	0,9	3,4	1,1	0,019
Information management	3,7	0,8	3,7	0,8	3,5	0,9	0,126
The psychology of management	4,1	0,8	4,1	0,8	4,0	0,9	0,490
Change management	3,9	0,8	3,9	0,8	3,8	0,8	0,637

Source: Own work

Separately, it was presented the willingness to broad the knowledge in areas despite human resources management, for all the patients since there is no significant differences between nurses and physicians, and for human resources management separately for nurses and physicians, where the responses differed significantly (Table 5).

Table 5: Specific areas of improvement of knowledge of physicians and nurses

Management domains	Management area	All respondents		Nurses		Physicians		The significance of differences between the responses P
		M	SD	M	SD	M	SD	
Financial management	Remuneration system	3,7	1,0	3,7	1,0	3,	1,	0,713
	Budgeting	3,4	1,0	3,3	0,9	3,	1,	0,098
	The settlement with the National Health Fund	3,5	1,0	3,4	1,0	3,7	1,1	0,088
	Expenditure and income control	3,4	1,0	3,3	1,0	3,	1,	0,091
Marketing and quality	Health care quality	4,0	0,8	4,0	0,8	4,	0,	0,820
	People's perception of a hospital	3,9	0,9	4,0	0,8	3,	1,	0,130
	Provided services	3,9	0,9	4,0	0,8	3,	1,	0,144
	Waiting time management	3,8	1,0	3,8	0,9	3,	1,	0,202
Infrastructure supervision	Supervision over entrusted property	3,6	1,1	3,7	1,1	3,5	1,0	0,199
	Infrastructure investment plan	3,3	1,1	3,3	1,2	3,	1,	0,726
Human resource management	Enrolment	3,3	1,1	3,3	1,1	3,	1,	0,318
	Employee motivation	3,8	1,0	3,9	1,0	3,	1,	0,114
	Staff assessment	3,7	1,0	3,8	1,0	3,	1,	0,022
	Employee training	3,7	1,1	3,9	1,0	3,	1,	0,003
	Promotion and dismissal	3,6	1,1	3,8	1,0	3,	1,	0,004
Information management	Ability to use computer software	3,8	0,9	3,8	0,9	3,	1,	0,359
	Knowledge of workflow system	3,6	0,9	3,7	0,9	3,	0,	0,205
	Protection of personal data	3,6	1,0	3,7	1,0	3,	1,	0,070
Psychology of management	Employee management	3,8	1,0	3,8	1,0	3,	1,	0,729
	Communication with co-workers	4,1	0,9	4,1	0,9	4,	1,	0,317
	Communication with superiors or subordinates	4,1	0,9	4,1	0,9	4,1	0,9	0,671
	Communication with patients	4,2	0,9	4,2	0,8	4,	0,	0,704

	Development of workplace relationships	4,0	0,9	4,1	0,9	4,0	0,9	0,534
	Dispute resolution skills	4,2	0,9	4,2	0,8	4,0	0,9	0,609
	Negotiation skills	4,1	0,9	4,2	0,8	4,1	1,0	0,301
Change management	Knowledge of legislative changes related to the healthcare	3,9	0,9	3,9	0,9	4,0	0,8	0,779
	Mentoring and coaching knowledge	3,6	1,0	3,6	1,1	3,6	1,0	0,938
	Ability to introduce changes in the workplace	3,7	1,0	3,8	1,0	3,7	1,0	0,504
	Stress management in difficult situations	4,1	0,9	4,2	0,9	4,0	1,0	0,246

Source: Own work

Within human resources management field, nurses showed more significant interest than physicians when it comes to knowledge developing regarding staff assessment and employees trainings. In the rest 3 areas there were no significant differences between respondents (enrolment, employee motivation and promotion and dismissal). In this field the lowest interest in knowledge developing was development of knowledge regarding enrolment (means for all respondents was 3,3, which means partly willingness to develop this knowledge). In the rest of the fields the highest means obtained: employee motivation (mean 3,8, thus, close to significant level), staff assessment and employees trainings (means for all respondents of 3,7), promotion and dismissal (mean 3,6). Within financial management field the largest interest was concerning remuneration system (mean 3,7), followed by the settlement with the National Health Fund (mean 3,5), budgeting and expenditure and income control (mean 3,4). Within marketing and quality field, the means stand between 3,8 to 4,0. Time management gained 3,8, people's (patience's) perception of a hospital and provided services (means 3,9), and health care quality (4,0). Within infrastructure supervision field the largest interest was concerning supervision over entrusted property (mean 3,6) than infrastructure investment planning (mean 3,3). Within human resources management field, the highest interest was concerning employee motivation (mean 3,8), slightly lower was staff assessment and employees trainings (means 3,7). The respondents were less interested in developing their knowledge regarding promotion and dismissal.

The next field was information management where higher score obtained ability to use computer software (mean 3,8) than the rest areas (means 3,6). Within psychology of management lower interest had employee management (mean 3,8) than the other areas: communication with patients (4,2), dispute resolution skills (4,2), for the rest three areas (communication with superiors or subordinates, communication with co-workers, negotiation skills) means were 4,1. Means of 4,0 were obtained for the area of development of workplace relationships. Within change management field, the highest means were obtained for: stress management in difficult situations (mean 4,1), knowledge of legislative changes (mean 3,9). In the rest areas: ability to introduce changes in the workplace and mentoring and coaching knowledge, the means were lower (respectively 3,7 and 3,6).

4. ANALYSIS OF THE CONDUCTED RESEARCH

The research showed that both nurses and physicians are in need to develop their skills in the field of interdisciplinary communication. This communication has a great function in appropriate organization functioning (Hogan, 1982, p. 55-89, Kanungo, Menon, 1996, p. 22-25). In order to improve it, communication inside the staff should be developed. It can be done through team building – a training which helps to build an effective team where the existing atmosphere is suitable and appropriate for performing duties. This training helps as well to understand the issue of communication problems, and improve cooperation in the organization as well as start running improving processes. These processes allow to create a new, qualitative team. Team building requires all participants involvement. Based on mutual cooperation it is possible to create team's solutions which lead to effective communication.

The next field that should be improved is quality. It can be improved by creating a complex job descriptions as well as conditions and remuneration. On the one hand, the proper employees would

be employed (their competences and educational background would be appropriate). On the other hand, this may influence the above mentioned issue – communication. All employees would have clearly stated job descriptions, their responsibilities as well as remuneration. Thus, it also would decrease the number of any misunderstandings and improve communication in the organization. An important aspect which requires improvement and was indicated by the medical staff is psychology of management. This field of management could be improved by meetings and cooperation the medical staff with psychologists. These meetings influence positively on employees' efficiency as well as on communication process. The other aspect which may influence on the above mentioned issue may be interpersonal training for certain groups (nurses and physician). The aim of the training is to improve psychological skills which are important within communication with others - mainly in terms of perception and understanding of other people and perception and understanding of their own behaviour in contact with others. It is also important to communicate, solve problems and interpersonal conflicts or to give and receive psychological support.

The above described fields were the most popular among the respondents as skills required improvements. The other fields mentioned in Table 4 could be improved by trainings with specialists in the relevant fields.

The next way to implement changes in hospital may be brainstorming. This technique allows to create or improve solutions made by the respondents itself (employees of a certain hospital) (Malhotra & Birks, 2006, p.169). The created solution could be implement step by step – first as a trial changes on certain wards, and finally (when the change is necessary) in a whole hospital. Organizational changes in hospital have meaning when they are complex and cover many management fields. Audit of knowledge demand should be taken into consideration by hospital managers and causes changes in personal policy. Still desirable would be implementation of trainings important from organization point of view. The field of infrastructure supervision is crucial. Not only a head ward of the organization, but as well as managers of wards – physicians are responsible for this field. The result of the questionnaires indicate that trainings should be addressed to people who are responsible for supervision over entrusted property. It is important to determine responsibility level for infrastructure of a ward/diagnostic positions (maintenance schedules, warranty, etc.). What is more, organizational changes should include updating procedures, standards and instructions related to the process of adoption patient admission (discharge) and work on wards. For the hospital it would be more efficient to employ candidates who have many medical faculties. The next a desirable change would be creation interdisciplinary teams with active participation of clinical pharmacist.

5. BARRIERS IN ORGANIZATIONAL CHANGES AND THE POSSIBILITIES OF THEIR LIMITATIONS.

During the process of making changes in the organization, an individual can face a number of barriers. The key barriers include: no conscious need to make changes, fear of the unknown, fear of failure, lack of time and resources to make changes, exposure to changes in status, history of previous, failures, organizational climate characterized by insufficient confidence to changes.

Reluctance to changes is the result of the fact that the changes transform clarity and certainty of the present state in ambiguity and lack of stability. They bring a threat to the efforts already undertaken and to the results already made. Changes usually result in that the current staff have to work in a slightly different way than before. This may be the reason to learn new things, learn innovative techniques and be more efficient. The consequence of these changes can also be extended working time of staff, at least until the moment of gaining a new approach to previous work. A huge role in overcoming resistance to change lies in the hands of management that, with the help of appropriate way to communicate and negotiate with staff, can combat the barriers described above. A significant barrier in making organizational changes in hospitals is also a weak knowledge of the settlement with the National Health Fund (the payer). This situation has a historical background. The introduction in 1999 of contractual relationships with health care units was a new process for their managers and employees. It required the adjustment of the structure of services and resources to those contracts. It was not easy because of the strong position of trade unions and the lack of funds for the development and restructuring. Being unprepared for this change by the personnel at the level of individual institutions meant that there is not still great interest in the issue of settlements with the payer. Due to the fact, that hospitals functioned before the implementation of the reform as budgetary units, the problem of insufficiency of funds was not known. Therefore, the attitude of the respondents towards

financial issues is not surprising. Lack of knowledge in this area is certainly the result of systemic changes in Poland.

Another obstacles in the process of the human resources management are: conflicts, reluctance and fear of change, lack of funds and lack of knowledge of the strategy of their own institution. Significant barriers to make change are also inadequate interdisciplinary relationships. Engaging in conflicts can be an important barrier in making organizational changes. During interviews with the hospital staff, it turned out that the most common causes of conflict are: the differences in the education and financial standing, unequal promotion rules, undertaking additional work with another employer, the differences in salaries and ability to take better paid night and holiday shifts, poor organization of work, overburdened with work on some wards, unequal rules for granting incentive bonus, unequal rules of the participation of workers in trainings and funding to them, vague criteria for training leave and unclear criteria of the employees evaluation.

Prevention of conflicts requires working out of reliable rules of employment, that are the needs of human resources (number of employees should be optimal in terms of quantity and quality) and the principles of remuneration. The employees should be required certain qualifications. Another important element that should be taken into account is so-called 'personal equipment'. It is necessary for this purpose to determine the expected supply of the hospital staff, taking into account changes in the labour market (due to fluctuations in retirement or for any other reason). Another aspect taken into account in the planning of human resources is so-called 'staffing'. This aspect relies on the assignment of personnel to the appropriate workstations. Teams and groups play an important role in the healthcare system. Group work has an impact on a significant part of leadership and clinical innovations. All members of the organization participate in the formal task groups, performing multiple roles depending on the functions and the type of group (Nojszewska, 2011, p. 459).

The results of the interviews lead to the conclusion that one of the elements that can eliminate the source of the conflict is an appropriate description of the work position, which in turn forms the basis to develop a profile of requirements. This profile should include qualifications, and therefore the level of education, work experience, vocational training, completed training courses, specialization and relevant physical characteristics: the condition, resistance to diseases and manual skills. Apart from the qualifications, the personal profile is also important. Employee who belongs to the medical staff should have certain psychological traits: persistence, patience, ability to concentrate, perceptiveness, accuracy, responsiveness, empathy, the ability to formulate opinions and ratings, resistance to stress and personality traits, among others: responsibility, communicativity, optimism and creativity. These personality traits were identified by respondents as necessary to work by medical personnel in the hospital.

The source of conflict is inadequate assessment or lack of clear rules. Rating makes possible to verify the assumptions taking into account the needs of the staff to fully realize future goals. The results of the evaluation are used to verify the employment plan, creation of the conditions to adapt to a new place of work, shift workers, and changes in their pay. The results of the assessments are designed to inform managers about the activity of their subordinates. They also have a positive effect, because they stimulate employees to work more efficiently.

All of these barriers would be overcome if the expectations of the employee were known and the organization tried to adapt to them.

6. CONCLUSION

Hospital purposes realization is possible due to work of skilled and involved employees. Medical staff competences creation shall have individual and constant nature, adjusted to a strategy and performing operational aims of the health care institution. Knowledge enlargement and competence development may be key asset for an organization during making organizational changes. Medical staff competence creation by determination of the direction of its development shall be made accordingly with the hospital strategy. Thus, the issue of competence management regarding increase in the value of human capital as a significant organization asset. Therefore, manager's tasks should be focused on employees development and their competences planning; providing motivational policy which encourages the medical staff to professional development, thus it will an influence on organization success. This development should be made not only based on medical basis, but also on

management and financial basis. Hospitals have to deal with lack of financial resources, rational management of financial resources needs the involvement of all employed. Due to the fact that issue of financial management is one of the key areas which require improvements. Costs and incomes planning as well as budgeting require participation of the process executors. Employees, process witnesses – they may propose the changes which may have an influence on results improvement. It is interesting that the respondents have little knowledge in the field of budgeting, expenditures and incomes control. Thus, changes are necessary. Medical staff has larger interests in so called soft management aspects. To broad knowledge by so called hard aspects is not so popular. There is a misconception that for hospital finances is responsible only management.

The answer for the question why this happens may causes further, more complex researches. The research results show that some issues the medical staff is more or less familiar with. This diagnosis will be helpful for hospital management who based on the research results could determine a great array of organizational changes and determine the demand for trainings.

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