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INHIBITORY EFFECT OF THE ENVIRONMENT FOR THE MANAGEMENT OF HUMAN CAPITAL OF PUBLIC HOSPITALS IN THE OPINION OF POLISH MANAGERS

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Annotation

The article refers to the researches carried out by the author concerning the problem of dysfunctionality identified in the public health care of many countries, in particular in the area of limitations occurring in the external environment and management of human resources in Polish public hospitals. The aim of this article is to present the opinion of hospital managers related to the negative impact of individual elements of external and internal environment on the effectiveness of human factor management in the examined entities, supported by questionnaire field studies conducted in Poland. The questionnaire survey with the use of a survey sheet (based on the five-level Likert scale) was carried out in 2017 on a group of 80 directors of public hospitals and presidents of non-public hospitals from all over Poland. 58 persons from this group represented public entities, and 22 persons – non-public units (a comparative group). The most important elements, negatively affecting human capital management in public healthcare institutions, included: trade unions, systemic conditions, financial policy created by the public payer, local politician at various levels and groups of interest.

Keywords

management, public health care, human capital management, public management, management barriers

JEL classification: M12

1. Introduction

The issue of barriers that limit the effectiveness of human capital management, as well as have an inhibitory impact on the functioning of public hospitals and the entire healthcare sector is not appropriately considered - both by hospital managers and decision makers of various levels and other stakeholders. Deficiencies in this sphere concern in particular the context of dysfunctionalities resulting from the conscious or unconscious influence of people. Meanwhile, it is possible that this factor is (in many countries) one of the most important obstacles in the positive evolution of the effectiveness of public health – a very important, both for social and economic reasons, component of modern national economies. Simultaneously, the question "how to heal the healthcare", formulated at the beginning of the twentieth century, often returns in different contexts (Goodman, Musgrave, Herrick 2004, 2008).

Therefore, it seems advisable to test cause-and-effect relations of negative impact on human capital in public hospitals of individual components of the environment, since it can have a significant impact on the pace of positive changes, development of the human capital management model and the effectiveness of implementing improvements – at the system level, as well as at the level of individual hospitals. The aim of this article is to present the opinions of managers (obtained in the course of researches) about the environmental components of public hospitals that have a negative influence on the effectiveness of human factor management in public hospitals. The questionnaire survey method was applied here. It was subjected to a group of eighty hospital managers from all over Poland.

2. Review of the source literature

It is noted that the issue of barriers and limitations in the management of public hospitals, and in particular the human capital management in these entities, is not a frequent subject of tests. However, the matters connected with human factor management in health care, as well as obstacles occurring there, have recently become the focus of both international literature as well as Polish literature. It seems that economic barriers to entrepreneurship in hospitals associated with capital, competition and the market are best researched (Santerre, Neun 2009, and others). Less often, research refers to strategic (Schultz, Johnson 3003), structural (Glasby 2003) and cultural barriers (Waxel-Morrison 2007). The research, in a limited extent, also takes into account the context of human capital (among other things, Martineau, Buchan 2000, Goldstein 2003, Dussault, Dubois 2003, Bartram, Stanton, Leggat, Casimir, Fraser 2007, Khatri, Budhwar 2007, Nica 2013, and others). In Polish scientific researches, barriers are considered from various perspectives, including, among others, categories of pathology and organizational dysfunctions (Janowska 2005-2015, Stocki 2005, Zbiegień-Maciąg 2006, Bugdol 2007, Pasieczny 2012, Kieżun 2012, Mikuła 2014, Piertuszka-Ortyl 2016, and others), problems associated with knowledge management (Żarczyńska-Dobiesz 2015, and others), disturbances occurring in intercultural management (Rozkwitalska 2011, and others), communication barriers (Necki 1996, and others), leadership (Mruk 2010, and others), obstacles accompanying changes in the context of resistance (Koźmiński, Obłój 1989, Bratnicki 1998, Czerska 2002, Penc 2007, Masłyk-Musiał 2011, and others), crisis (Nogalski, Macinkiewicz 2004, Stabryła 2010, and others), organizational culture (Kożuch, Sułkowski 2015, Frączkiewicz-Wronka, Marzec 2015, and others), financial conditions (Golinowska 2016, and others). In some areas, the researches carried out in recent years also explore the issue of human factor management in hospitals, focusing on, inter alia, public entrepreneurship and innovation (Głód 2016), economic efficiency (Porebski 2015) or barriers hindering the formation of the innovative organizational culture (Jończyk 2015) and the implementation of changes (Jasińska 2015).

However, it is noted that points of this issue are often threated through the prism of systemic failures (among other things in legal, economic and social sphere) or they are narrowed to the selected aspects, without taking into account the wider context of the problem, including cause-and-effect links for the occurrence of barriers in the management of human factor in health care entities. A relatively large part of the available researches identifies – directly or indirectly – barriers that occur either generally in the health care system or at the level of individual entities. A certain group of publications focuses on the possibilities of improving the nowadays state of affairs, including via the use of management tools utilized in other sectors, primarily in business organizations. On the other hand, only a small number of works simultaneously present the cause-and-effect context of barriers in human factor management in public hospitals.

A certain deficiency in some bibliographic works seems to present either too high level of generality in the sphere of inference or fragmentation in the research sphere. There is a visible lack of systematic researches that take into account the wider prism of the barriers in public health care entities, and in particular regarding human capital management in public hospitals and barriers in relation to the conscious and unconscious influence of people. Furthermore, the specificity of these entities is often skipped. It results from the turbulence of the environment, in which they function, unpredictability and volatility of individual stakeholders (often with opposing or contradictory expectations), the existence in the realities of incomplete market competition that remains under strong political influence, as well as the organizational culture shaped over the years with a strong orientation on the status quo. Meanwhile, this can have a great impact on human capital management in public hospitals and on real limitations in the effectiveness of management of this resource by managers, as well as on their managerial autonomy.

Another aspect (often skipped in the previous researches on the limitations of management in health care) seems to be an insufficiently recognized role and real possibilities concerning the impact of the health care manager on the employees. Therefore, the author decided to carry out researches related to the perception of managers, showing the view of the problem from the position of the central place (at the interface between the external and internal environment) and the achievement of the maximum cognitive effect (the ability to see more details). Moreover, such optics enables to familiarize with the opinions of people, who are really responsible for the management of human capital in hospitals – including opinions about the sources of individual barriers, as well as their meaning and significance in practical organizational functioning.

Simultaneously, the studies of the subject literature enabled the identification of factors influencing the general restrictions and work specificity of public hospital managers (see Anthony, Young 1998, 2008), among other things:

- Marginalization of the significance of the financial result as a measure of entity's activity, as well as individual hospital wards – this may hinder or distort the assessment of achievements for individual entities and managers,
- Small direct financial dependence on patients, who take advantage of health services,
- Dispersion of responsibility (the government and the ministry of health determine the principles for the system's functioning, the public payer regulates resources on the basis of his own calculations, the administrative body supervises subordinate entities, the manager is solely responsible for the management of the public hospital and its economic and organizational efficiency),
- Special legal conditions in terms of functioning of medical entities and their responsibilities,
- Lack of stability for the position of the public entity manager, which may have a negative impact on, among others, the authority of directors of public hospitals,
- Informal limitations, imposed by the authority creating the manager's decisions, that concern the selection of targets and strategies, in particular limitations observed in the area of personnel decisions,
- Dominance among employed staff of independent employees with competences in making autonomous decisions that may have a significant impact on expenses and revenues,
- Large diversity of the employed staff in many aspects, which may cause the occurrence of antagonisms on many different levels,
- Strong inhibitory political influences at all levels of authority that can have impact, among other things, on the shaping of specific organizational culture of public hospital with status quo nature.

3. Research procedure and presentation of research results

In order to achieve the goal determined in the study, a research procedure was planned. In general, this procedure consists of two stages of researches. The first one included the literature review, field reconnaissance and observation, and then free interviews performed in the form of direct interviews with a group of hospital managers on the subject of obstacles and limitations in human capital management in public hospitals identified by them. The second stage of researches included a structured questionnaire survey of a representative group of hospital managers, verifying – on the basis of their opinions – the significance of the impact of individual components of the environment and inhibitory factors and barriers related to the human capital management in public hospitals, identified during the first stage of researches.

The questionnaire survey, with the use of a survey sheet (based on the five-level Likert scale), was carried out in 2017 on a group of 80 directors of public hospitals and presidents of non-public hospitals from all over Poland. 58 persons from this group represented public entities, and 22 persons – non-public units (a comparative group).

Generally, the questionnaire survey included five blocks, which took into account:

- Factors affecting the management of human capital in health care entities,
- Identification of factors negatively affecting the management of human capital in hospitals,
- Identification of factors positively affecting the management of human capital in hospitals,
- General evaluation of human capital in hospitals,
- Evaluation of the impact of individual components of the environment on human capital management in hospitals.

This article focuses on summarizing the results of researches concerning the last block, i.e. the perception of managers regarding the negative impact of individual elements of the environment on the effectiveness of human factor management in public hospitals.

Based on the conducted researches, it can be concluded that competitors, suppliers and patients, functioning in the medical service market, are not identified by hospital managers as elements that negatively affect the human capital management. On the other hand, managers are not popular in the assessment of trade unions, although nearly 20% of respondents indicate that this component may also have a positive impact on the management of human capital in hospitals. The second most important inhibitor in this area is related to system conditions, including conditions created by the public payer. The most important barriers related to the management of human capital in public hospitals also include (not always) substantive and official activities related to groups of interest that are difficult to identify, but also with locally functioning (from the hospital's headquarters) politicians. At the same time, it seems that the impact of political environments in certain circumstances may also be connected with other inhibitors of human capital management, including inhibitors associated with trade unions, public payer,

interest groups, decision makers representing creating bodies, social councils, and also (in a certain extent) state control and supervision authorities and local media. Therefore, it can be stated, with a deliberate caution, that these factors (along with systemic conditions, as well as internal organizational culture) are the foundation of the components determining the status quo in the area of human capital in public hospitals, and consequently – also the reasons for the previous organizational and economic effectiveness and social perception of public hospitals.

The most important elements, negatively affecting human capital management in public healthcare institutions, included: trade unions, systemic conditions, financial policy created by the public payer, local politician at various levels (from the point of view of a given hospital's location), interest groups. Other important inhibitors for human capital management in public hospitals, based on the opinion of managers, included: decision makers representing creating bodies, public opinion created by local media, state control and supervision authorities, social councils, as well as organizational culture in hospitals.

Simultaneously, in the course of the researches, it was determined that among the analyzed components of the environment for public hospitals, management staff of non-medical areas, suppliers, competitors, as well as patients have not a real negative impact on the existence of barriers related to the management of human factor. It can be assumed that highly-assessed managers, responsible in public hospitals for supporting and administrative areas, can be a valuable partner for deliberate changes in the field of human capital management. Against this background, the evaluation of medical management staff may seem to be less unambiguous, because in the case of public entities almost 14% of respondents indicated its inhibitory importance. This proves the possibility of occurring (at the level of some public entities) the cases of behavior among medical managers with inhibitory influence on human factor management.

The studies showed visible differences in minus between public hospitals and the comparative group. These differences are visible, among other things, in the assessment of social council (against the background of the supervisory board), state control bodies, politicians, various interest groups and employees. In the case of public entities, a slightly greater negative impact on human capital is also attributed to local media. This can confirm, among other things, an important inhibitory influence of the broadly understood political environment, which may determine, inter alia, the rate of deliberate changes in the area of human capital management in public hospitals.

Systematization of environmental components in public hospitals, which determines the barriers for human capital management in these entities, is presented in Table 1.

Trade unions Systemic conditions Public payer Local politicians of various levels Groups of interest Components with moderate negative impact on human capital management (minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management Components without a negative impact on human capital management	Main components of barriers – human capital management
Systemic conditions Systemic conditions Public payer Local politicians of various levels Groups of interest Components with moderate negative impact on human capital management (minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	(minimum 40% of negative assessments)
Public payer Local politicians of various levels Groups of interest Components with moderate negative impact on human capital management (minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Trade unions
Local politicians of various levels Groups of interest Components with moderate negative impact on human capital management (minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Systemic conditions
Groups of interest Components with moderate negative impact on human capital management (minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management Components without a negative impact on human capital management	Public payer
Components with moderate negative impact on human capital management (minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management Components without a negative impact on human capital management	Local politicians of various levels
(minimum 20% of negative assessments) Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Groups of interest
Decision makers representing the creating body Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Components with moderate negative impact on human capital management
Local media State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management Components without a negative impact on human capital management	(minimum 20% of negative assessments)
State control and supervision authorities Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management Components without a negative impact on human capital management	Decision makers representing the creating body
Social council Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Local media
Organizational culture Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management Components without a negative impact on human capital management	State control and supervision authorities
Components with a little negative impact on human capital management (minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Social council
(minimum 20% of negative assessments) Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Organizational culture
Management staff of medical areas Employees Patients Components without a negative impact on human capital management	Components with a little negative impact on human capital management
Employees Patients Components without a negative impact on human capital management	(minimum 20% of negative assessments)
Patients Components without a negative impact on human capital management	Management staff of medical areas
Components without a negative impact on human capital management	Employees
	Patients
Management staff of non-medical areas	Components without a negative impact on human capital management
Management staff of non-medical areas	
munugement suit of non-medical areas	Management staff of non-medical areas
Suppliers	Suppliers
Competitors	Competitors

Tab. 1: Environmental components, which create barriers for human capital management in public hospitals
Main components of barriers – human capital management

Source: own study

Conclusion

On the basis of the literature analysis, as well as the researches carried out by the author, it seems that the effectiveness of employees management in public hospitals is obviously influenced by economic factors that (as it seems) can have a key impact on the occurrence of limitations in the efficiency of management of this resource. However, despite the fact that financial conditions and underfunding of the health care system in Poland (especially compared to the OECD average) are recognized as an external cause that limits the effectiveness of management in organizational potentials, including workers employed in these entities, the determination of possible defects identified in this area only in this group of factors would be an incorrect simplification. On the other hand, if a specific organizational culture should be recognized as a primary internal factor of the slow pace of changes in the area of human factor management in public hospitals and a reasons for status quo noticed by a group of Polish researches, it should be noted (at the same time) that every culture is shaped on the basis of experience concerning the "learning" of employees, whose tradition - in the case of public hospitals - was cultivated under the influence of individual external stakeholders. Therefore, it seems obvious that the various elements of the external environment also have an important contribution to the organizational culture existing in hospitals, so from the point of view of cause-and-effect relations, the significance of the inhibitory effect on the limitations of management effectiveness in public hospitals of components determining their external interest, including politicians and decision makers at various levels of authority, often difficult to identify interest groups, as well as other elements that affect both the short-term and long-term scale, should be considered.

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