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Money, Work and Values: A Study of Physician Motivation in Madrid

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Abstract

Purpose: To describe the motivational structure of physicians in Madrid, the perceived compensatory structure of the organization for which they work, and their resulting dedication to the organization.

Methods: An individual's motivational structure is determined by the relative importance of three types of motivations: *extrinsic* (e.g., earnings, praise), *intrinsic* (e.g., job interest, challenge) and *transcendent* (e.g., the desire to help others, contribute to one's field). The degree to which the organization satisfies these motivations is determined by its compensatory structure, which is measured in terms of *remuneration*, *job characteristics* and *internal values*, and results in different degrees of individual *dedication* to the organization. A previously validated self-administered questionnaire designed to measure these seven factors was mailed in 1997 to a random sample of 1,920 Madrid physicians. A 5-point Likert scale was used for all items. Physicians who worked in both the public and private sectors were asked to complete two questionnaires, one for each sector. Mean scores and 95% confidence intervals (CI) were calculated for all the factors studied.

Results: The questionnaire was completed by 655 physicians (34%), and 554 (29%) met the inclusion criteria. The average age of respondents was 45 years; 352 (64%) were male; 337 (61%) worked only in the public sector (OPu); 41 (7%) worked only in the private sector (OPr), and 174 (32%) worked in both. Physicians working in both sectors completed 174 questionnaires for the public (BPu) and 83 for the private sector (BPr). For all physicians, the most important component of motivational structure was *intrinsic* motivation [mean scores: OPu=4.24 (CI 4.17-4.30); BPu=4.30 (CI 4.20-4.39); OPr=4.19 (CI 4.03-4.36)]; BPr=4.25 (CI 4.11-4.39), followed by *transcendent* motivation [OPu=4.06 (CI 4.00-4.12); BPu=4.15 (CI 4.06-4.23); OPr=4.19 (CI 4.02-4.35); BPr=4.16 (CI=4.02-4.30)]. *Extrinsic* motivation was scored lowest by all groups [OPu=2.59 (CI 2.50-2.68); BPu=2.70 (CI 2.56-2.83); OPr=2.57 (CI 2.26-2.88); BPr=3.00 (CI 2.80-3.20)]. Physicians working in the private sector scored the three components of the organization's perceived compensatory structure as follows: *job characteristics* [OPr=4.09 (CI 3.91-4.27); BPr=3.98 (CI 3.83-4.13)], *remuneration* [OPr=2.89 (CI 2.63-3.16); BPr=2.89 (CI 2.67-3.11)]; *internal values* [OPr=3.47 (CI 3.16-3.77); BPr=3.30 (CI 3.06-3.55)]. Physicians working in the public sector scored these three components lower: *job characteristics* [OPu=3.70 (CI 3.64-3.76); BPu=3.67 (CI 3.57-3.77)]; *remuneration* [OPu=2.33 (CI 2.24-2.41); BPu=2.12 (CI 1.99-2.26)]; *internal values* [OPu=2.24 (CI 2.15-2.33); BPu=2.17 (CI 2.04-2.29)]. *Dedication* to the organization of physicians working only in the public sector [3.99 (CI 3.92-4.06)] was similar to those working only in the private sector [3.88 (CI 3.64-4.12), but greater than among physicians working in both sectors [BPu=3.77 (CI 3.64-3.89); BPr=3.69 (CI 3.47-3.92)].

Conclusions: Motivational structure was similar for all physicians, regardless of where they worked: extrinsic motivation was weakest, followed by transcendent and intrinsic motivation. Physicians working in the private sector scored the organization's perceived compensatory structure higher than physicians working in the public sector. However, the dedication of physicians working only in the public sector is similar to that of physicians working only in the private sector, and greater than that of physicians who work in both the public and the private sectors. This suggests that working in two places may negatively affect the individual's degree of dedication to both. Further research is needed on individual personality factors and external values of the organization that may explain these differences in dedication.

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