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From Individual Motivation to Organizational Compensation: The Physician's perspective

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Abstract

Background: The force that impels individuals to do things is known as *motivation*, for example, money, the desire to learn, or to cure patients. *Compensation* is the degree to which the organization satisfies the motivations of its members. In health services physicians' behavior will depend partly on their motivations and how they are compensated.

Purpose: To describe the degree to which compensation in the public sector satisfies physicians' motivations.

Methods: The conceptual model: We assume the anthropological model of human motivation, which states that people act to satisfy three types of motivations: *extrinsic* [EM], e.g., earnings, praise; *intrinsic* [IM], e.g., job interest, challenge; and *transcendent* [TM], e.g., the desire to help others. The degree to which the organization satisfies these motivations is determined by its compensatory structure, which is measured in terms of *extrinsic compensation* [EC], e.g. remuneration; *intrinsic compensation* [IC], e.g., job characteristics; and *transcendent compensation* [TC], e.g., internal and external values. The instrument: Previously validated self-administered questionnaire including sociodemographic variables and 63 items defining the study variables. Each item was measured on a 5-point Likert scale. Study population: Physicians working in the public sector in the provinces of Madrid and Barcelona. The questionnaire was sent to a random sample of 3272 registered physicians in the two provinces in the second semester of 1997. Physicians were included if they worked in the public sector and had direct or indirect contact with patients. The response rate was 36%. No response bias was observed for the relevant variables. Of the 858 physicians who met the inclusion criteria, 525 (61%) worked only in the public sector (OS), and 333 (39%) worked simultaneously in both the public and private sectors (BS). Analysis: Variables related with motivation and compensatory structure were compared for the two groups.

Results: The mean values for the study variables in the OS group were: EM=2.22 and EC=2.24; IM=4.41 and IC=3.77 ($p<0.05$); TM=4.16 and TC=2.33 ($p<0.05$). In the BS group: EM=2.35 and EC=2.05 ($p<0.05$); IM=4.46 and IC=3.78 ($p<0.05$); TM=4.17 and TC=2.20 ($p<0.05$).

Conclusions: Physicians in the public sector in Spain are most strongly motivated by job characteristics and the desire to produce wellbeing in their patients. However, they perceive that the organization does not sufficiently satisfy their interest in improving their job characteristics or their ideas about the values of the organization. Physicians who also work in the private sector consider that public sector remuneration is insufficient. Physician commitment to the organization may be strengthened by adapting the compensatory structure to more completely satisfy the components of physician motivation.

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