Track: People: Human Resource Behaviors & Practices

EXPLORING WORK VALUE DIFFERENCES AMONG HOSPITAL PHYSICIANS

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INTRODUCTION

In recent years, work values have become a topic of great interest in studies of vocational behavior. Work values, defined as "*the outcomes people desire and feel should they attain through work*" (Twenge et al., 2010: 1121), are individual values that people wish to find in their working environment and that work can help meet (Super, 1970; Li et al., 2008). Work values represent the main characteristics of a desirable work environment (Dose, 1997; Ros et al., 1999; Jin and Rounds, 2012) and they directly influence various aspects of individual behavior in organizations, such as problem-solving and judgment skills (Twenge et al., 2010; Taris and Feji, 2001), propensity for conflict, frequency and intensity of communication, job satisfaction, career choices (Hansen and Leuty, 2012), and job performance (Li et al., 2008).

In the literature, different types of work values have been identified, and these are based on intrinsic, extrinsic, social, and status factors that have been determined for various jobs (Deci and Ryan, 1985; Porter and Lawler, 1968; Ryan and Deci, 2000; Taris and Feji, 2001; Hegney et al., 2006; Twenge et al., 2010; Ros et al., 1999; Schwartz, 1992; Jin and Rounds, 2012).

The aim of the present study is to explore whether, and to what extent, individual preferences for different types of work values (e.g., intrinsic, extrinsic, status-related, and social) in the healthcare sector are influenced by a worker's demographic and professional characteristics, and by the attitudes that an individual manifests in his/her work environment. A large part of the literature considers work values to be fairly stable individual traits (Twenge et al., 2010;

Taris and Feij, 2001; Hegney et al., 2006). More recent research, however, shows that work activity and experience gained within an organization influences individual preferences for work values (Mc Adams and Olson, 2010; Johnson, 2001; Kirkpatrick-Johnson, 2005). Job satisfaction is also associated with the work values exhibited by an individual, and this is an important factor to consider since it is founded on the opinion that the individual has of working conditions within their organization (Kirkpatrick et al., 2012).

The present study analyzes individual preferences of the work values exhibited by a sample of 596 physicians working in 28 hospitals that are part of the Italian National Health Service (I-NHS). Previously, vocational behavior studies have paid little attention to the different types of work values exhibited by doctors who are no longer in training, yet are professionally active in the clinical activity of a hospital. Health professionals' propensities, attitudes, and behaviors in the workplace have been shown to be significantly related to individual demographic and gender differences (Southard and Lewis, 2004; Midttun, 2007; Borges and Osmon, 2001). In the present study will be provided evidences about the link between different types of work values and gender and demographic differences, and the relationship between medical staff satisfaction and their individual work value preferences reached through the characteristics of the workplace.

THEORETICAL BACKGROUND AND RESEARCH HYPOTHESES

In the literature, work values have been classified based on a number of dimensions of the values refer to. Initially, a distinction was made between intrinsic and extrinsic work values (Elizur, 1984; Deci and Ryan, 1985; Porter and Lawler, 1968; Ryan and Deci, 2000; Taris and Feji, 2001; Hegney et al., 2006; Twenge et al., 2010), then status and social-related work values were added (Ros et al., 1999; Schwartz, 1992; Lyons, 2004; Jin and Rounds, 2012).

It has been documented that individuals exhibit different levels of appreciation for these categories of work values depending on a wide range of individual and professional characteristics (personality, etc.), and also depending on the perception that the individual has of his or her working environment in relation to the professional dimensions that he/she considers most important (Hansen and Leuty, 2012; Li et al., 2008; Cennamo and Gardner, 2008; Parry and Urwin, 2011; Hirschi and Fischer, 2013; Berings and Adriaenssens, 2012; Shapira and Griffith, 1990).

Work Values and Gender Differences

In a work environment, men and women manifest numerous differences in their orientation to the values and ethics they hold (Schwartz and Rubel, 2005; Betz et al., 1989; Roxas, 2004; Berings and Adriaenssens, 2012), to their occupational choices (Fouad, 1997), and to their entrepreneurial spirit (Zhao et al., 2005).

They show a different appreciation for work values due to the gender-specific socialization (Halaby, 2003; Rohan, 2000; Li et al., 2008; Hirschi and Fischer, 2013; Berings and Adriaenssens, 2012).

Healthcare sector represents one of the areas where it is possible to find an increasing need to manage gender diversity due to the "feminization of medicine" that is ongoing (Levinson and Lurie, 2004). Moreover numerous studies have reported a substantial increase in the number of women in medical staff positions (Jovic et al., 2006; Strong et al., 2013).

Compared to male doctors, female doctors look for greater involvement in the care pathway of a patient by leaning towards a multidisciplinary clinical approach (Levinson and Lurie, 2004). Female doctors also exhibit higher levels of productivity in the face of short-time working, a skill which is also necessary in balancing work commitments with family needs related to the care of young children or elderly parents (Jovic et al., 2006). Gender differences also seem to be linked to access to leadership positions, and more generally, to the affirmation of one's status (Yedidia and Bickel, 2001).

Consistent with other professions, gender differences in relation to salary are apparent in the health profession field as well. Women tend to receive lower levels of pay with respect to men for the same positions (Wallace and Weeks, 2002).

These differences between the genders and their employment are perceived by doctors during their early training, and they influence the value ladders of these individuals (Kirkpatrick and Elder, 2002; Goodale, 1973). Women doctors become less involved in the dynamics of career growth and economic recognition, and instead focus on the development of professional and team-oriented skills.

Hypothesis 1: Female doctors show less appreciation for extrinsic work values compared with their male colleagues.

Work Values and Generational Differences

In organizations, individuals belonging to different generations typically attribute different meanings to work and also develop heterogeneous working attitudes (Gursoy, 2008; Twenge,

2010). Southard and Lewis (2004) proposed that it is necessary to build a working environment that incorporates the differences in individuals' needs and their orientation to work. The risk that such differences may generate conflicts between people belonging to different generations is especially important in the medical profession, where there is a strong interconnection between personal and working lives (Dukerick et al., 2002; Ashfort and Kreiner, 2004).

Hypothesis 2: Doctors belonging to Generation X give less importance to status-related work values compared with colleagues that belong to other generations.

Work Values and Medical Specialties

Diversified value structures based on an individual's background is a topic of particular interest in the study of organizational behavior. The phenomenon has been observed also in the medical field where the differences related to the medical specialization of the physicians exist. Individuals with different specializations have been shown to attribute heterogeneous meanings and appreciation for the term, "work" (Taber et al., 2011; Borges and Gibson, 2005; Bouwkamp-Memmer et al., 2013). According to the literature, medical specialties can be classified into two broad categories: person-oriented specializations and technique-oriented specializations (Yufit et al., 1969). Technically-oriented specialists also typically undertake more complex training opportunities and are more interested in status and prestige (Borges and Osmon, 2001), rather than in intrinsic and context-related work values. In contrast, doctors in a person-oriented specialty consider it more important to maintain good relations with their colleagues and also value the "self-direction" of their work (Bouwkamp-Memmer, 2013; Eliason, Grouse and Gottileb, 2000).

Hypothesis 3a: Doctors with a diagnostic-therapeutic specialization manifest a higher appreciation for status-related values compared to person-oriented physicians.

Hypothesis 3b: Doctors who have a diagnostic-therapeutic specialization manifest less appreciation for socially-oriented work values than person-oriented physicians.

Organizational Determinants of Work Values

The relationship between the context of an organization and an individual's work values remains to be explored in the healthcare sector. Recent studies have demonstrated that there is a relationship between the characteristics of physicians and their propensity to choose public

or private sector work (Midttun, 2007; Sorensen and Grytten, 2003), and between work values and job satisfaction for family physicians (Bouwkamp-Memmer, 2013). However, there is no evidence of a link between a hospital's setting and physicians' preferences for certain work values. Healthcare institutions worldwide are characterized by a wide variety of hospital typologies (World Health Organization, 2012). Several institutional profiles represent differences in the objectives of an institution in relation to the provision of services and the patterns of governance and organizational structures. It has been shown that a worker's motivations and expectations are closely linked to the values, objectives, and strategies of an organization (Midttun, 2007).

Proposition 1: Doctors' work value preferences are influenced by the institutional profile of hospitals in which they are employed.

Concerning changes in preference regarding work values related to their professional environment, the literature has identified two different processes for the adaptation of individual work values. The first is referred to as, "acclimation", and it relates to an individual's tendency to give more importance to values that he/she observes in his/her professional environment. The second process is referred to as, "compensation", and it describes how individuals tend to prioritize values which are not satisfied in the workplace (Jin and Rounds, 2012; Kirkpatrick et al., 2012). Since the individual's degree of job satisfaction is determined by the correspondence between what people want from work and what they receive (Kalleberg, 1977; Daehlen, 2008), as Maslow (1943) stated, if an individual gradually meets his/her needs, the satisfied needs will no longer serve as motivation for further change. This influence the preferences expressed in terms of different categories of work values.

Proposition 2: Individual preferences for different types of work values are associated with levels of job satisfaction that clinicians manifest in their organizational context.

METHODS

Procedures and Instruments
Data were collected as part of a larger survey about the analysis of the departmental model. Anonymous behavioral questionnaires were administered to medical personnel afferent to 44 clinical directorates (Mc Nulty and Ferlie, 2004; Mascia et al., 2014b) belonging to 28 Italian

Local Health Units (LHUs). The organizations were selected on the basis of homogeneity in terms of beds and care activities offered.

Hofstede (1980) proposed that work values can be measured with respect to the degree to which people attribute a level of importance to some features of their work and their ideal working environment (Berings et al., 2004). Therefore, grading of work values was performed by asking the respondents to rank ten work values from 1 to 10, with "1" indicating most important and "10" indicating marginal importance. The work values proposed included: income, making contribution, advancement opportunities, , climate, attention to individual achievement, workload, job involvement, learning potential, decision making participation, and opportunity to be creative. They were connected to the main work values categories: *Extrinsic Work Values, Intrinsic Work Values, Status-related Work Values, Social-related work Values.*

ANALYSIS

In order to test the research hypotheses and research propositions, an empirical analysis was conducted using Ordered Logit regression models (Scott, Long, Freese, 2006; Wooldridge, 2009).

RESULTS AND DISCUSSION

Results confirm almost all our research hypothesis and propositions. Results confirm that female doctors show less appreciation for extrinsic work values than their male colleagues. Doctors belonging to Generation X attach little importance to status-related work values. Doctors with a diagnostic-therapeutic specialty have a high appreciation for status-related work values, and manifest less appreciation for social work values compared with their colleagues in a person-oriented specialty. Results also confirm that the organizational context of a professional position can lead to changes in an individual's preferences for work values. The preference for extrinsic work values decreased with salary satisfaction, and satisfaction with respect to exploitation of results led to a decrease in the probability of entering intrinsic work values in the first five grading positions of the questionnaire. Satisfaction with the acknowledgement of one's skills led to an increase in the probability that intrinsic work values would be graded in the first positions of the questionnaire. Finally, a doctor's satisfaction with their workload resulted in a decreased probability of social work values being graded in the first five positions of the questionnaire. The present results indicate that individuals are

satisfied with the values that their work environment ensures, thereby confirming the "compensation" mindset (Jin and Rounds, 2012; Kirkpatrick et al., 2012).

The present study have several managerial and policy implications. From a managerial point-of-view, knowledge of the work values appreciated by employees is of fundamental importance in determining how to optimize work in health care organizations. Ideally, a hospital should determine the work values of the individuals that are responsible for steering the organization of work and the organizational structures in a hospital in order to satisfy the values which individual professionals give more importance. From the point-of-view of policy making, it is important to clarify with aspiring doctors the values that they may potentially develop and satisfy through their choice of specialization. Moreover, it is important that health managers recognize and appreciate the diversity of the values and capabilities of different types of healthcare organizations in order to meet the heterogeneous professional values and goals of the employees involved.

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