

IS THE ORGANIZATIONAL CULTURE FAVORABLE TO TRAINING IN RESIDENCY FOR MEDICAL STUDENTS?

Carmen Daniela, Domnariu¹ and Florentina Ligia, Furtunescu²

¹ “Lucian Blaga” University of Sibiu, Faculty of Medicine “Victor Papilian”

² University of Medicine and Pharmacy “Carol Davila” Bucharest, Faculty of Medicine

ABSTRACT: The long-lasting training in medicine (more than 10 years) is still an attraction for many excellent students. Most of the evaluation forms during this training are based on theoretical and practical skills. However, could we be sure that the organizational climate provides the most appropriate environment for study and career development? We did a survey on 22 young doctors, residents in public health and management and/or epidemiology aiming at evaluating the personal management style and the management style within the organization (Adizes questionnaires: “Personal Test” and “Task Demands”). The management styles described by Adizes - Producer – Administrator – Entrepreneur – Integrator - and their expression as primary or secondary style were analyzed. We found that the young residents generally have a powerful expression of producer and entrepreneur as personal style, but they tend to become administrators within the organization, mostly during their first years of training.

Key words: organizational culture, medical residency, management style, Adizes questionnaire

1. INTRODUCTION

Medicine is a particular profession in which the academic training in medicine has one of the longest durations (six years undergraduate plus three to seven years a postgraduate residency program in a medical specialization. So, nine to thirteen years are needed for ensuring the necessary clinical background for a physician. Most evaluations, during this long period, are focused on gained medical knowledge, both theoretical and practical. However, we often do not think about how appropriate the professional environment and the organizational culture are for stimulating the student creativity and enthusiastic commitment in accomplishing the organization goals.

The aim of this study was to assess the management styles in a group of young doctors as personal and task demand styles, in order to understand the influence of the organization culture on the career motivation for the young professionals.

2. METHODS

We did a cross-sectional survey in young doctors, residents in complementary specialties (public health and management, epidemiology, hygiene and medical ecology) in two medical universities from Romania. We used in parallel two questionnaires of Ichak Adizes : “Personal Test” and “Task Demands”(1). Both questionnaires are based on the PAEI management style defined by dr. Ichak Adizes a few decades ago (2).

The theory of dr. Adizes is based on the assumption that there are four roles of the management process: Producer (P), Administrator (A), Entrepreneur, (E) and Integrator (I). We are able to evaluate our PAEI personal style, but also our PAEI management style in relation to task demands. Knowing those two styles, we are able to better communicate with persons and to allocate the most appropriate tasks for them, in order to maximize their potential and creativity.

The Producer style (P) is characterised by high energy, dynamism and attraction for tangible results. These individuals are task oriented, very effective and always busy; they prefer to work rather than going to meetings and they are highly motivated to accomplish concrete goals. They dislike details, ambiguous or abstract situations. They have the know-how in their field of action, they are impatiens, quick to make decisions, they know what is needed and how to do what is needed. They are less preoccupied by the rest of the team, preferring to work alone, because they have no time and patience to train the others. This can be a little unpleasant, but these persons are responsible for driving many organizational achievements (3-5).

The Administrator style (A) is characterised by attraction for rules and procedures. Usually, these individuals are well organised, quiet, and cautious to details. They are less concerned with what should be done and more focused on how the things should be done. They need to understand the processes and procedures before taking action, and they are able to generate new procedures and rules in order to improve the control. They are extremely uncomfortable with ambiguity and uncertainty. In organizational contexts, the administrators bring stability and order. They are systematic, slow, careful in decision-making and conservative (3 - 5).

The Entrepreneur style (E) is marked by generating ideas, establishing new goals and strategies. These individuals are creative, enthusiastic, willing to change and initiators for actions, often so called “risk takers” and “dreamers”. They have no time to consider the consequences of past actions or decisions, going in full speed ahead and being attracted by bigger potential achievements in the future. They are talkative and charismatic. Entrepreneurs scan permanently the environment for opportunities of developments in new directions.

The Integrator style (I) is focused on the group. Those persons are good listeners; they successfully manage the

interpersonal relationships inside the organization and outside it. They are cautious to peoples' needs, motivators and conflicts, trying to create harmony and consensus and to solve all conflicts. They are less concerned about formal roles and titles, and more concerned about the people, following always the group.

Usually a person is able to act in all four styles, but we are natively strongest in only one of the four styles (6). We can learn to act in secondary style in adulthood and we can learn with much effort to act in a third style, but weakly. On another hand, an organization needs to combine individuals with all the four styles, being in this purpose very useful to understand primary style of the people.

The Adizes Personal Test questionnaire consists of 27 statements in pairs and responders are asked to choose the statement that is best characterising them. The PAEI profile is calculated from the addition of all responses from the vertical columns, each column representing a role.

The Adizes - Task Demands questionnaire reveals the demands of the job. There are 22 statements and responders are asked to choose a score from 1 to 4, where "1" indicates that the specific statement is really a demand in their job and "4" indicates the statement is not a demand in their job. The chosen score supposes to reflect as better as possible the appropriateness of the statement for each responder. The number of alternatives chosen in each column represents the specific score for the PAEI roles. The roles can be absent or expressed primary (P, A, E, I) or secondary (p, a, e, i), depending on the score obtained by each responder (Table 1).

Table 1. The PAEI styles expression in relation to the scores

Score's value		Style's expression
Task Demands	Personal test	
< 2	< 10	Absent
2 to 5	10 - 13	Secondary
6 +	14+	Primary

We compared the frequency of individuals' styles expression in both questionnaires, being particularly interested in individual styles. Generally, the PAEI roles can be used for analyzing the organization profile, based on the contingency theory (6). According to this, an organization is expected to have similar stages of development to humans, starting to Courtship (paEI), Infant stage (PaeI), Go-Go (PaEi), Adolescence (pAEI) and Prime (PAEi) and eventually passing in the middle age as Stable organization (PAeI) or going to Aristocracy (pAEI) or Bankrupt Aristocracy (pA-I).

Our target population was represented by resident physicians following their medical stages in departments of public health from two faculties of medicine from Romania. Beside the Adizes questionnaires, we collected also demographic variables (age, gender, specialty, year of study) and variables related to career satisfaction and personal future plans (Are they are happy with the specialty?; Do they intend to finish this specialty?; Do they intend to remain in the country?). For the first question, a Likert scale from 1 to 10 was used (1 represented the lowest level of satisfaction) and for the other two, we collected binary answers (yes/no). Data collection took place during February – April 2012. The study was performed in full respect of informed consent and confidentiality of personal data.

Statistical analysis: scale variables were analysed as means \pm SD. Qualitative variables were presented as proportions. We

calculated the relative frequency of expression in each style, in both circumstances (as personal style and as task demand style). Comparisons by gender, specialty, year of study and career satisfaction were done using t-student test or one-way ANOVA for scale variables and Chi² or Fischer test, as appropriate, for qualitative variables.

3. RESULTS

We included 22 responders, among which 5 were males. The proportion is similar to male: female ratio in medical students.

Mean age was 28.68 ± 2.255 years (very homogenous case series, coefficient of variation less than 10%) (fig. 1). No statistical difference among genders in mean age was found (t-student test, normal distribution for age). Most of them were residents in public health and most were in the first two years of residency (Table 2).

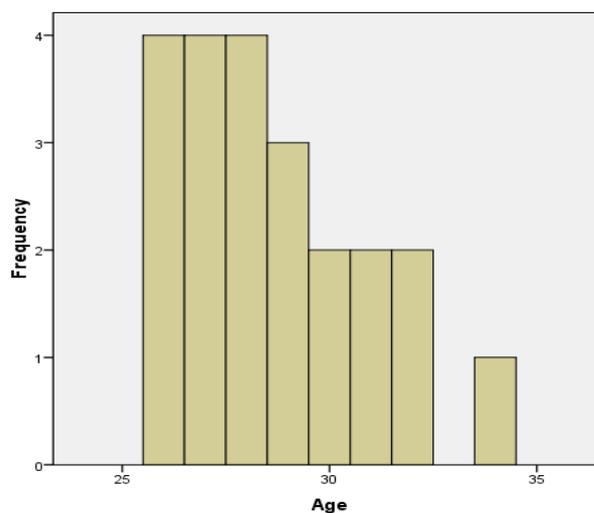


Figure 1. Age distribution.

Table 2. Distribution according to specialty, type and year of study

Specialty	Public health	Epidemiology	Hygiene
No	15	4	3
%	68.2	18.2	13.6

Year of study	first	second	last (3rd or 4th)
No	7	9	6
%	31.8	40.9	27.2

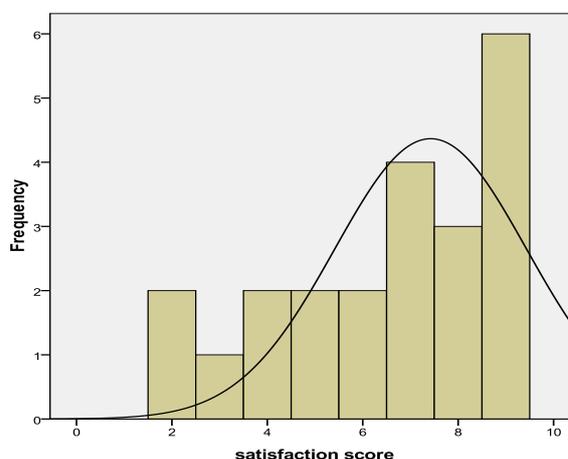


Figure 2. Distribution of score of satisfaction in relation to professional career

18 subjects were in their first residency, but 4 were at the second specialization. The mean level of satisfaction related to professional career reached to 6.50 ± 2.345 (range 2 to 9), with no difference among genders (fig. 2).

Differences in satisfaction were found by specialty and year of study (one-way ANOVA). A significantly higher mean score was found for public health specialty (7.60 compared to 4.00 and 4.33 for epidemiology and hygiene respectively). No difference in scores for the last two specialties (equal variances, Bonferroni test). Also, significant higher scores were found in the last years of study compared to the first two years (not-equal variances, Tamhane T2 test). No difference was found between the first and second year of residency and also between the third and the fourth (public health is four year lasting and epidemiology and hygiene three years).

Generally, among two thirds of residents (15/22) wish to finish the current specialty, especially those from third and fourth year of study. More than half of the subjects wish to practice abroad (12/22), with no difference by year of study.

Most frequent profile related to task demand was pAei (5/22), followed by pAei (4/22).

Most frequent profile related to personal management style was P0EI (5/22), followed by paeI (4/22).

Majority of subjects had two styles primary expressed both as personal styles and as task demand style (fig. 3).

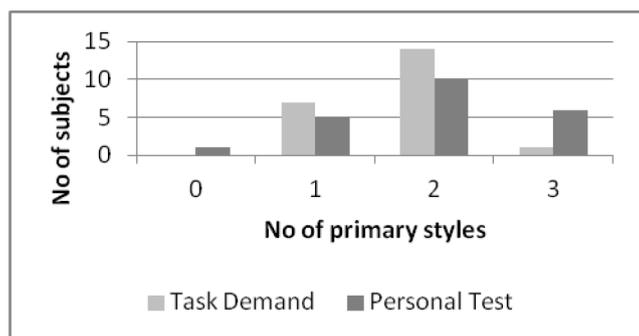


Figure 3. Subjects' distribution according to number of styles primary expressed

Most frequent style primary expressed in relation to task demand was (A) (16/22), followed by (E) and (I) equally (10/22). The (P) was primary expressed only in three subjects.

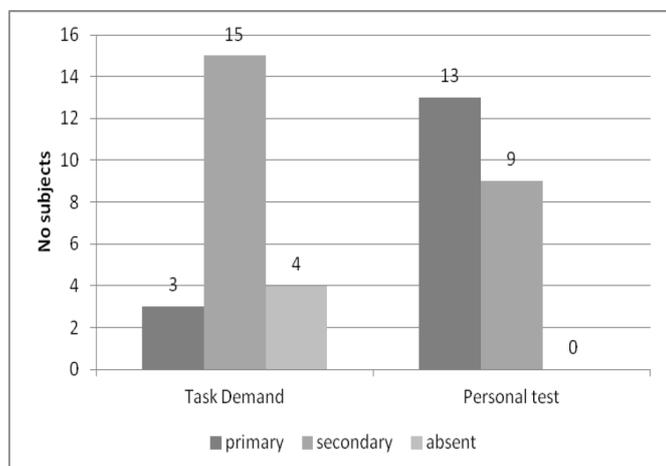


Figure 4. Producer (P) style

Most frequent style primary expressed in personal test was (I) (15/22), followed by (P) (13/22) and (E) (12/22) and the last was (A) (3/22).

We noticed so far that people tended to be mostly integrators, producers and entrepreneurs as their personal style, but they become mostly administrators in organizations.

Each style's expression was assessed in parallel from personal and task demand perspective (fig. 4 – 7)

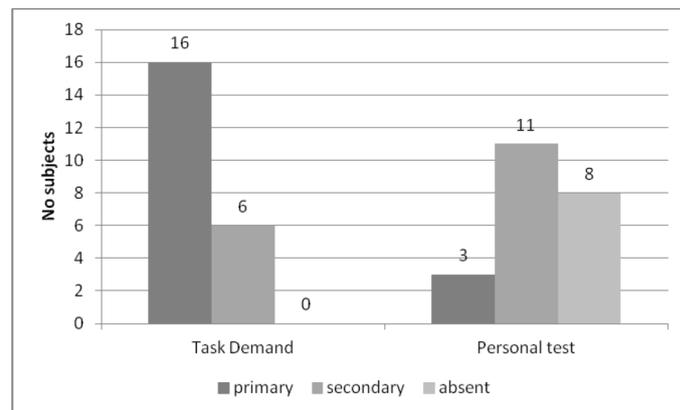


Figure 5. Administrator style (A)

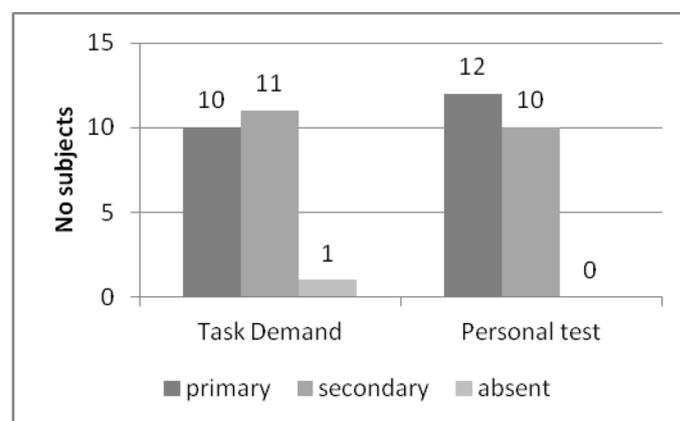


Figure 6. Entrepreneur (E) style

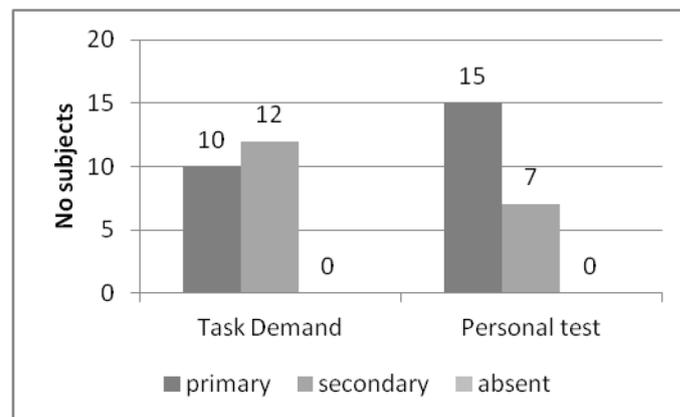


Figure 7. Integrator (I) style

Using the Personal Test, (P) was found expressed primary and secondary in 13, respectively 9 subjects. In relation to task demand, this role remained primary expressed only in three subjects, but in 15 and 4 was secondary expresses and respectively absent (Fig. 4).

The (A) was found primarily expressed as personal style only in 3 subjects, but secondarily expressed or absent in 11 and 8 respectively. In relation to task demand, 16 subjects were found (A) and (6) respectively (Fig. 5).

The (E) was found primarily and secondarily expressed in 12 and 10 subjects as personal style and remained expressed

primarily in 10 subjects (secondary style and absent in 11 and 1 respectively) in relation to task demand (fig. 6).

The (I) was primarily and secondarily expressed in 15 and 7 subjects as personal style and remained primarily expressed in 10 subjects in relation to task demand.

The situation was similar by year of study (due to the restraint number of subjects we grouped the first two years and the last two years) and by intention to leave the country (Table 3, 4).

Table 3. Style expression by year of study

Year of study/ style	Task Demand		Personal Test	
	I, II	III, IV	I, II	III, IV
P	3	0	9	4
p, 0	13	6	7	2
A	11	5	3	0
a, 0	5	1	13	3
E	7	3	7	5
e	9	3	9	1
I	7	3	11	4
i, 0	9	3	5	2

Table 4. Style's expression by willing to leave the country

Remaining in Romania	Task Demand		Personal Test	
	Yes	No	Yes	No
P	2	1	9	4
p, 0	8	11	1	8
A	9	7	0	3
a, 0	1	5	10	9
E	4	6	5	7
e, 0	6	6	5	5
I	5	7	8	7
i, 0	5	5	2	5

Following both criteria (year of study and willingness to practice in Romania), we found decreasing in expression of productivity in relation to task demand, compared to the personal management style.

We also found increasing in administration focus in relation to task demand, maintaining of the entrepreneur role and small decreasing in integrator role.

4. DISCUSSION

Our study is a pilot exploration of the personal management style compared to task demand in a small population of young residents in three medical specialties complementary to the clinical practice. Most of our subjects were females (this is a general structure by gender in physicians' population in Romania), with a fair level of satisfaction in relation to their professional career (mean satisfaction score of 6.5 on a Likert scale from 1 to 10). Half of them would like to practice abroad.

We were interested only about the persons' style, and not about the organization style, because the residents usually follow successive practical stages (duration six months - one year) in different organizations. Most frequent profiles found in our study were pAeI and pAei in relation to task demand and POEI and paeI as personal style.

The producer style was much better expressed primarily in the personal test and tended to become secondarily expressed in relation to task demand. This could mean that the young doctors are natively preoccupied about achieving concrete results, but inside the health organizations they switch to pay attention to rules and procedures.

This hypothesis is sustained by the expression of the administrator style that increased substantially as primary expression in relation to task demand compared to personal test (16 and 3 respectively).

The entrepreneur style was quite constantly represented as primary style both as personal style and in relation to task demand. This could be interpreted as a stimulating professional environment, which keeps the residents active and willing to look for opportunities, to generate ideas and to promote the changing.

The integrative capacity seemed to be well represented as personal role and also adequately maintained within the organization. This is a favourable finding because the medical professions are recognised as very individualistic. So, encouraging the focus on the group is an appropriate way to promote team work, learning from experience and personal exchanges.

Our main goal was to understand the native abilities of the young professional and behaviour in organizations, based on the assumption that a better knowledge of their management style could help us to a more appropriate task-allocation. An additional result was the high focus on administration in relation to task demand. This result needs further exploration in order to understand the environment factors leading to this issue and possible to change them on medium term.

5. REFERENCES

1. European Institute Denmark – Property of Adizes Questionnaires Adizes / Task Demands, Adizes/Personal Test
2. Adizes, Ichak. *How to Solve the Mismanagement Crisis*. Dow Jones-Irwin, Homewood, Illinois, (1979).
3. Adizes, Ichak. *The Ideal Executive: Why You Cannot Be One and What to Do About It*. Adizes Institute Publishing., Santa Barbara, California, (2004),
4. Adizes, Ichak. *Management/Mismanagement Styles: How to identify style and what to do about it*. Adizes Institute Publishing., Santa Barbara, California, (2004)
5. Adizes, Ichak. (2004b). *Leading the Leaders: How to Enrich Your Style of Management and Handle People Whose Style is Different from Yours*. Adizes Institute Publishing, Santa Barbara, California, (2004)
6. Adizes, Ichak.. *Managing Corporate Lifecycles: How and Why Corporations Grow and Die and What to Do About It, Revised Ed*. Prentice Hall, New Jersey, USA, (1999)