

HUMAN CAPITAL MANAGEMENT ON THE EXAMPLE OF SELECTED HEALTHCARE FACILITIES

Agata KRUKOWSKA-MILER

Politechnika Częstochowska, Wydział Zarządzania; a.krukowska-miler@pcz.pl, ORCID: 0000-0002-5881-2007

Purpose: Human resources in service organizations constitute the fifth crucial element of the marketing mix. This is also true in healthcare facilities, where medical services fundamentally rely on people. It is primarily these people that the client/patient seeks. Therefore, managing human capital in these facilities is a noteworthy element. The aim of this article is to examine the human resource management process and the related problems in selected healthcare facilities in the Silesian Voivodeship. This study is a pilot study, highlighting gaps and research issues in this thematic area.

Design/methodology/approach: The study was based on targeted research. Custom-designed survey questionnaires were sent to healthcare facilities with a request for voluntary participation. The thematic scope was presented. The research tool was a custom-designed survey questionnaire. Contact with the facility was made through direct contacts with persons responsible for human resources in the facility. The study lasted from June 2 to July 4, 2024, and included employees from three healthcare facilities. Responses were obtained from several participants.

Findings: The study can serve as a small contribution to creating the foundation for developing guidelines for healthcare facilities concerning human capital management. The study identified problematic areas and aspects of human capital management that require special attention. Additionally, it highlighted organizational elements of the facilities that are highly valued by employees.

Research limitations/implications: This study should be expanded to include a significantly larger number of healthcare facilities, potentially covering all of Poland. This is due to the specific nature of healthcare systems and recruitment processes. However, the results concerning Poland could be compared with solutions from other European countries. Such an approach could help managers and employees understand the human capital management process not only at the recruitment stage but also at other stages of management. The main problem of the study was the relatively short data collection period and the weak response from entities and employees who could be included in the study.

Practical implications: Help for managers.

Social implications: Better management of healthcare facilities and their personnel leads to improved healthcare accessibility and thus to the overall health improvement of the population. A well-managed healthcare facility with well-conducted internal marketing can enhance job satisfaction, increase employee engagement, and improve the quality of customer/patient service.

Originality/value: This study can help managers understand the necessity of properly implementing internal marketing and managing personnel effectively. There is relatively little literature specifically addressing this issue in Poland in recent years, especially in connection with internal facility marketing.

Keywords: Healthcare facilities, management, human capital, medical personnel.

Category of the paper: Research paper, case study.

Introduction

In its essence as a service, a medical service inherently includes a strong element associated with the fifth element of the marketing mix—people. This aspect is emphasized by many authors, including Kotler (Kotler, 2002, 2010, 2013), who highlights the crucial role of people/personnel in creating the quality of the service, particularly in healthcare services. Dobski (Dobska, M, Dobski, P., 2000) points out the key role of personnel in creating the service and implementing a marketing communication model in healthcare facilities. Therefore, managing personnel is a crucial aspect of creating the value of medical services. Many researchers, including Janowska (Janowska, 2010) and Romanowska (Romanowska, 2011), address issues related to human resource management. The behavior and actions of healthcare service providers directly affect patients' perceptions of the service. Therefore, the following presents the main types of healthcare facility employees. These are conventional categories intended to outline the general principles of employee conduct and working styles. All medical facility employees can be roughly divided into four categories based on the type of services they provide:

- Type 1. Nurse – sells personal engagement, provides relatively common services that do not require many innovations but do require emotional involvement; it is not so much about the skill of preparing medication as it is about giving advice or guidance to the patient, who expects care and comfort, and maintaining contact throughout the duration of the problem.
- Type 2. Pharmacist – sells ready-made products, conducts activities where the patient buys a strictly defined service without expecting advice or closer contact; the service is to be performed according to high quality standards and at the lowest possible price.
- Type 3. Psychotherapist – primarily sells their time, experience, and personal engagement; the patient expects a thorough explanation of the causes and effects of their condition and ways to solve problems; the therapist must not only diagnose but also apply treatment.

- Type 4. Neurosurgeon – sells unique, top-tier knowledge; performs unique actions in critical situations; this type of activity combines a high degree of specialization, creativity, and innovation with limited patient contact, who does not need to know the details but expects the right solution, willing to pay any price for it (Kapliński, Łysiak, Pięcińska, 2001).

This classification helps understand the challenges faced by each type of employee and what is expected of them.

Table 1.

Matrix of Benefits Obtained by the Patient According to the Status of the Personnel Providing a Specific Type of Medical Services

Scope of contacts with the patient	Standard activity with focus on solution	Individualised activities with emphasis on diagnosis
High level of contact with the patient, counselling and personal contact is important	Nurse: - standardised services, - personalised services, - need for care, comfort	Psychotherapist: - personal services, - active, participatory, - need for clarification of diagnosis, - presentation of the treatment process
Low level of contact with the patient: - professionalism counts and execution, - patient focuses only on results	Pharmacist: - standardised services, - mass, - high quality standard, - desirable low prices	Neurosurgeon: - specialised services highly innovative, - asymmetry of information, - reliability desirable
Range of patient needs and benefits	The patient knows what he wants, he just needs a performer	The patient needs help in identifying both the needs and the possibilities for meeting them

Source: Kapliński, Łysiak, Pięcińska, 2001, p. 10.

The table above shows how important properly managed personnel are and how crucial their correct placement is, as it is through the personnel that a facility gains its reputation and can achieve a competitive advantage. Well-managed personnel and internal communication are discussed by authors such as M. Lasota, A. Rychlicka, A. Ryś, W. Stępień (Lasota, Rychlicka, Ryś, Stępień, 2000), and A. Pabian (Pabian, 2002). "Managing a healthcare facility, department, or personnel, whether medical or nursing, requires detailed planning of one's education, recognizing personal capabilities, and opportunities in the environment, with superiors and future subordinates" (Kapliński, Łysiak, Pięcińska, 2001).

Methods

For this study on human capital management in healthcare facilities, particularly in the context of people as the fifth element of the marketing mix for services, an interview using a survey questionnaire was conducted. The questionnaire consisted of 21 questions, including open-ended, closed-ended dichotomous, and semi-open questions. Due to a clearly defined

goal, thematic scope, and time and budget constraints, the study was based on non-random purposeful sampling, selecting typical units. Inquiries were sent to healthcare facilities regarding their willingness to participate in the study. The thematic scope was presented. The study was voluntary. Participants included employees from several healthcare facilities, both public and non-public. For this study, no distinction was made between employees of these types of facilities. The author does not exclude the possibility of examining the staff's approach concerning the type of facility they work in the future. Comparing hospital wards with clinics seems particularly interesting due to their specificities. The study lasted from May to July 2024. Responses to the survey were received from 25 individuals. These individuals are employed in positions ranging from higher medical personnel to mid-level medical staff (e.g., nurses) and non-medical personnel such as secretaries and registrars. As healthcare facilities are generally overburdened with work, the personnel were not very willing to respond.

Results

The survey was conducted between May and July 2024. The aim of the survey was to identify the main areas related to human capital management, among the staff of healthcare facilities, and to highlight these important issues from the employees' point of view. Twenty-five healthcare facility staff participated in the survey. 12 employees work in public facilities and 13 in non-public facilities. For 11, this is the only place of employment. Comparing this with their occupation, these are mainly mid-level medical and non-medical employees. Among the respondents, women outnumbered men by 17 to 8. The main respondents were 51-65 year olds - 11, the second group was 20-35 year olds - 8. This group included 13 doctors, 9 mid-level medical staff and 3 support staff not directly related to the medical profession.

Turning to the main elements of the survey, the responses regarding the recruitment process are very distinctive. The majority of the respondents, 23 in fact, encountered a one-stage recruitment process when they were admitted to a post. This consisted of submitting documents to the unit in question and waiting for a response. Only 2 people were subjected to a two-stage vetting process, i.e. they were invited to an initial interview. They were mid-level medical staff and applied to a non-public unit. Generally speaking, it can be concluded that due to staff shortages in the medical profession, there is no systematic verification of applications on the Polish market (PAP/AT Coraz większe braki kadrowe..., 6.08.2024).

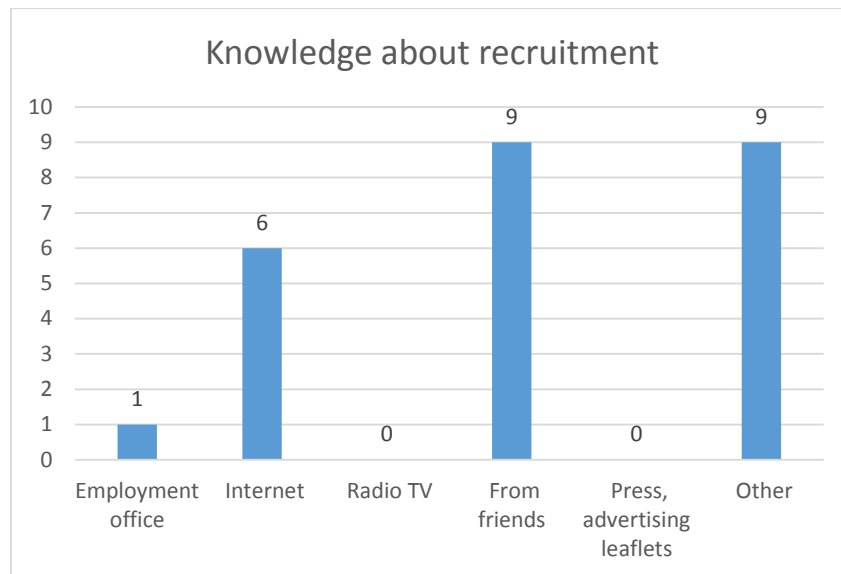


Figure 1. How did you find out about the recruitment for the position?

Source: own compilation based on survey.

As can be seen from the chart above, the main source of information about a future job position was either the Internet or friends. The Internet is playing an increasingly important role in the development of the competitiveness of a healthcare facility (por. Paszkowska, 2008; Całka, 6.08.2024).

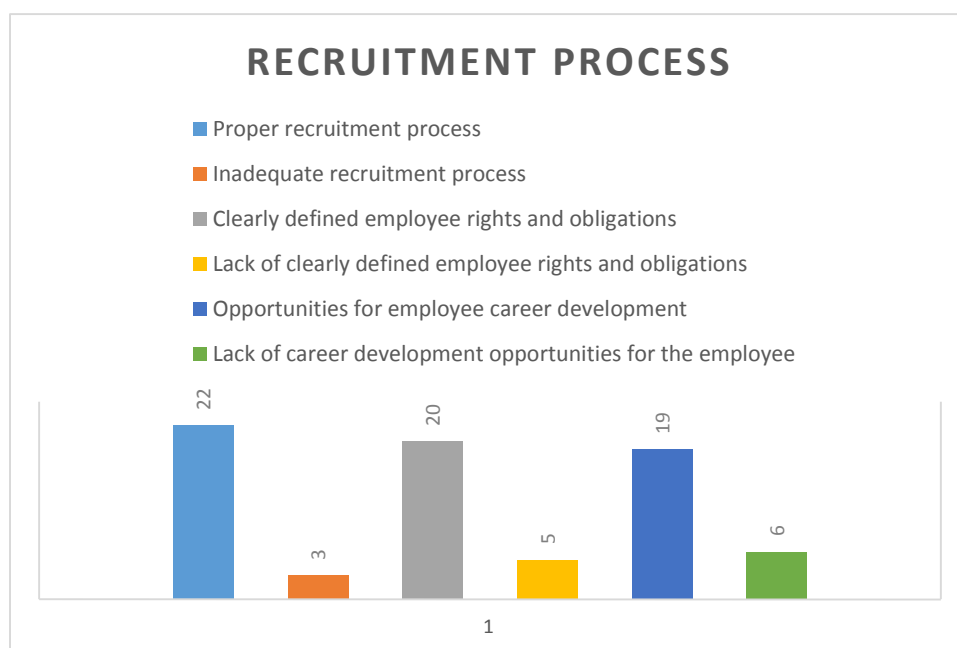


Figure 2. The recruitment process.

Source: own compilation based on survey.

Despite the one-step recruitment process, most employees were satisfied with the process. Also on admission, the employees were given clear objectives and the opportunity for career development was pointed out.

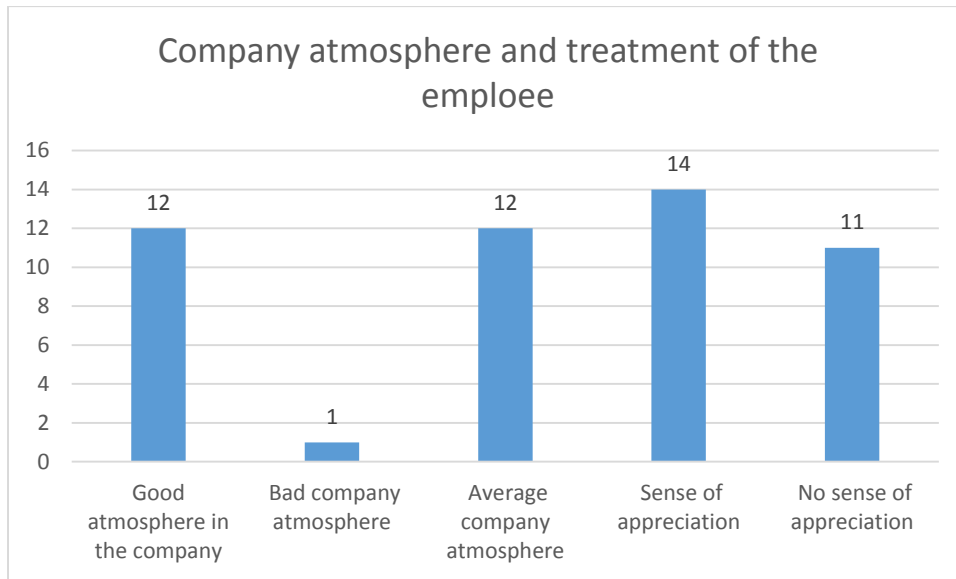


Figure 3. Company atmosphere and treatment of the employee.

Source: own compilation based on survey.

The survey shows that, in general, employees do not complain about the atmosphere at work. It ranges from good to average. The feeling of appreciation of the employee at work is much worse, as many as 11 respondents stated that they do not feel appreciated at work

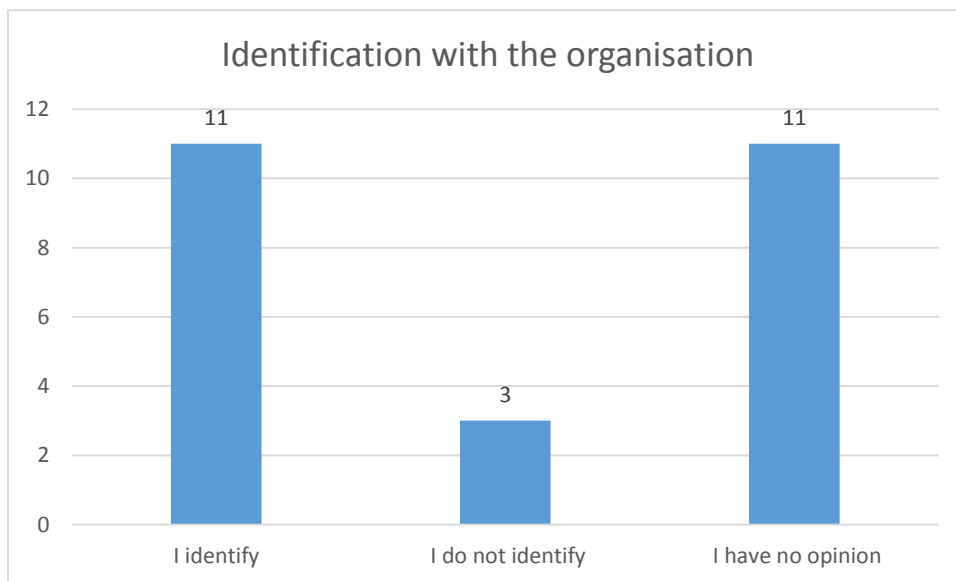


Figure 4. Identification with work.

Source: own compilation based on survey.

Looking at the chart above, apparently the lack of identification with the job is not significant, but adding to this the lack of opinion of employees creates a worrying picture of a lack of commitment to the culture system of an organisation. Perhaps this is not surprising, as mainly doctors are independent workers, often working in multiple locations, however, this creates huge management problems.

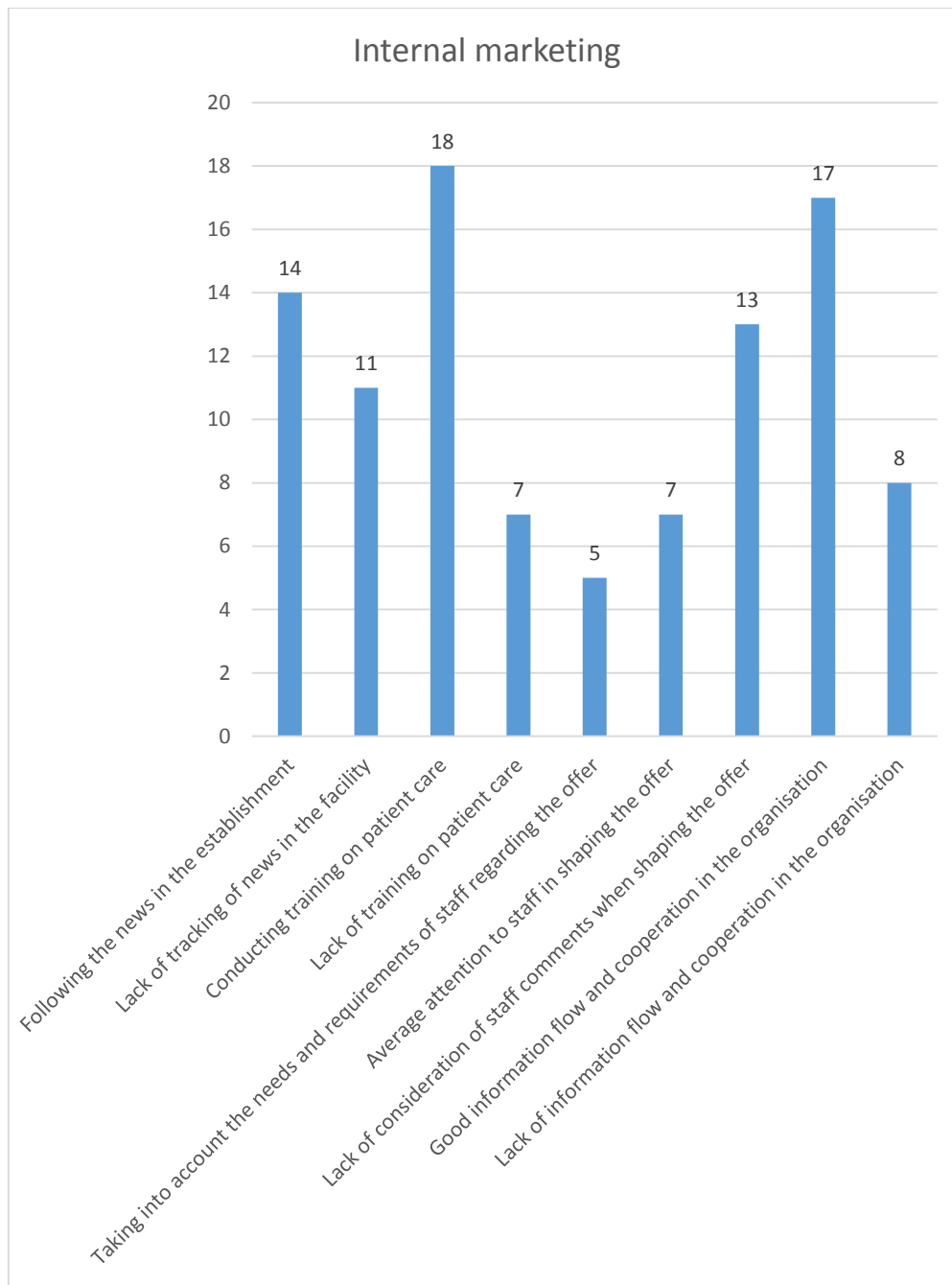


Figure 5. Internal marketing.

Source: own compilation based on the survey.

Here we can see that, while patient service training is provided (18 people), in general the flow of information regarding novelty, consideration of employees' opinions and ideas regarding the offer needs to be improved. By involving employees, their sense of empowerment and appreciation from their work is raised. On the other hand, the flow of information shows that it needs improvement, but it is not at an alarming level.

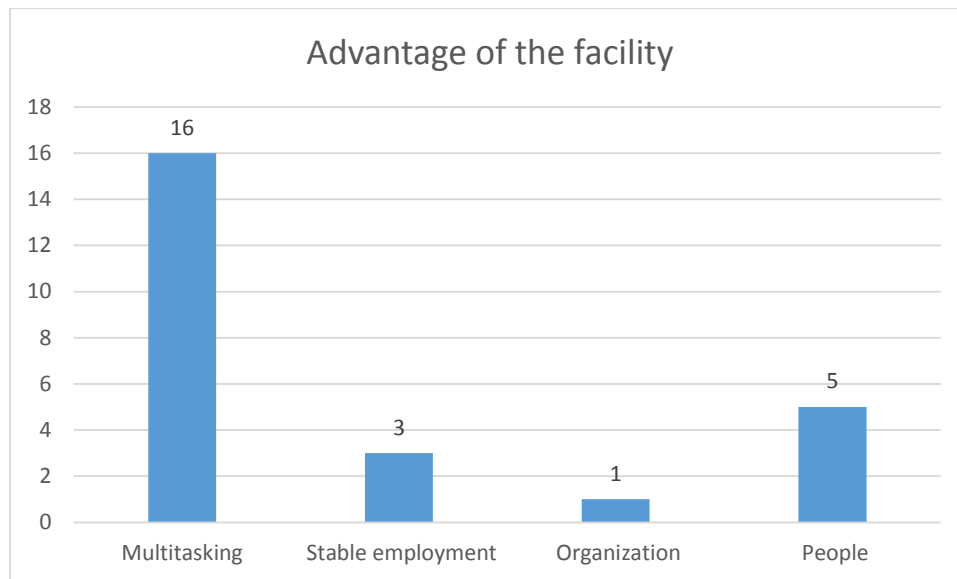


Figure 6. Advantage of the organisation.

Source: Own compilation based on surveys.

When asked in an open question about the biggest advantage of the organisation in the eyes of the employees, the respondents mainly marked multitasking. This may indicate that the organisation is seen from the point of view of the patient and identifies with them. People were also mentioned, i.e. the team of people. The least appreciated was work organisation. This may be related to the general overload of staff and the constant changes in the healthcare area.

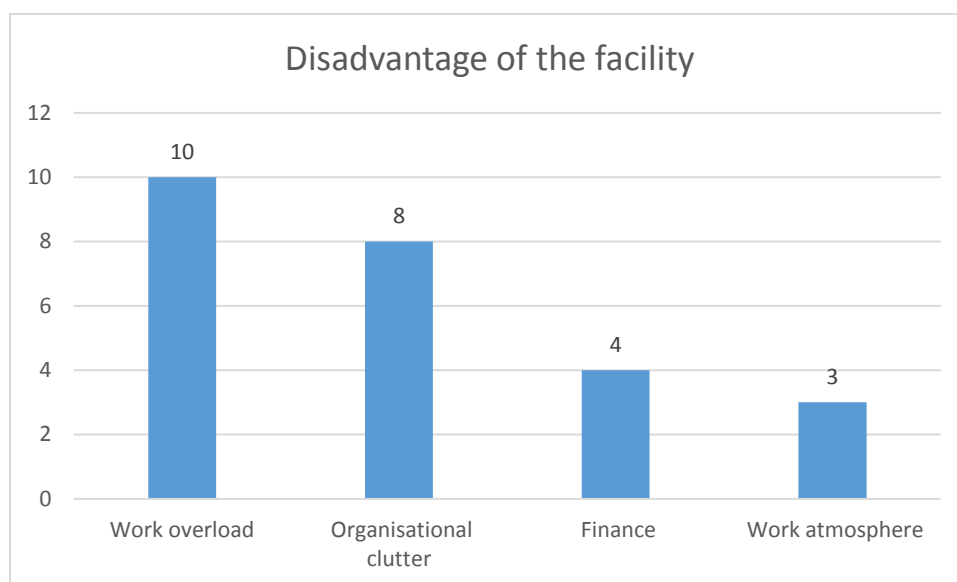


Figure 7. Disadvantage of the facility.

Source: Own compilation based on survey.

Respondents consider work overload and organisational clutter to be the biggest disadvantage of the organisation. At the moment, it is apparent that finances no longer play a significant role in the employee assessment as salary levels in the healthcare sector have improved.

Discussion

Human resources in service organisations are the fifth very important element in the marketing mix. It is no different in healthcare facilities where, in fact, the medical services provided are based on people. They are mainly what the customer/patient is looking for. Therefore, human capital management in these facilities is a noteworthy element. Many authors pay a lot of attention to it. The emphasis is mainly on identifying the activities of staff as a factor that determines the quality of medical services and increases the competitiveness of the facility (Buchelt-Nawara, 2002). Additionally, it is the people who are the resource that often determines the development of the facility (Krawczyk Grzybała, 2018). Well-motivated and educated staff in healthcare facilities are the foundation for successful achievement of goals. Looking at the results of the research, although they belong to partial ones, they indicate the need for improvements in the personnel management process mainly in internal marketing. This is primarily about involving staff directly or indirectly in the organisation's offering. Creating an atmosphere of empowerment, which, at the same time, can result in the employees identifying more with the organisation. According to Krot and Lewicka - a high level of trust towards employees is a valuable organisational resource and can be a source of competitive advantage (Krot, Lewicka, 2016). In addition, it should be remembered that we are often dealing with high-level professionals who make a number of important decisions on their own in order to motivate them effectively, diverse, often individually selected tools should be used to improve the effectiveness of their work (Głowacka, Mojs, 2015). It is worrying that employees themselves drew particular attention, in addition to the work overload that is permanent in the health sector, to organisational clutter. This element should be further analysed in detail. Its elimination, or reduction, could improve employee wellbeing and contribute to better management of facilities.

Summary

To summarise the research carried out, attention should be drawn to its partiality, which at the same time points to elements that could be important points in the personnel management process. The aim of the study, which was to look at the problems that managers of healthcare facilities may encounter, was partly achieved. This is indicated by the results. Undoubtedly, a greater sense of agency should be brought to bear in the creation of offers, taking into account the opinion of employees. The sense of organisational clutter that accompanies employees is worrying. This problem could provide material for further research to determine whether this feeling is related to external factors or whether it is caused by problems existing within the organisation itself. It is encouraging that, despite everything,

employees are able to develop their own careers in the facilities, training is provided on how to handle staff and the flow of information is at a satisfactory level.

References

1. Buchelt-Nawara, B. (2002). Zarządzanie personelem jako czynnik determinujący jakość usług medycznych. *Zeszyty Naukowe, Nr 607*. Wydawnictwo Akademii Ekonomicznej w Krakowie, pp. 45- 55.
2. Całka, A. Wykorzystanie nowych technologii w komunikacji marketingowej ośrodków opieki zdrowotnej w Polsce. *Studia i Prace Wydziału Nauk Ekonomicznych i Zarządzania, No. 39, No. 2*. Szczecin, pp. 327-337, 6.08.2024.
3. Dobska, M., Dobski, P. (2000). *Marketing usług medycznych*. Indor.
4. Głowacka, M.D., Mojs, E. (eds.) (2015). *Profesjonalne zarządzanie Kadrami w podmiotach leczniczych*. Warszawa: Wolters Kluwer.
5. Janowska, Z. (2010). *Zarządzanie zasobami ludzkim*. PWE.
6. Kapliński, A.K., Łysiak, M.R., Pięcińska, T.S. (eds.) (2001). *Zakład opieki zdrowotnej w praktyce, cz. 7, rozdział 5, podrozdział 1, p. 1*. Verlag Dashofer Sp. z o.o.
7. Kotler, P., Armstrong, G. (2010). *Principles of Marketing*. Prentice Hall.
8. Kotler, P., Armstrong, G., Saunders, J., Wong, V. (2002). *Marketing – podręcznik europejski*. PWE.
9. Kotler, P., Shalowitz, J., Stevens, R.J. (2013). *Marketing strategiczny w opiece zdrowotnej. ABC a Wolters Kluwer business*.
10. Krawczyk, N., Grzybała, Ł. (2018). Kapitał ludzki w przedsiębiorstwach podmiotów leczniczych. *Marketing i Zarządzanie, no. 1(51)*, pp. 225-233, DOI: 10.18276/miz.2018.51-22.
11. Krot, K., Lewicka, D. (2016). *Zaufanie w organizacji innowacyjnej*. Warszawa C.H. Beck.
12. Lasota, M., Rychlicka, A., Ryś, A., Stępień, W. (2000). *Public relations w ochronie zdrowia*. Uniwersyteckie Wydawnictwo Medyczne „Versalius”, p. 15.
13. Pabian, A. (2008). *Promocja – nowoczesne środki i formy*. Difin sp. z o.o.
14. PAP/AT Coraz większe braki kadrowe wśród lekarzy specjalistów. Będzie tylko gorzej, <https://www.pulshr.pl/rynek-zdrowia/lekarze-specjalisci-nie-chca-zarabiac-mniej-niz-rezydenci,106714.html?mp=promo>, 6.08.2024.
15. Paszkowska, M. (2008). Rola Internetu w promocji zdrowia. *Przegląd Medyczny Uniwersytetu Rzeszowskiego, no. 3*. Rzeszów, pp. 244-252.
16. Romanowska, M. (2011). Zarządzanie Kapitałem Ludzkim. *Zeszyty Naukowe Uniwersytetu Szczecińskiego. Finanse, Rynki Finansowe, Ubezpieczenia, no. 46*, pp. 171-182.