

## **FACTORS PROMOTING WORKERS INVOLVEMENT IN BUILDING THE SOCIALLY RESPONSIBLE ORGANIZATION ILLUSTRATED BY THE EXAMPLE OF HEALTH INSTITUTIONS**

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**Summary:** Corporate Social Responsibility is a management concept that allows the development of the organisation positive image and strengthening its competitive advantage. It has been widely used by economic organisations. Currently it is more often used by public institutions and non-profit organisations. The acceptance and realization of the concept assumptions by the managerial staff is not sufficient for the concept to be successfully implemented. What equally important (or even more important) is the engagement of all the workers in the concept realisation. The more conscious the workers are and the higher the level of their qualifications, identification with the organisation and responsibility for its future is, the easier it is to implement the rules of social responsibility in such an organization. The fact that workers commonly follow the rules of ethics and have the same understanding of ethical standards which are applicable in a given organisation constitutes another equally significant factor supporting the concept implementation. The workers of health institutions should be characterized by all the factors mentioned here. Thus the process of the CSR concept implementation and realization in these institutions should proceed more smoothly than in others. However, is that what actually happens? In the presented article the author on the basis of the literature analysis and her own empirical research attempts to diagnose the level of health sector workers preparation to the implementation of social responsibility assumptions in their centres. She also tries to evaluate to what extent the implementation process has already been completed or will probably be completed in the near future.

**Keywords:** CSR, worker, management, health institutions

### **1. Introduction**

The CSR rules enable not only the managerial staff but all the workers to shape the management process of the organisation and its competitive advantage. Implementation of these rules requires conscious and active participation of workers in shaping management processes. Workers are also required to possess a specific kind of sensitiveness thanks to which each activity is a conscious and intentional establishing of the relation with internal and external environment of the organization. Such an attitude to the management enables making positive contribution to the social development and minimizing possible negative effects resulting from potential mistakes in the operation of medical subjects or their workers.

A detailed analysis of the internal and external environment of a medical subject on the basis of which the key clients and targets to be realised with reference to them will be established constitutes the starting point for the implementation of social responsibility rules.

The following persons can be appointed, among others, as possible clients of each medical subject:

- current and potential patients
- current and potential workers
- National Health Fund
- companies cooperating with a medical subject and rendering services for it

- companies producing and maintaining medical equipment and pharmaceutical companies
- local authorities and its institutions
- media
- others, institutions having key function from the point of view of the medical subject
- companies operating at the local market and searching attractive health packages for their employees.

From the point of view of internal clients this elaboration is devoted to, it is particularly important to ensure workers that CSR does not mean burdening the medical subject and in the effect lowering workers' income and increasing the number of duties, or forcing the change of current methods of operation. Its implementation should contribute to strengthening workers conviction that they work in a place that guarantees them friendly working conditions, allowing continuous professional and personal development and with the guarantee that their work and engagement will be appreciated by managers and patients.

Promotion of attitudes and performance of those workers who follow the CSR rules in practice (whether consciously or not) can play a significant role in persuading workers to the idea of CSR implementation. This can be achieved by providing information on the engagement of workers in charity, on the organization of preventive campaigns among patients and local societies, on rendering medical services in a way that guarantees professionalism and empathy and at the same time gives rise to the sense of security and trust. That is why in the further part of this paper the results of the survey conducted by the author among medical subject workers will be discussed. The survey explores the activities medical subjects take and that can be used to create and implement in these subject the assumptions of social responsibility.

## 2. Areas of medical subject workers activities typical for CSR

The task of the first question in the research on workers' attitudes and performance supporting the realisation of social responsibility assumptions in practice is to establish if a given worker is engaged in any social activity, how long he has been doing it and what his engagement consists in (Table 1.).

**Table 1. Involvement of employees in social activities**

Profession Answer	Doctors	Nurse/ Midwife	Paramedic	Therapists/ physio- therapists	Administ- ration employees	Other medical professions	Σ
Never	539	585	55	71	157	47	1454
Rarely	59	123	42	37	26	37	324
Often	17	31	14	11	9	13	95
Very often	15	27	12	7	3	8	72
Constant	8	17	9	2	1	4	41
Σ	638	783	132	128	196	109	1986

Source: own research

Respondents' answers indicate that it is not possible to unequivocally point out a medical subject or a professional group that are engaged in the activities for the benefit of others, however, the total lack of engagement in such a type of activities cannot be stated, either. Generally, it can be claimed that the younger the workers are (especially doctors) the greater the possibility they will get engaged in voluntary work is. Older workers, in turn, get more often engaged in charity activities that enable their younger colleagues to acquire new skills, or to raise the level of their formal qualifications. Many workers are willing to join campaigns promoting the medical subject they work for (Table 2; 3.).

**Table 2. Forms of involvement**

<b>Profession Answer</b>	<b>Doctors</b>	<b>Nurse/ Midwife</b>	<b>Para- medic</b>	<b>Therapists/ physio- therapists</b>	<b>Administra- -tion employees</b>	<b>Other medical professions</b>	<b>Σ</b>
<b>Abroad Missions</b>	0	0	1	0	0	0	<b>1</b>
<b>Health Promotion Campaigns</b>	2	9	4	1	0	2	<b>18</b>
<b>Volunteering</b>	15	29	7	12	2	11	<b>76</b>
<b>Helping Younger Staff</b>	47	68	24	18	9	16	<b>182</b>
<b>Others</b>	32	76	32	18	23	27	<b>208</b>
<b>Σ</b>	<b>99</b>	<b>198</b>	<b>77</b>	<b>57</b>	<b>39</b>	<b>62</b>	<b>532</b>

Source: own research

Another issue under research concerned the relations between particular groups of workers in a medical subject, especially rules of their cooperation, and in the further part the relations between the medical subject workers and patients.

**Table 3. Duration of involvement**

<b>Profession Answer</b>	<b>Doctors</b>	<b>Nurse/ Midwife</b>	<b>Para- medic</b>	<b>Therapists/ physio- therapists</b>	<b>Administration employees</b>	<b>Other medical professions</b>	<b>Σ</b>
<b>Less then year</b>	17	51	17	12	4	9	<b>110</b>
<b>1-2 years</b>	37	62	25	19	12	23	<b>178</b>
<b>3-5 years</b>	29	41	23	16	13	15	<b>137</b>
<b>6-10 years</b>	11	28	9	7	9	11	<b>75</b>
<b>More then 10</b>	5	16	3	3	1	4	<b>32</b>
<b>Σ</b>	<b>99</b>	<b>198</b>	<b>77</b>	<b>57</b>	<b>39</b>	<b>62</b>	<b>532</b>

Source: own research

When analysing the relations between workers that are supporting the CSR implementation, a special attention should be paid to how important it is for a medical subject to have the atmosphere of cooperation and mutual trust and to observe the rules of ethics both for medical professions and those commonly accepted by the society as important and valuable.

All the respondents when assessing these issues agreed that generally cooperation between workers in medical subjects they work for is not hindered by any problems, is effective and contributes to appropriate functioning of these medical centres. However, if the answers of separate professional groups are analysed in detail, then it turns out that nurses and administrative workers do not assess their cooperation with doctors very well. They draw attention to common unjustified incidents of doctors' arrogant behaviour towards them.

On the other hand nurses also notice positive attitudes and behaviour of doctors towards them, for example consulting and asking for help when rendering medical services or inviting to cooperation in charity activities.

The observance of professional and social ethics principles by medical subject workers is also assessed very well by most of those who took part in the survey. The respondents emphasised that their job is a mission, so their readiness to devote to others is a natural thing for them. What is more, administrative workers who participated in the survey assessed the medical workers attitude similarly and simultaneously they positively assessed their own behaviour in relations with other medical subjects workers and patients (Table 4; 5.).

**Table 4. Abiding the rules of work ethic by employees**

Profession Answer	Doctors	Nurse/ Midwife	Paramedic	Therapists/ physio- therapists	Administration employees	Other medical professions	Σ
Always	197	209	65	38	46	27	582
Often	165	160	51	66	57	54	553
Usually	271	397	14	21	22	22	809
Rarely	5	17	2	3	6	6	42
Never	0	0	0	0	0	0	0
Σ	638	783	132	128	196	109	1986

Source: own research

The last issue presented by the author in this article relates to the relations between the workers of medical subjects and patients.

**Table 5. Abiding the ruled of work et hic by other employees**

Profession Answer	Doctors	Nurse/ Midwife	Paramedic	Therapists/ physio- therapists	Administration employees	Other medical professions	Σ
Always	137	183	52	31	35	22	460
Often	152	139	42	53	41	42	469
Usually	328	427	27	31	100	34	947
Rarely	13	29	9	12	17	9	89
Never	8	5	2	1	3	2	21
Σ	638	783	132	128	196	109	1986

Source: own research

Patients were asked here if they are treated by workers subjectively and if they can influence the way medical subjects are functioning and the way they do it in. In case of the first issue, the author tried to establish if the patients are perceived and treated by medical subject workers as diseases entities or as people who expect not only to be diagnosed but to be talked to, supported and not to be anonymous, as well. It turns out that the differences in the approach to patients between hospitals and in particular between medical centres of the first contact is huge.

**Table 6. Approach of primary care employees to the patient's in specialized clinics and hospitals**

Workplace Answer	Primary Health Care		Specialized Clinics		Hospitals		Σ	
	Medical employees	Administra tion employees	Medical employees	Administra tion employees	Medical employees	Administra tion employees	Medical employee es	Administ ration employee es
Fully subjective	538	17	124	9	325	3	987	29
Rather subjective	132	14	152	11	340	22	624	47
Hard to tell	78	17	14	8	28	29	120	54
Rather objective	17	12	9	8	17	20	43	40
Definitely objective	3	7	4	2	9	17	16	26
Σ	768	67	303	38	719	91	1790	196
	835		341		810		1986	

Source: own research

In case of the latter, according to all the workers, the patient-centred approach dominates (Table 6.). What is also important here, patients' opinions and evaluations by patients (where quality management is being introduced) are a significant factor increasing their participation in the medical subject management.

**Table 7. Including patients in the management of Medical Center**

<b>Workplace</b>  <b>Answer</b>	<b>Primary Health Care</b>		<b>Specialized Clinics</b>		<b>Hospitals</b>		<b>Σ</b>	
	<i>Medical employees</i>	<i>Administration employees</i>	<i>Medical employees</i>	<i>Administration employees</i>	<i>Medical employees</i>	<i>Administration employees</i>	<b>Medical employees</b>	<b>Administration employees</b>
<b>Always</b>	12	4	3	1	2	6	<b>17</b>	<b>11</b>
<b>Often</b>	561	26	19	3	41	21	<b>621</b>	<b>50</b>
<b>Usually</b>	111	3	83	7	297	13	<b>491</b>	<b>23</b>
<b>Hard to tell</b>	53	12	95	2	316	17	<b>464</b>	<b>31</b>
<b>Rather no</b>	31	17	71	17	46	21	<b>148</b>	<b>55</b>
<b>Definitely no</b>	0	5	32	8	17	13	<b>49</b>	<b>26</b>
<b>Σ</b>	<b>768</b>	<b>67</b>	<b>303</b>	<b>38</b>	<b>719</b>	<b>91</b>	<b>1790</b>	<b>196</b>
	<b>835</b>		<b>341</b>		<b>810</b>		<b>1986</b>	

Source: own research

While in hospitals it is commonly regarded that workers have too much work to treat patients subjectively in full. Hospital workers, especially medical professionals, cannot perceive advantages in patients and local societies' participation in medical subject management (Table 7.).

### 3. Conclusions

Summarising the above analysis it can be claimed that in spite of the lack of knowledge among managers and workers of medical subjects about what CSR is and what role it has in the functioning of a medical subject there are huge possibilities to implement this concept. It can be facilitated by the fact that the workers of medical subjects are characterized by big activity in initiatives that are traditionally regarded as socially responsible.

However, the unfavourable approach of medical subject managers to the introduction of new solutions and to the wide scale promotion of CSR implementation constitute the most significant factor hindering the realisation of this concept in the management of medical subjects.