

EMPLOYEE'S MOTIVATION AT HOSPITAL AS A FACTOR OF THE ORGANIZATIONAL SUCCESS

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Abstract

Every organization and business wants to be successful and have desire to get constant progress. The current era is highly competitive and organizations regardless of size, technology and market focus are facing employee retention challenges. To overcome these restraints a strong and positive relationship and bonding should be created and maintained between employees and their organizations. Human resource or employees of any organization are the most central part so they need to be influenced and persuaded towards tasks fulfillment. Examinations connected with medical services were carried out by Servqual method. It was stated that care about employees and their proper motivation to work is very important factor deciding about employees' engagement but also about success of organization. Also, the gender aspects of motivation are searched in paper. From this point of view, men and women are motivated and act in non-concordance with their gender stereotypes. The discrepancy can be ranged from little similarity between male and female's motivation up to the idea of motivation's absolute similarity. On the other hand, men and women's economic behavior is often based on motivations which stereotypically are ascribed to the opposite sex.

Key words: success, motivation, Servqual method, gender, personnel's engagement, health care.

Classification JEL: M12 – Personnel Management.

1. Introduction

Health care in Poland is a branch of the national economy. The client in this case is being a patient of the centres of the health care who is being reported for the product anticipated by him which is a solution to the health problem. Whole of provided services whom they are combining for before everything services strictly medical, this is: braising physician's and nursing, but also accompanying services, e.g.: hotel, information is the product in the health care. Medical centres are trying in the last period in Poland to change one's style of management, the method of human and material resources management, change the corporate image to be more positive for the client/patient, primarily for the reason of slowly increasing competitiveness on the market of medical provisions in Poland, as well as ensuring the desire for higher quality of medical provisions.

The last few s have brought many changes in this area. A relationship between success of the health care institution and the quality of care provided was noticed. Client/patient satisfaction is one of the most important factors regarding health care. Other factors include competency of physicians and nurses, also the quality of services associated with health care.

Successful performance of any organization first of all depends on usage of the available resources, with human resources being the most important. Successful organizations need both inspirational leaders and sound managers. In order to achieve increased and sustainable results, organizations need to execute strategies and engage employees (*Borkowski & Rosak-Szyrocka, 2012, p. 12; Borkowski & Rosak-Szyrocka, 2010, p. 15*).

Organizational success depends heavily on employee motivation, and managers must understand what motivates their employees. Understanding the concepts of motivation could assist incompetent and inexperienced managers, in terms of employee motivation, identify what motivates their employees. Employee motivation and satisfaction leads to organizational success (*Datta & Datta, 2013, pp. 56–59*).

2. Personnel's motivation and engagement in the health care

While compensation remains one of the key motivators of employees, more important are other factors. For employers motivate the employee is a guarantee of engagement, loyalty and professionalism in action, for the employees – a signal that they are appreciated (*www.portalkadrowy.pl*).

Motivation at work is widely believed to be a key factor for performance of individuals and organizations (*Hornby, Sidney, 1988*). Employee's motivation has become a determining factor of the organizational success in recent years. Motivation of working activity is much more complex since different people have different needs and desires which means they are differently motivated. Understanding of employees' activity goals, motivation of their economic behavior is closely connected to personnel management problem and greatly influences the enterprise performance.

All health care organizations deal with proposed actions for achievement of the goals with the best use of human resources. In that respect, close attention must be paid to motivation of individuals by means of initiative, rewards, leadership within which the work is being organized. The goal is to develop motivational processes and working environment that would help individuals to show their results in accordance with expectations. Motivation is the process of initiating human activities which is directed to attainment of certain goals. Employees who have unclear objectives tend to work slowly, they have bad results, lack interest and perform less tasks than the employees who have clear and challenging goals. Employees with clearly defined goals are more energetic and productive (*Miljkovic, 2007, p. 53–62*).

The key motivation principle states that performances are based on the level of abilities and motivation of the person. This principle is often shown by the following formula (*Armstrong, 2001, p. 243*):

$$\text{Performance} = f(\text{capabilities} \times \text{motivation}) \quad (1)$$

According to such principle, none of the tasks may be successfully completed if the person in charge of that task is not capable to do it.

The workforce in the health sector has specific features that cannot be ignored and motivation can play an integral role in many of the compelling challenges facing healthcare today. In this area, the task of motivation is exacerbated by the nature of the economic relationship between those using the system and the system itself (physicians, patients and hospitals) and the heterogeneity of the workforce to be managed.

Health organizations are faced with external pressures that cannot be effectively met without appropriate adjustments to the workforce and the development of the workforce thus appears to be a crucial part of the health policy development process (*Lambrou, Kontodimopoulos & Niakas, 2010, p. 26*).

As a result of globalization and the rise of the service sector due to continuous technological development and economic growth in the health sector have increased the importance of the quality of the services sector. Employees are the basic subject of efficiency of a hospital. The importance given to the employees ushers in a quality health service. For this reason, hospital managers have a great role in providing this. Hospital managers, need to know the needs and aspirations of employees. If individuals' needs are met, they satisfy in their works. In addition, the working environment and job satisfaction have become increasingly important in hospitals (*Taş, Zetter & Çaylak, 2013, p. 64*).

Motivation is the accumulation of energy and behavioral targeting to achieve a particular purpose, depending on the value or the expected rewards and punishments (*Hassanzadeh & Mahdinejad, 2013, p. 23*). The engagement is a positive condition associated

with the identification of the objectives of the organization, benefiting the pleasure of working with high energy levels and giving of themselves what is best.

Employee engagement is more than motivation: it is not directed at a specific, single target, and is a state of relatively permanent (as opposed to motivation). Moreover, the engagement does not decrease after the completion of the – on the contrary, grows achieving further success, while employee motivated, but not engaged lose energy and enthusiasm at the end of a task or achieving the goal. Employee engagement is a condition that ensures that its actions will be more related to the objectives of the organization will be more intense and the employee will persistently attempted to achieve the objectives – for the success of the employer of the person involved is his own success. Engaged employees remain motivated even in a difficult situation, or in the case of limited resources, or the lack of a substantive awards (*www.barometrzaangazowania.com*).

Organizations with more engaged clinicians and staff achieve better outcomes and experiences for the patients they serve. Engaged staff are likely to exert more influence over the use of standard processes, teamwork and the degree to which there is a culture of improvement, all of which are factors influencing patient outcomes (*Report from The King's Fund Leadership Review 2012, p. 48*).

3. Gender stereotypes in motivation aspect

Gender stereotypes as well as other kinds of social stereotypes, like ethnical, cultural, political, professional, etc., reflect the features of perception and relationship of one group of people (in case of employees: men and women) towards themselves and others. The gender stereotypes or system of social behavioral norms are very significant institutional mechanism which orient men and women on different life strategies and prescribe them binary oppositional roles in the family and public spheres (*Armania-Kepuladze, 2010, p. 85*).

According to some investigations, gender-based stereotypes are stronger than racial-based ones and they produce pressure to be beared by certain social groups, men and women, who are obliged to submit them (*Deaux, Emsweller, 1974, p. 81*).

Giving up the idea of gender stereotypes implies the recognition of biological determinism, the support of psychoanalytical ideas based on the belief that all woman's and man's traits prove to be innated. According to this perception, a 'typical' man and a 'typical' woman have different psychology, possibilities, values, interests, social predestinations, roles, needs and, therefore, are motivated differently. Thus, the most distinctive attributes supposed for a 'typical' man are strength, confidence, activity, aggression, autonomy, resoluteness.

According to gender-based stereotypes, man should possess some manhood distinguishing features. He is logical, initiative, his thoughts tend to generalization and abstractness; he is rational, imperious and commanding, focused on goal achievement and competence. A "typical" woman is characterized by compliance, care, perceiving, devotion, patience. Woman should be womanhood, i.e. passive, responsive, kindhearted, obedient, dutiful, with submission and obedience acknowledged as her destination. Men are independence-oriented, longing for power and authority, self-assertion, popularity, success. Therefore, the primary sphere of men's occupation is public activity. As for women, interpersonal relations, environment, life style and family seem to be of more importance for them. So, gender stereotypes prescribe a woman to activities in her private sphere mainly, i.e. only secondary roles are being left for her (*Armania-Kepuladze, 2010, p. 85*).

The role of gender in shaping achievement motivation has a long history in psychological and educational research. Early theories of achievement motivation focused on differences in men's and women's motives for success. Horner (1975) concluded that most women have a motive to avoid success, that is, a disposition to become anxious about achieving success because they expect negative consequences such as social rejection and/or

feelings of being unfeminine (*Horner, 1995*). Building on the work of McClelland, Atkinson (*1957, 1964*) introduced an expectancy value model of achievement motivation (*McClelland, 1975, p. 30*). In this model, achievement motivation was a function of motives for success, expectations for success, the incentive value of success, and the motive to avoid failure. This model went beyond personality dispositions to include cognitive assessments represented by the person's subjective expectation for success at a particular task and for the anticipated outcomes or consequences of an outcome. Whereas achievement expectancies were defined as subjective probabilities of success, the incentive value of the task was defined in terms of its perceived difficulty level. According to Atkinson's theory, tasks that were more difficult and challenging would have more incentive value for the individual. Expectancies and values were inversely related so that highly valued tasks were those for which individuals had low expectations for success. Atkinson's research also indicated that men and women differ in their concerns about failure. For example, based on scores obtained from the Test Anxiety Questionnaire, female respondents, when compared with their male counterparts, scored higher on measures of test anxiety. Finally, considerable research in the 1960s also documented that girls and women tend to have lower expectations for success than their male counterparts. Thus, according to the Atkinson expectancy-value theory, gender differences in motivation were related to motives to approach/avoid success, concerns about failure, and expectations for success (*Armania-Kepuladze, 2010, p. 85*).

Specifically, men attributed their successes to internal stable causes (ability), whereas women attributed their failures, but not their successes, to these causes (*Armania-Kepuladze, 2010, p. 85*).

Gender stereotypes on work place

Gender stereotypes adherents consider that on work place men and women are also taking various preferences, goals and are motivated in a different way. The satisfaction of stereotypical masculine needs such as economic success, autonomy and achievement is more typical for men (Figure 1). As it can be seen from Figure 1 for men earnings, freedom, advancement, challenge, possibility to use skills etc. are more significant performance motivators.

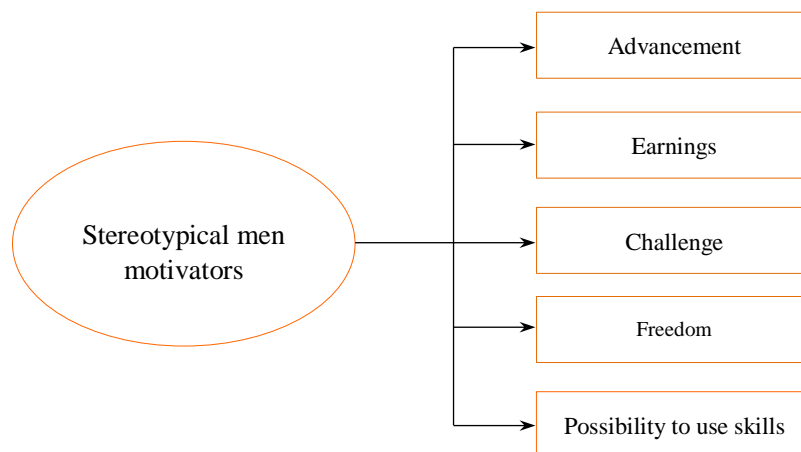


Figure 1: Stereotypical men motivators (own study based on: *Armania-Kepuladze, 2010*)

According to gender stereotypical model, women should fulfill family needs and care of the quality of their family life (Figure 2). So, as it can be seen from Figure 2, for women

interpersonal relationship, security, fringe benefits, environment etc. should be more important.

Men's economic behavior motivation can be characterized as tend especially oriented to following elements: earning, autonomy of work, promotion, recognition, success, and training. Alternatively, women's motivation could be characterized as: aiming to co-operation, working conditions, a good living area, fringe benefits, etc. concerns.

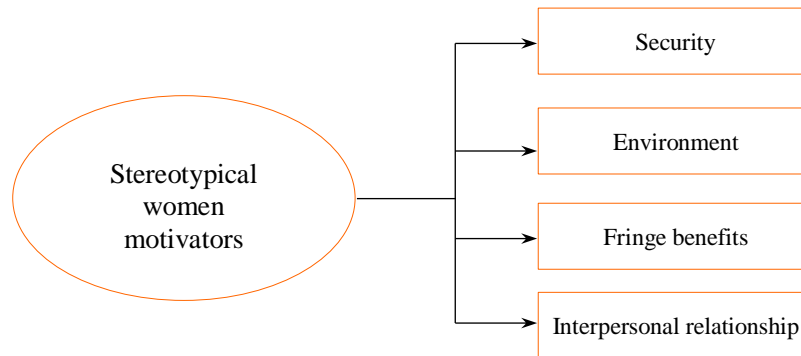


Figure 2: Stereotypical women motivators (own study based on: Arnania-Kepuladze, 2010)

Hofstede (2001) came to the conclusion that while men's concerns are mostly earnings, promotion and responsibility, women value friendly atmosphere and usually concern prestige, challenge, task significance, job security, co-operation and their work environmental conditions. Bigoness (1988) found out that men usually emphasize salary while women's emphasis is on professional growth (p. 139). Major & Konar (1984) demonstrating the differences, stressed that women usually pay less attention to salary than men do (p. 777). Gooderman et al. have also discovered that men prove to be much more financially motivated than women do (2004, p. 277). Some of the researchers arrived at a conclusion that in modern society women tend to be more career oriented than men do, so female rather than men more likely believe science to be relevant to their career (Armania-Kepuladze, 2010, p. 87).

4. Research object and methodology

A group of 60 public hospitals possessing various level of the reference, providing various types of medical services and located in the different area of Poland were embraced by the examinations. *Servqual method* was used in examinations. The method was elaborated by Parasurman, Zeithaml & Berry in 1983–1985. This is one of most popular methods, utilized by numerous organizations (academic institutions, the health care, banks, hotels, as well as offices legal). Examinations referring to the quality estimation of the stationary medical treatment were resisting on following models (Major & Konar, 1984, p. 777; Rosak & Czerniec, 2005, p. 79; Borkowski, 2004, p. 175):

$$S = P - O \quad (2)$$

where: S = Servqual result;
 P = perceiving the service by clients,
 O = expectation clients with respect to the service.

According to examinations conducted on by 2400 client/patients and 2400 workers of hospitals by means of the Servqual method the group of twenty determinants shaping the

quality of medical services at Polish hospitals was separated (*Rosak-Szyrocka, Borkowski, & Rosi, 2013, p. 75; Rosak-Szyrocka, Blaskova & Blasko, 2013, p. 106*). They are following:

- Y₁ – Modernization of the equipment.
- Y₂ – Attractiveness of the halls to sick people.
- Y₃ – Cleanness and personnel's neatness.
- Y₄ – Keeping promises put together.
- Y₅ – Availability.
- Y₆ – Reliability.
- Y₇ – Duration.
- Y₈ – Looking after of the patient's opinions.
- Y₉ – Safety.
- Y₁₀ – Ability of help for patients.
- Y₁₁ – Engagement of personnel.
- Y₁₂ – Recognizing of needs for patients.
- Y₁₃ – Protection.
- Y₁₄ – Honesty.
- Y₁₅ – Personnel's responsibility.
- Y₁₆ – Communication.
- Y₁₇ – Understanding peculiar needs for patients.
- Y₁₈ – Individual approach to the patient.
- Y₁₉ – Recognizing constants and loyal patients.
- Y₂₀ – Politeness.

From the list of presented determinants it was chosen one of them Y₁₁ – Engagement of personnel. This factor was chosen as a factor determining the employees' motivation for work. Chosen factor was evaluated both through patient and through personnel themselves.

Results

Results of examinations were presented in Figure 3 and Figure 4. In Figure 3 it was showed perceiving engagement of personnel (Y₁₁) by patient estimation. As it can be seen from Figure 3 engagement of personnel was evaluated very high in 8 research object which possesses number: 10, 17, 20, 27, 32, 38, 49 and 57. It is worth to pay attention that no hospital has obtained the highest value equal parts 7. Said object reached level higher than 6.5 point. From the presented Figure 3 it can be also seen that there is one research object in which engagement of personnel reached very low level (P = 1). This situation is able to seen in hospital with number 60. It means that medical personnel are not adequately involved in the duties performed in patients' opinion.

In the Figure 4 it was showed perceiving engagement of personnel (Y₁₁) by personnel estimation. In the presented Figure it is worth to pay attention that among 60 hospitals in 2 of them perceiving analysis factor was evaluated in the highest possible level that is 7. This situation concerns 33 and 55 research object. In the Figure 4 see a situation very similar to the data presented in Figure 3, namely, there is one research object where analysis facto – engagement of personnel reached very low level (P = 1). It means that medical personnel are not adequately involved in the duties performed in personnel's opinion. The difference, however, concerns a research facility which is the object 54.

The next stage of the researches was to review the factor which is the modernity of equipment (Y₁). Examined determinant is seen in the individual objects by patients (Figure 5) and medical staff (Figure 6).

It can be seen from Figure 5 that analyze factor was evaluated highest in 3 tested hospitals with numbers: 55, 58 and 59. The lowest evaluation is able to seen in case of 36 research object.

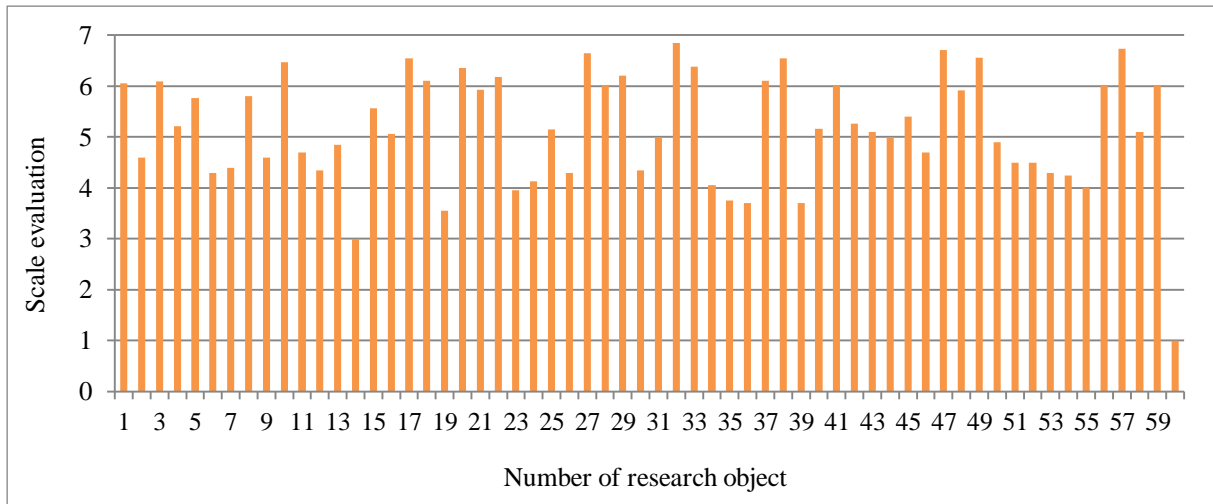


Figure 3: Perceiving engagement of personnel (Y_{11}) – Patient estimation. Servqual method result (own study)

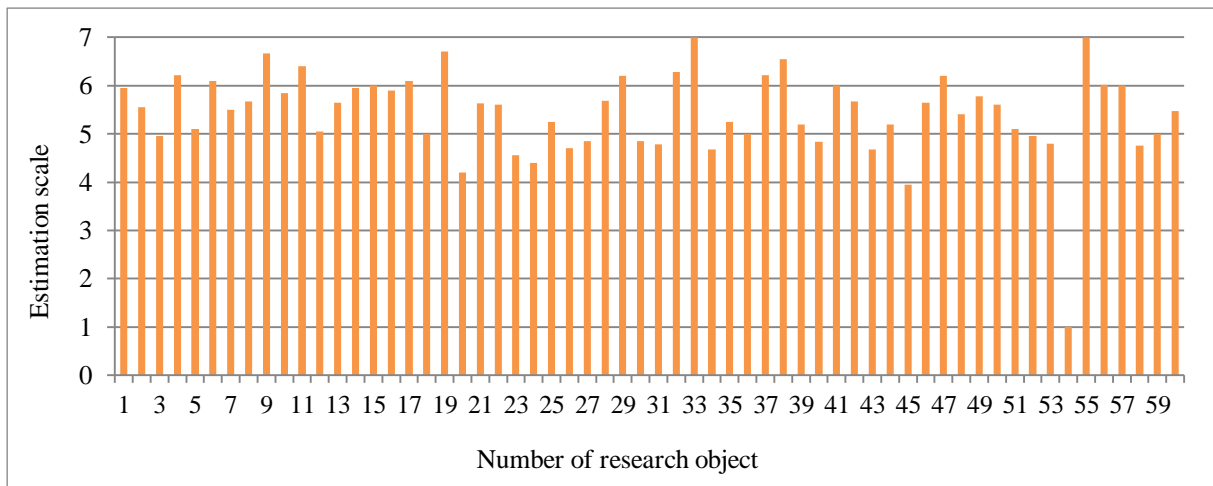


Figure 4: Perceiving engagement of personnel (Y_{11}) – personnel estimation. Servqual method result (own study)

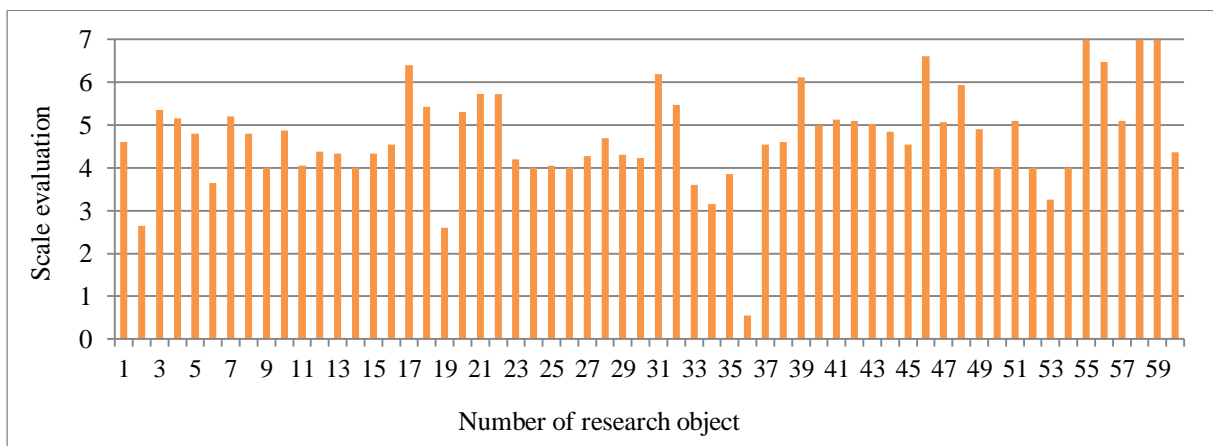


Figure 5: Perceiving modernity of equipment (Y_1) – patient estimation. Servqual method result (own study)

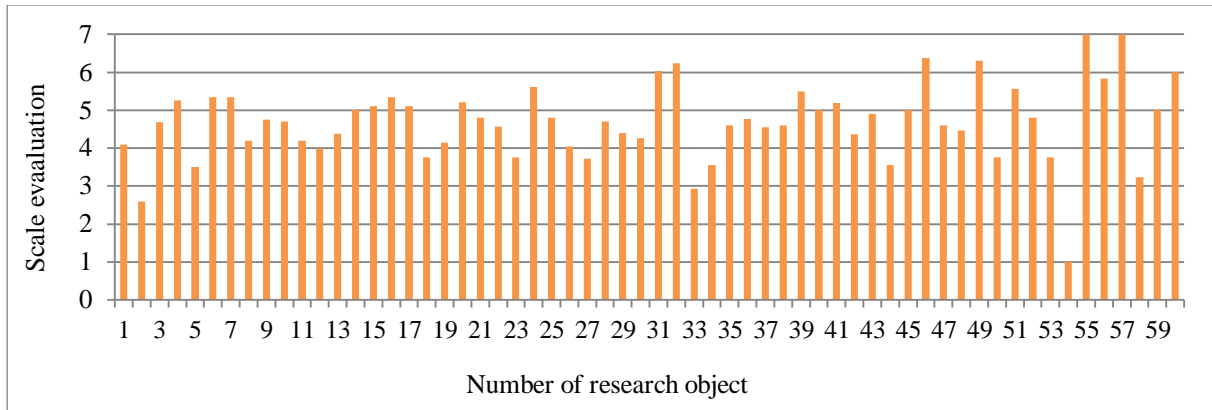


Figure 6: Perceiving modernity of equipment (Y_1) – personnel estimation. Servqual method result (own study)

Very interesting analysis is able to be seen in case of Figure 6. Here personnel evaluate modernity of equipment highest in case of 2 hospitals with numbers: 55 and 57. However the lowest evaluation is able to be seen in case of one test hospital with number 54.

Taking into consideration results from the perception of factor engagement of personnel (Y_{11}) and modernity of equipment (Y_1) in the opinion of the medical staff can be concluded that the low engagement of medical personnel (in the case of 54 test object) is the result of, inter alia, the lack of modern equipment which means that medical staff cannot fully realize themselves professionally (Rosak-Szyrocka, 2013, p. 118; Borkowski & Rosak-Szyrocka, 2013, p. 140).

5. Conclusion

For an organizational output its employees' satisfaction as well as motivation to do work is the main key factors. It is well known that motivated employees improve the productivity of any organization which ultimately helps the organization in reaching its goal.

It is quite evident that two opposite views exist regarding the discrepancy between gender motivation and gender stereotypes. The first results from the idea that men and women are motivated and act in non-concordance with their gender stereotypes. The discrepancy can be ranged from little similarity between male and female's motivation up to the idea of motivation's absolute similarity. The second states that men and women's economic behavior is often based on motivations which stereotypically are ascribed to the opposite sex.

Gender-role stereotypes are often used to explain why female and male are motivated differently and why they behave in this or that certain way. Understanding of gender features of motivation becomes very important. Gender stereotypes play a significant role in the processes of gender motivation evaluation.

Today women occupy a significant place in employment sphere and their participation in economic life is permanently increasing. Undervaluing and misunderstanding of women's job motivation lead to underutilization of women's skills and experience and to loss of the named resource for both the organization and the society as a whole. The investigations in the fields of psychology, sociology, etc. found that gender differences do not exceed 10% and are situation-dependent (Basow, 1986, p. 447; Hyde, 1991, p. 468; Spence, 1993, p. 624). For healthcare providers and their employees, ongoing uncertainty can lower employee engagement, which in turn can have a negative effect on organizational success and patient care. The issue of employee motivation also depends on whether the organization is focused on the culture and management-oriented people who have a direct impact on

performance (*Stańczyk, 2012, p. 44*). Each employee can be a source of great ideas. Whether they will see the light of day, it depends essentially on the model of governance that prevails in the organization (*Anders, 2008, p. 43*).

It was stated that increase and monitor the engagement of employees is a challenge for managers and HR departments. Committed employees undoubtedly create a competitive advantage not only through relationships with customers, but also for the same work, which is crucial for the development of the organization and achieve superior results. Intensifying the engagement of employees should be one of the most important trends in human resource management. Interactions between healthcare employees and patients can often determine the patient satisfaction measures that influence this reimbursement. Healthcare organizations must find ways to improve the quality of patient care through employee and patient interactions, and employee engagement may be the single best way to make these improvements.

The process of building employee engagement is a key element of a personnel policy. Knowledgeable, and most importantly, effective employee, not only has specialist knowledge and skills but also a high level of motivation.

References:

- [1] Anders, D. (2008). *Stworzeni, aby służyć – jak wpływać na wyniki firmy pamiętając o potrzebach pracowników* [Created to Serve – How to Influence the Results of the Company Keeping in Mind the Needs of Employee]. Kraków: Oficyna Wolters Kluwer. 43 p. ISBN 978-83-264-4493-7.
- [2] Armstrong, M. A. (2001). *Handbook of Human Resource Management Practice*. 8th edition. London: Kogan Page. 957 p. ISBN 0-7494-4631-5.
- [3] Arnania-Kepuladze, T. Gender Stereotypes and Gender Feature of Job Motivation: Differences or Similarity? *Problems and Perspectives in Management*, 8(2), 84–93. ISSN 1810-5467.
- [4] Basow, S. A. (1986). *Gender Stereotypes and Role*. Pacific Grove. 447 p. ISBN 9780738529646.
- [5] Bigoness, W. J. (1988). Sex Differences in Job Attribute Preferences. *Journal of Organizational Behavior*, 9, 139–147. ISSN 1099-1379.
- [6] Borkowski, S. & Rosak-Szyrocka, J. (2012). *Jakość i satysfakcja w usługach medycznych* [Quality and Satisfaction in Medicine Services]. Warszawa: Wyd. Menedżerskie PTM. 190 p. ISBN 978-83-61949-72-5.
- [7] Borkowski, S. & Rosak-Szyrocka, J. (2010). *Jakość usług medycznych w Polsce* [Quality of Medicine Services in Poland]. Warszawa: PTM. 153 p. ISBN 978-83-61949-20-6.
- [8] Borkowski, S. (2004). Instrumenty rozwiązywania problemów w zarządzaniu [Tools of Solving Problems in Management]. Sosnowiec: Publishing of Higher School of Management and Marketing in Sosnowiec. 103 p. ISBN 83-89275-46-5.
- [9] Borkowski, S. & Rosak-Szyrocka, J. (2013). (eds.) *Management*. ISBN 978-961-6562-68-3.
- [10] Borkowski, S. & Rosak-Szyrocka, J. (2013). *Servqual as Instrument of Services Improvement and Resources Management*. Maribor: Faculty of Logistics, University of Maribor. p. 140. ISBN 978-961-6562-68-3.
- [11] Datta, P. P. & Datta, D. (2013). A Study on Motivation and Satisfaction of Employees in Corporate Hospitals in Kolkata. *National Journal of Medical Research*, 56–59. ISSN 2249-4995.
- [12] Deaux, K. & Emsweller, T. (1974). Explanations of Successful Performance of Sex-linked Tasks: What Is Skill for Male, Is Luck for the Female. *Journal of Personality and Social Psychology*, V(29), 80–85. ISSN 0022-3514.
- [13] Gooderman, P., Nordhaug, O., Ringdal, K. & Birkelund, E. (2004). Job Values among Future Business Leaders: The Impact of Gender and Social Background. *Scandinavian Journal of Management*, 20(3), 277–295. ISSN 09565221.
- [14] Hassanzadeh, R. & Mahdinejad, G. (2013). Relationship between Happiness and Achievement Motivation: A Case of University Students. *Journal of Elementary Education*, 23(1), 53–65. ISSN 2227-1090.

- [15] Hofstede, G. (2001). *Culture's Consequences: Comparing Values, Behaviors, Institutions, and Organizations across Nations*. ISBN 978-0-8039-7324-4.
- [16] Hornby, P. & Sidney E. (1988). *Motivation and Health Systems Performance*. WHO, WHO/EDUC/88.196.
- [17] Horner, M. S. (1995). Toward an Understanding of Achievement-related Conflicts in Women. Ednick, M., Tangi, S. & Hoffman, L.W. (eds.). *Women and Achievement. Social and Motivational Analyses*. John Wiley and Sons. ISBN 0-471-49709-6.
- [18] Hyde, J. S. (1991). *Half the Human Experience: The Psychology of Woman*. Lexington, MA: D.C. Health and Company. 468 p. ISBN 10:111-1833-826.
- [19] Lambrou, P., Kontodimopoulos, N. & Niakas D. (2010). Motivation and Job Satisfaction among Medical and Nursing Staff in a Cyprus Public General Hospital. *Human Resources Health*, 8: 26. doi: 10.1186/1478-4491-8-26.
- [20] Major, B. & Konar, E. (1984). An Investigation of Sex Differences in Pay Expectations and Their Possible Causes. *Academy of Management Journal*, 4, 777–792. ISSN 0001-4273.
- [21] McClelland, D. C. (1970). Two Faces of Power. *Journal of International Affairs*, 24, 30–41. ISSN 0022-197X.
- [22] Miljkovic, S. (2007). Motivation of Employees and Behaviour Modification in Health Care Organizations. *Acta Medica Medianae*, 46(2), 53–62.
- [23] Report. (2012). Report from The King's Fund Leadership Review 2012 Leadership and Engagement for Improvement in the NHS. 48 p.
- [24] Rosak, J. & Czerniec, E. (2005). Akredytacja jako determinant jakości stacjonarnej opieki medycznej [Accreditation as a Determinant of the Quality of Inpatient Care]. Sosnowiec: *Zeszyty Naukowe*. 79 p. ISBN 83-86929-94-4.
- [25] Rosak-Szyrocka, J., Borkowski, S. & Rosi, B. (2013). Estimation Medical Services' Quality by Using innovative Servqual Prim Method. *Servqual as Instrument of Services Improvement and Resources*. Maribor: University of Maribor. pp. 71–80.
- [26] Rosak-Szyrocka, J., Blaskova, M. & Blasko, R. (2013). Evaluation of Medical Services Quality in Poland Basis on Innovative Methodology – Servqual Prim Method. Borkowski, S. & Rosak-Szyrocka, J. (eds.). *Servqual as Instrument of Services Improvement and Resources Management*. Maribor: University of Maribor. ISBN 978-961-6562-68-3.
- [27] Rosak-Szyrocka, J. (2013). *Patients' Satisfaction Analysis in Public Hospitals by Servqual Method*. Borkowski, S. & Rosak-Szyrocka, J. (eds.). *Servqual as Instrument of Services Improvement and Resources Management*. Maribor: University of Maribor. pp. 116–125. ISBN 978-961-6562-68-3.
- [28] Spence, J. T. (1993). Gender-Related Traits and Gender Ideology: Evidence for a Multifactorial Theory. *Journal of Personality and Social Psychology*, 64(4), 624–635. ISSN 0022-3514.
- [29] Stańczyk, I. (2012). *Motywacja pracowników służby zdrowia* [Motivation of Medical Employees]. Bugdol, M., Bugaj, J. & Stańczyk, I. (eds.). *Procesy zarządzania zasobami ludzkimi w służbie zdrowia*. Continuo. pp. 44–48. ISBN 978-83-62182-33-6.
- [30] Taş, S., Zetter, S. A. & Çaylak, M. (2013). The Motivation of Hospital Staff Members: An Implementation in Antalya Province. *The International Journal of Social Sciences*, 8(1), 64–75. ISSN 2305-4557.
- [31] www.barometrzaangazowania.com. (online). [Cit. 20.11.2014].
- [32] www.portalkadrowy.pl. (online). [Cit. 20.11.2014].

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