“If we can get hospitals to meet the needs of doctors, then as organisations they will improve”.

An Associate Professor in the ESADE Human Resources Management Department, Manel Peiró’s professional career has been spent mainly in academia, but he has also occupied managerial positions in public and private health institutions. Peiró spoke to us about the key points in his study Lleialtats contraposades? El compromís dels metges amb l’hospital i amb la professió (Opposing Loyalties? The Commitment of Doctors to Hospitals and their Profession).

**Manel Peiró**  
Associate Professor in the ESADE Human Resources Management Department
What methodology did you use for the study and what information sources was it based on?
Taking my initial questions, I did what you normally do in any research project, beginning with a review of the relevant literature which confirmed that one of the most consistent and widely-used models in academic circles is the one drawn up by Meyer and Allen. We took their questionnaire, adapted it and carried out a pilot scheme to validate it. Finally the study was based on a questionnaire we sent to more than 1700 doctors at 9 hospitals, with a reply rate of over 40% (a very high figure for this type of study), and a series of in-depth interviews with various doctors.

What are the key factors in creating an affective bond between a person and an organisation?
From my point of view, the most important thing is what is called ‘perceived organisational support’. This is basically about a person having positive experiences at work, the company treating them well and doing things in a transparent way and so on. Another crucial factor is time, such as your seniority or your career path within the organisation.

What are the main factors that give rise to organisational commitment in the case of multidimensional models?
The multidimensional model goes beyond the employee’s psychological attachment to the organization and brings other factors into the equation, what we call continuance commitment. This means that the person may become attached either because they perceive high costs of losing organisational membership – because of the effort they have put in to get to where they are today, friendship ties with colleagues, etc. – or simply because they don’t want to leave the company because they have nowhere else to go. And then there is a third factor, what we call normative commitment or a ‘moral’ obligation, which means that the individual feels attached to the organisation because it has previously done something for them. Hence they stay with the organisation to ‘repay the debt’, as it were.

Your study points out the value of organisational commitment, but how well known is the concept both here and abroad?
There’s no doubt that it is very familiar to organisational psychology professionals both in this country and elsewhere, whereas doctors in our health system know very little about it and virtually no work has been carried out on it. Here I would say that apart from my own work, I don’t think anyone else has published anything on the issue either in Catalonia or in Spain, and I would even venture to say probably not in Europe.

What impact can downsizing plans or company relocation, to take two examples, have on this organisational commitment?
Obviously these processes have a negative impact because the person’s sense of attachment to the organisation, and especially in its affective aspect, has a lot to do with what the organisation does and the person’s own experience. Cases of organisations which have gone through serious crises have been studied to find out the impact this has had on the people who worked there. For example, researchers have looked at what is called ‘survivor syndrome’, or to put it another
way, how it affects the organisational commitment of the people who have survived a layoff plan.

**Do we know how far the bonds which are set up between people and organisations can help to improve the way the latter are managed?**

Generally speaking we have a lot of knowledge about this, as organisational commitment has been around for many years now and writers such as Porter, Mowday, Steers and Boulian started researching it in detail at the start of the 1970s. However, at the time they used more one-dimensional models which only assessed affective commitment and multidimensional models weren’t developed until the end of the 1980s and the start of the 1990s. Using this as the groundwork, I wanted to examine the idea with a specific professional group which hadn’t been studied before, i.e. doctors.

**What are the main conclusions that can be drawn about the particular case of doctors?**

Well, essentially, for doctors to feel more committed to their hospital they have to be given more management powers, and doing that means creating the conditions in which this management becomes possible. This is really the great challenge because if we can get hospitals to meet doctors’ professional expectations, then as organisations they will improve. It’s a question of the perceived organisational support we mentioned before, and in the case of Spain the perception of doctors is that hospitals are placing increasing demands on them but that they get very little in return. In the future I’d like to do more research on this aspect.