

Going on a vision quest in the pandemic context: the linkage between a learning organization, internal marketing and burnout in Ophthalmology physicians

Gheorghe Iuliana-Raluca*, Purcărea Victor Lorin*, Gheorghe Consuela-Mădălina*, Popa-Velea Ovidiu**
*“Carol Davila” University of Medicine and Pharmacy, Department of Marketing and Medical Technology, Bucharest, Romania
**“Carol Davila” University of Medicine and Pharmacy, Department of Medical Psychology, Bucharest, Romania

Correspondence to: Gheorghe Consuela-Mădălina, PhD, Assist. Prof.,
Department of Marketing and Medical Technology, “Carol Davila” University of
Medicine and Pharmacy, Bucharest,
8 Eroii Sanitari Bld., District 5, Code 050474, Bucharest, Romania,
Mobile phone: +40729 935 485, E-mail: consuela.gheorghe@umfcd.ro

Accepted: September 18th, 2020

Abstract

The Romanian health care system faced a long line of chaotic reformations that proved to be less patient oriented and more expensive, leading to an increased level of burnout in physicians. The phenomenon of burnout occurs more and more often in the pandemic context, even in ophthalmology services. Among psychological and occupational factors that may cause burnout, there are also organizational factors that may decrease the burnout levels. The aim of this paper was to bring more insight into the prevention of burnout in ophthalmology physicians by applying strategies related to the organizational factors, namely, learning organization and internal marketing, in sustainable manner. We elaborated the conceptual framework on a thorough literature review and concluded that a learning organization has a positive impact on the implementation of internal marketing practices, internal marketing practices decrease the level of burnout, if appropriately applied, as well as, a learning organization has the power to decrease the level of burnout in ophthalmology physicians.

Keywords: health care services, ophthalmology services, learning organizations, internal marketing, pandemic

Introduction

The current Romanian health care system has been described as being “chaotic” [1] and less patient-centred [2]. Moreover, during the last decade, the Romanian health care system has been at the core of many reformations and is constantly being the subject of everyday challenges, as health care consumers increased their demands and raised their expectations in

receiving a “personalized” treatment in a cost-effective manner [3].

In a dynamic context, characterized by limited financial resources, a lack in infrastructure as well as by a long history of inappropriate health care reforms, the Romanian health care physicians present the burnout syndrome, regardless of age or specialty [3,4], even in Ophthalmology.

Further, research conducted on burnout in medical backgrounds encompasses a vast palette of causal factors related to psychological, organizational and occupational factors [3]. In Romania, most studies have concentrated on the psychological and occupational factors, as linked to burnout [1,3], while the organizational factors have seldom been investigated. Thus, the aim of this paper was to fill in this knowledge gap, as more insight is needed in preventing burnout in Romanian health care professionals by using organizational factors, with a special interest in Ophthalmology.

Key concepts

Burnout

Special attention has been given to the phenomenon of burnout, particularly in human services professions [5]. From a professional perspective, burnout represents a psychological syndrome that occurs in response to chronic interpersonal stressors on the job as well as to longer exposure to a job connected stressful experience [6]. More exactly, professional burnout in individuals who work with people, is a syndrome of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment [5].

In health care, burnout might be a common phenomenon among physicians with rates ranging from 25% to 60% depending on the medical specialty [4,7]. Moreover, at individual level, the consequences of burnout in physicians are associated with poor health [8], alcohol and drug use [9], and an increased risk of suicidal ideation [10], all of which have as outcome an increased risk of low-quality life, empathy [11], and, further, low job performance [12].

Immediate action is required when the burnout syndrome is manifested among physicians and a solution to its decrease is to implement efficient and sustainable organizational strategies. So, we strongly believe that all organizational factors may decrease the burnout syndrome in physicians, even in Ophthalmology. The most commonly reported organizational oriented factors that brought value to employees are the Learning Organization (LO) [13] and Internal Marketing (IM).

Learning organization

The Learning organization (LO) is defined as “a vision that could help organizations to cope with and lead to environmental change, by enforcing learning activities” [14]. Moreover, Huysman described a LO as “a form of organization that enables the learning of its members in such a way that it creates positive value outcomes, such as innovation, efficiency, better alignment with the environment and competitive advantage” [15], and, in addition “is one that creates structures and strategies that facilitate the learning of all its members” [16]. In other words, a LO should ideally have “an increased organizational capacity to learn” in fast changing background [17], such as the pandemic context. Consequently, the crucial characteristics of a LO is adaptability, through continuous learning [18], and becoming a teaching organization [19], in fact, suggesting that the continuous learning process should “engage everyone into exploration, exploitation, and transfer of knowledge”, so as to increase the transformation of collective learning and also offer support in troubled times.

Even if a clear definition of LO remains elusive [19], a number of particularities of an organization becoming a LO seem to recur. These particularities may refer to the following: it supports the continuous learning at individual, team or group and organizational levels [17, 20], the creation and distribution of knowledge and information [19], the capacity to adapt to rapid change [17], the ability to change organizational behavior [19], and the ability to continuously transform [20].

From a LO perspective, health care organizations should be knowledge-intensive institutions, that encourage and implement continuous learning, so as to improve problem-solving capabilities of employees and to ensure a timely response to health care consumers' needs [21]. In this context, we may assume that assessing a LO status in Ophthalmology may improve organizational performance, deliver value to health care consumers, raise their satisfaction and deliver quality services as well as generate positive word-of-mouth and increase loyalty.

Internal Marketing

IM has developed as a strategy to assess the external consumer satisfaction, and further, to increase the organization's performance [22,23], employee satisfaction [24] and organizational commitment [25]. Accordingly, IM is "concerned with making available internal products (jobs) that satisfy the needs of vital internal market (employees), while satisfying the objectives of the organization" [23], and later, employees may become internal customers [23].

Despite the fact that IM was integrated in many fields, the concept continues to be the subject of many debates, being associated mainly with personnel management, such as motivation, organizational commitment, communication and empowerment [24]. As such, the convergence of IM practices and principles revolve around employee development [26,27]. Hence, IM may be integrated in activities related to employee improvement of daily tasks, new work methods, greater knowledge of external customers, as well as their needs, values, practices and policies of the organizations and improve their quality of life [25]. More exactly, employee development concentrates on the creation of a consumers' culture of knowledge [28], and they must know "what" and "why" a certain task is conducted [29]. In the same vein, the employee training may help employees in achieving skills and sensitivity to consumers' needs [26].

In spite of the evidence provided by the scientific literature, it is clear that only a few organizations implement IM practices [30], and in those in which it is developed, it turns out it is improperly applied or it is carried out only by a small number of professionals [31]. Obviously, this also applies to Ophthalmology organizations. The weak application of this concept may reside in the fact that there are issues with the concept assessment in different fields, such as health care. In health care services, and especially in Ophthalmology, IM primarily deals with the methods used by the organization in managing the development and educational training of professionals, with a specific interest in communication skills, reward systems and satisfaction with work [31]. The efficient and sustainable implementation of IM practices may encourage the transmission of vision and goals and it may strengthen the employees' skills in nurture service-oriented behavior [31].

Conceptual framework

Given the context of health care services, and Ophthalmology specialty, we elaborated the following framework and hypotheses:

1. The Learning Organization positively influences the Internal Marketing.
2. The Internal Marketing decreases Burnout.
3. The Learning Organization decreases Burnout.



Fig. 1 The conceptual framework

Conclusion

Due to the rapid changes that take place in the pandemic context, health care organizations need to adjust their strategies and turn to organizational specific factors such as LO and IM in order to decrease the prevalence of burnout in Ophthalmology physicians.

Conflict of Interest

The authors state no conflict of interest.

Acknowledgements

None.

Sources of Funding

None.

Disclosures

None.

References

1. Bria M, Spînu F, Baban A et al. Maslach Burnout Inventory - General Survey: Factorial validity and invariance among Romanian healthcare professionals. *Burnout Research*. 2014; 1(3),103-111.

2. Gheorghe IR, Liao MN. Investigating Romanian healthcare consumer behavior in online communities: Qualitative research on negative eWOM. *Procedia-Social and Behavioral Sciences*. 2012; 62,268-274.
3. Bria M, Spânu F, Baban A et al. Burnout among Romanian Healthcare Professionals: the role of work-home interference. *Sociologia Românească*. 2013; 11(3),85-98.
4. Hagau N, Pop RS. Prevalence of burnout in Romanian anesthesia and intensive care physicians and associated factors. *Jurnalul Român de Anestezie Terapie Intensivă*. 2012; 19(2),117-124.
5. Leiter MP, Maslach C. The impact of interpersonal environment on burnout and organizational commitment. *JOBM*. 1998; 9,297-308.
6. Langballe EM, Innstrand ST, Aasland OG, Falkum E. The predictive value of individual factors, work-related factors, and work-home interaction on burnout in female and male physicians: a longitudinal study. *Stress and Health*. 2011; 27,73-87.
7. Embriaco N, Azoulay E, Barrau K et al. High level of burnout in intensivists: prevalence and associated factors. *American Journal of Respiratory Critical Care Medicine*. 2007; 175,686-692.
8. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students. A cross-sectional study. *Medical Education*. 2005; 39,594-604.
9. Jackson ER, Shanafelt TD, Hasan O, Satele DV, Dyrbye LN. Burnout and Alcohol Abuse/ Dependence among U.S. Medical Students. *Academic Medicine*. 2016; 91,1251-1256.
10. Dyrbye LN, Thomas MR, Massie FS, Power DV, Eacker A, Harper W, Durning S, Moutier C, Szydlo DW, Novotny PJ et al. Burnout and suicidal ideation among U.S. medical students. *Ann. Intern. Medicine*. 2008; 149,334-341.
11. Thomas MR, Dyrbye LN, Huntington JL, Lawson KL, Novotny PJ et al. How do distress and well-being relate to medical student empathy? A multicenter study. *Journal of General Internal Medicine*. 2007; 22,177-183.
12. Popa-Velea O, Diaconescu L, Mihăilescu A, Jidveian Popescu M, Macarie G. Burnout and its relationships with alexithymia, stress, and social support among Romanian medical students: a cross-sectional study. *International Journal of Environmental Research and Public Health*. 2017; 14,560-570.
13. Gheorghe CM, Purcărea VL, Gheorghe IR, Popa-Velea O. Investigating the dimensions of Learning Organizations Questionnaire (DLOQ) in a Romanian private Ophthalmology Organization. *Romanian Journal of Ophthalmology*. 2019; 62(4),288-295.
14. Ege T, Esen A, Asik Dizdar O. Organizational learning and learning organizations: an integrative framework. *International Journal of Management Economics and Business*. 2017; 13(2),439-460.
15. Huysman M. Balancing biases: a critical review of the literature on organizational learning. In Easterby-Smith M, Burgoyne J, and Araujo L (Eds.). *Organizational Learning and Learning Organization: Developments in Theory and Practice*. 1999, London, Sage.
16. Kim J, Egan T, Tolson H. Examining the Dimensions of the Learning Organization Questionnaire: a review and critique of research utilizing the DLOQ. *Human Resource Development Review*. 2015; 14(1),91-112.
17. Pedler M, Burgoyne J, Boydell T. *The learning company*. 1991, London, England, McGraw-Hill.
18. Dodgson M. Organizational learning: a review of some literatures. *Organization Studies*. 1993; 14(3),375-394.
19. Garvin DA. Building a learning organization. *Harvard Business Review*. 1993; 71(4),78-91.
20. Watkins KE, Marsick VJ. *Sculpting the learning organization: Lessons in the art and science of systemic change*. 1993, San Francisco, Jossey-Bass.
21. Tsai Y. Learning organizations, internal marketing, and organizational commitment in hospitals. *BMC Health Services Research*. 2014; 14,152-159.
22. Lings IN, Greenley GE. The impact of internal and external market orientations on firm performance. *Journal of Strategic Marketing*. 2009; 17(1),41-53.
23. Berry LL. The employee as customer. *Journal of Retailing Banking*. 1981; 3(1),33-40.
24. Shiu YM, Yu TW. Internal marketing, organizational culture, job satisfaction, and organizational performance in non-life insurance. *Service Industries Journal*. 2010; 30(6),793-809.
25. Yang F-H, Huang C-H, Wei C-Y. The Relationship Between Internal Marketing, Employee Well-Being, and Customer Service Quality - The Service Industry in Taiwan. *International Journal of Organizational Innovation*. 2015; 8(2),40-57. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=110553637&lang=pt-br&site=ehost-live>.
26. Conduit J, Matanda MJ, Mavondo FT. Balancing the act: the implications of jointly pursuing internal customer orientation and external customer orientation. *Journal of Marketing Management*. 2014; 30(13-14),1320-1352.
27. Rafiq M, Ahmed PK, Rafiq M, Ahmed PK. The scope of internal marketing: defining the boundary between marketing and human resource management. *Journal of Marketing Management*. 1993; 9(3),219-232.
28. Ahmed PK, Rafiq M. *Internal Marketing: Tools and concepts for customer-focused management*. 2002, Oxford, Routledge.
29. Berry LL, Parasuraman A. *Competing through quality*. 1991, New York, Free Press.
30. Gournaris S. Internal-market orientation and its measurement. *Journal of Business Research*. 2006; 59(4),432-448.
31. Alves H, Wymer W. *Internal Marketing in Portuguese Health Care. Public Policy and Administration*. 2012; 11(4),641-658.