



Medical Personnel Motivation in One International Mission

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ABSTRACT

Introduction: The aim of this study was to check the different status that the military medical personnel had to deal with along the ISAF mission, from the beginning until six month later. This people spent at zone periods from sixty to one hundred and eighty days. The collaboration among different nationalities involved in the same mission and into the same medical treatment facility also, is a situation that has to be considered because is going to be very usual, and the analysis of this one must be useful to improve the operational capability between Medical Personnel of different countries (NATO or PfP).

Methods: We controlled different factors related to these people inside the mission. Some of these factors were:

Age, number of international missions, season, familiar factors, living conditions, hobbies, workload, languages, physical status, area of deployment communications and tasks. All the people included in the study filled voluntary one specific questionnaire with the items.

Objectives: To know which conditions and factors related to the military medical personnel assigned to International Military NATO Missions can be better focused to improve the operational capabilities.

Results: We got the data from the statistical analysis after all the test have been checked. In our statistical study we worked with the descriptive parameters and also with the correlations among the different variables applying the Pearson Correlation Test. We used the Kruskal-Wallis test for studying the comparisons by Functions, Ranks and Nations.

Conclusions: The main conclusion of this study could be that the Medical Personnel from different nations who is going to be enrolled in one Multinational Medical Treatment Facility should receive (all together) one brief training period before arriving to the Area Of Responsibility.

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INTRODUCTION

The aim of this study was to check the different status that the Military Medical Personnel enrolled in the multinational medical treatment facility ROLE 2 + at KAIA (Kabul Afghanistan International Airport), had to deal with, from the beginning (deployment of the unit) until six months later.

There were different groups of people spending at zone periods from sixty to one hundred and eighty days. The military ranks were from soldier to Lieutenant Colonel.

The degree of specialization were from ancillary personnel to medical doctor specialist.

The tasks were from security personnel to medical specialist.

There were four different nationalities, with different number of people, different dates of arrival and different times of mission: Hungarians, Bulgarians, Greeks and Spanish people (host nation).

This was one surgical field unit with three operating tables, four intensive care beds, two beds for advanced life support, nineteen medium care beds, four advanced trauma life support teams, odontologist unit, psychologist, pharmacy, veterinary and ancillary personnel.

The time from the arrival (beginning of the deployment) until the operative status were fifteen days.

Methods:

We controlled different factors related to these people inside the mission. Some of these factors were:

Age, number of international missions, season, familiar factors, living conditions, hobbies, workload, languages, physical status, area of deployment, communications and tasks.

The Critical Care Specialist officers decided to check one questionnaire to all the people enrolled in the Medical Treatment Facility checking the different points of view about the next items:

NATO rank. Age. Nationality. Number of International Missions. Time from arrival. Total time of mission.

Familiar status. Number of children. Changes of partnership during the International Mission period.

Function: Doctor, nurse, ancillary personnel. Specialty.

Languages spoken. Second language. Level of English. Right level of English for these Missions. Level of English of the Host Nation personnel with the same rank. Average level of English of the Host Nation personnel. Constrains due to level of English.

Living conditions.



Influence of the living conditions in the task Influence of level of spoken English. Influence of relations with national team personnel. Influence of relations with foreign teams. Influence of means to contact with relatives. Influence of having facilities for spare time. Influence of Internet access.

Hours spent in sport activities. Hours spent in parties. Hours spent in reading. Hours spent in watching TV. Hours spent in table games. Hours spent in studying.

Degree of information received about the Mission.

"	"	"	دد	"	"	دد	before arriving to KAIA.
"	"	"	دد	دد	"	دد	on the arrival to KAIA.
"	"	"	"	"	"	دد	during the first month.

Inputs for improving the living conditions in International NATO missions.

Inputs for improving the technical level of a Multinational NATO Medical Treatment Facility.

We applied the questionnaire to forty seven people of the unit. It was voluntary by everyone in the role and the percentage of participation was 92 %.

The questionnaire was applied 180 days after the unit was declared operative.



The next one was the form of the questionnaire:

QUESTION	FACTOR	ANSWER
NATO Rank:		
Age:		
Nationality:		
Number of international missions		
(this one included)		
I arrived heremonth ago	months	
Total duration of this mission.	months	

Status	With partner / without	
Number of children		
Have you changed your partnership during the mission?	Yes /No	

Function:	Doctor / Nurse /	
	ancillary personnel/	
	support personnel	
Specialist:	Doctor / Nurse	yes / no

How many languages do you speak (included your own)?	(Number)	
What is your second language?	English	
	French	
	Russian	
	German	
	Other: which one?	
What level of English do you	(0 to 5)	
have?		
What level of English do you	(0 to 5)	
think is necessary as basic for		
this kind of missions?		
What level of English do you	(0 to 5)	
think have the people of ROLE2		
MN-SP of your same rank		
(everybody is included)?		
What is the average of English	(0 to 5)	
level in the ROLE2 MN-SP		
(Medical people only)?		
How much do you think that your	0 (nothing) to 5	
level of English does affect your	(totally)	
task in this mission?		

I think the living conditions in	0 (bad) to 5 (excellent)	
this mission are		

How important are the next parameters	0 (nothing) to 5 (very	
for you in an international mission?	important)	



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Living conditions	
English spoken	
Relationship with national team	
members	
Relationship with foreign teams	
members	
Means of communication with	
your family members	
Facilities for spare time	
Internet access	

During this mission, how many	
hours do you spend weekly in the	
next activities ?	
Sport / gym	
Parties	
Reading	
TV	
Table games	
Studying	

Did you receive sufficient information about this mission?	0 (nothing) to 5 (totally)
Before your arrival to KAIA?	
Just in your arrival to KAIA?	
During your first month in	
KAIA?	

Please, let us know the three main actions to carry on for	(FREE	
improving living conditions in next missions?	ANSWER)	
1)		
2)		
3)		

Please, write the three main actions for improving the technical level in a Multinational Medical Treatment Facility?	•	
1)		
2)		
3)		



Objectives: To know which conditions and factors related to the military medical personnel assigned to International Military Missions could be better focused to improve their operational capacity, by the point of view of these people in the time they were carrying on their task.

To check which factors are related to each other in positive or negative way with the characteristics of the people in the study.

Results:

STATISTICAL STUDY:

The average age of the people of this study was 35.64 years, with an average of 2 international missions and with 4.72 months of mission carried out. The average of languages spoken by the people of the Role was 1.96.

In the next table we show the descriptive statistical data of the different parameters:

			Maximu		Tip.
	Ν	Minimum	m	Average	Desv.
AGE	47	20	57	35,64	8,838
INTER_MIS	47	1	7	2,00	1,489
ARRIVAL	47	1	7	2,94	1,660
DURATION	47	2	10	4,72	1,790
SPEAK	46	1	5	1,96	,788
ENG_RELAC	47	0	5	2,68	1,758
LIVE_COND	47	0	5	2,85	,955
IMPOR_LIVE	47	0	5	3,74	1,276
IMPOR_NAT	47	1	5	4,34	,891
IMPOR_FOR	47	0	5	3,66	1,307
IMPOR_CONT	47	0	5	3,94	1,150
IMPOR_FREE	47	0	5	3,45	1,427
IMPOR_NET	47	0	5	3,02	1,581
HOUR_SPOR	47	0	12	4,02	3,025
HOUR PART	47	0	30	6,98	7,011
HOUR_READ	47	0	25	6,66	5,847
HOUR_TV	47	0	30	4,70	6,314
HOUR_GAME	47	0	12	1,53	2,653
HOUR_STUD	46	0	40	6,50	8,492
INFO_PRE	47	0	5	1,66	1,592
INFO_IN	47	0	5	2,47	1,600
INFO_1MONTH	47	0	5	2,66	1,868
NATIONALITY	47	1,00	4,00	1,6170	1,07447
RANK	47	,00	19,00	8,0000	6,23106
FUNCTION	47	1,00	4,00	2,6809	1,08561
SECOND LANGUAGE	36	1,00	5,00	2,4167	1,07902

Descriptive statistical:



Results from the point of view about which parameters could be changed for improving the personnel conditions in a Multinational Medical Treatment Facility:

		Frequency	Percentage	Percentage real	Percentage accumulated
Real		7	14,9	14,9	14,9
	Relationship commanders	1	2,1	2,1	17,0
Better feeding Communications between personnel Communications with relatives English level Facilities free time Information before mission Internet live conditions More salary National food Regulate time for work Time mission shorter To respect free time Training before mission	Better feeding	2	4,3	4,3	21,3
	Communications between personnel	3	6,4	6,4	27,7
	Communications with relatives	1	2,1	2,1	29,8
	4	8,5	8,5	38,3	
	Facilities free time	1	2,1	2,1	40,4
	Information before mission	8	17,0	17,0	57,4
	Internet	7	14,9	14,9	72,3
	live conditions	7	14,9	14,9	87,2
	More salary	1	2,1	2,1	89,4
	National food	1	2,1	2,1	91,5
	Regulate time for work	1	2,1	2,1	93,6
	Time mission shorter	1	2,1	2,1	95,7
	To respect free time	1	2,1	2,1	97,9
	Training before mission	1	2,1	2,1	100,0
	Total	47	100,0	100,0	

Results from the point of view about which parameters could be changed for improving the technical conditions in a Multinational Medical Treatment Facility:

		Frequency	Percentage	Percentage real	Percentage accumulated
Real		17	36,2	36,2	36,2
	Adequate personnel	2	4,3	4,3	40,4
	Adequate training	1	2,1	2,1	42,6
	Adequate training	5	10,6	10,6	53,2
	Facilities free time	1	2,1	2,1	55,3
	Computer devices	1	2,1	2,1	57,4
	Information before mission	7	14,9	14,9	72,3
	Internet	1	2,1	2,1	74,5
	Learn English before mission	2	4,3	4,3	78,7
	Medical devices in English	1	2,1	2,1	80,9
	More personnel	1	2,1	2,1	83,0
	Technical devices	4	8,5	8,5	91,5
	Training before mission	4	8,5	8,5	100,0
	Total	47	100,0	100,0	

Finally, we applied one Pearson Correlation for studying the correlations among the different variables that we had studied with our questionnaire.



CONCLUSSIONS:

We have realized that in the group that we studied were one positive correlation between the age of the people and the number of International Missions and the number of languages spoken.

These people considered that they had received more information of their mission at the beginning of this and one month later.

The duration of the mission was bigger for the specialist than for the support personnel.

A good level of spoken English was considered very important for maintain good relationships among the different groups (nationalities) inside the unit.

The living conditions were considered one of the most important items to take in account for the relationship with members of the other nationalities and even also with the same nationality members.

For a right accomplishment of the different tasks (good atmosphere of working), four parameters had strong positive correlation:

- Means of communication with the families, (phone, internet,...).
- Specific facilities for spare time (cinema, gym,...).
- Internet access.
- Spare time used for reading.

The good relationships between people of different nationalities were easier between people with the same tasks.

The people who red more considered very important the Internet Access also.

The higher Ranks employed more time for reading.

The people who red more studied more also.

The people who employed more time for games, they did it also watching TV.

The satisfaction degree about the information received of the mission was absolutely in direct relation with the nationality and the function.

The higher ranks considered the English level as one of the most important items in an international mission.

Main factors for improving the living conditions in a Multinational Medical Treatment Facility were considered the next ones by the people included in the study:

- Information of the mission before arriving to the Area Of Responsibility.
- Comfortable living conditions.
- Internet Access.
- Good means of communications with their families.
- Facilities for free time.
- National plates of feeding.
- Good level of spoken English.

Main factors for improving the technical level in a Multinational Medical Treatment Facility were considered the next ones by the people included in the study:

- Full information of the missions before the arrival to the Area Of Responsibility.
- An adequate training for the kind of mission.
- The right technical devices for the task and training with these ones before the mission.

The main conclusion could be: the Medical Personnel from different nations who is going to be enrolled in one Multinational Medical Treatment Facility should receive (all together) one brief training period before arriving to the Area Of Responsibility.



BIBLIOGRAPHY:

www.apgea.army.mil/dhpw/Population/combat.aspx
www.vnh.org/FM22-51/CSCTOC.html
www.vnh.org/FM22-51/booklet1.html
www.cnn.com/2004/HEALTH/07/01/post.traumatic.stress
www.i-mef.usmc.mil/msc/intelbn/intelbnkvn/id32.html
www.ncptsd.va.gov/facts/disasters/fs_civilians.html
www.socap.org/Publications/Quicktakes/combatstress.html
www.lifelines.navy.mil/dav/Isnmedia/LSN/CombatStress
www.onefreedom.org
www.signonsandiego.com/uniontrib/ 20050317/news_2m17virtual.html



