

**A REPORT ON THE DIFFERENCES BETWEEN R&D PERSONNEL
AND HEALTH SCIENCE PROFESSIONALS IN REGARDS TO
FORMS OF REWARD AND RECOGNITION SOUGHT**

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BACKGROUND

The working group dealing with rewards, recognition and incentives for scientific personnel has produced a series of background papers dealing with rewards and recognition sought by R&D personnel in non-medical/health laboratories.

Questions have been raised whether the findings from the literature concerned with R&D management has adequately addressed the motivational needs of health sciences workers.

This limited study was to identify differences, if any, between the types or forms of rewards or recognition sought by R&D personnel, and those whose research activities were in the medical or health sciences area.

METHODOLOGY

Information was gathered by means of personal and telephone interviews across Canada with several individuals and a group of health sciences professionals. Personnel interviewed included researchers with Ph.D.s, MDs and degrees associated with the nursing profession.

RESULTS

The interviews were divided into two areas: non-salary, and salary forms of reward and recognition.

Non-Salary Forms of Rewards and Recognition

Everyone interviewed agreed that the non-salary forms of reward and recognition that have been identified as being applicable to R&D personnel in non-health research are equally applicable to health science professionals.

The interviewee for the nurses stated that nurses who are involved in research activities would hold a "cosmopolitan" orientation to rewards i.e., would prefer recognition from peers over their employer. They would be highly motivated by giving a paper at a conference of their peers.

The main difficulty is that most of the interviewees felt that Health Canada was not doing a good job of providing non-salary forms of reward and recognition.

Several people in the Drugs Directorate were critical of senior management's use of conference attendance as a perk. As one respondent stated, "There is a mindset in Health Canada that conferences are a perk". Such attendance is not seen or appreciated as training and development. Travel to the US is still considered foreign travel, despite Treasury Boards repeal of that definition.

Furthermore, inequities in attending conferences is a sore point between those scientists in the RES category and those in other categories.

Interviewees representing regulators in Health Canada stated that the department does a poor job of rewarding and recognizing the work of regulators, both from the perspective salary and non-salary forms of recognition. There is no form of recognition that would identify individuals as "regulator role models" for more junior staff to emulate.

Nurses involved with health science research sometimes have difficulty in being recognized as independent professionals, especially by people with MDs.

Salary Forms of Reward and Recognition

There are some problems in the salary/promotion in the health sciences area due to the type of personnel employed. It is difficult, however, to determine whether the difficulties in salary discrepancies are any worse than that identified by others when a RES and a PC with a Ph.D. work on the same project, but have different salaries.

The fact that RESs have not been impacted to the same degree as CHs or BIs as far as promotion and salary freezes are concerned, is a bone of contention. This is

especially noticeable to people in the regulatory area who are CHs or BIs and work alongside of RESs.

People with MDs can advance higher in Health Canada than people with just a Ph.D. MDs come into HC at higher salaries, but have little room for salary progression after that. One respondent stated that there is severe salary compression between new MDs and older workers.

There is quite a bit of dissatisfaction by the regulators with their salary. They do not believe that the many skills and areas of knowledge (technical, legal and media relations) that they must bring to their work is appreciated. They feel that they are underpaid relative to the people in the laboratory e.g., CHs, BIs.

Another point that was made was the lack of "cost of living allowances" for people who work in Toronto and Vancouver. They feel that they are taking a financial penalty for working in those locations.

CONCLUSION

The forms of non-salary rewards and recognition identified in the review of the literature of R&D personnel is fully applicable to people working in the health sciences area.

It appear, however, that Health Canada is not providing such non-salary forms of recognition and reward in an effective manner.

The problems faced by Health Canada in the salary/promotion area are complicated by the higher salaries commanded by MDs but are essentially no different from the salary/promotion problems faced by other departments. Some groups feel underpaid for their work relative to others. That should be investigated and corrected, if necessary, by Health Canada.