

# THE PLACE OF MEDICAL EVALUATION IN THE SELECTION SEQUENCE

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*The paper explores in a phenomenological manner the importance of medical evaluation in selection process sequence. The topic of research is narrow and follows apparently microscopic aspects of human resource management. This level of reduction for the research theme is supported by the disproportionate effects a small choice can have over various actors involved directly or indirectly in the process. The paper is mainly theoretical and tries to provide new lenses in understanding the construction of a specific reality.*

*Key terms (human resources, selection, medical evaluation)*

Medical evaluation is a step of the selection process often seen as a legal requirement and not as a functional tool in a complex, interconnected, sequence of steps carefully choreographed for the perfect sorting of human resources. If is a legal requirement (the employment contract is invalid without it) then it must be placed at the front of the selection process. This is not always the case but happens frequently enough and when these choices are made, a chain of events are generated.

*The nature of the problem* scrutinized in this paper is the fact that the order of selection steps influence in a powerful manner the selection process. The placement of medical evaluation as one of the first steps in selections is an unfortunate choice from various reasons. Using as starting points two case studies, we will try to outline the shock waves an apparently small choice generates on the labor market for certain actors involved with or without their consent.

The paper is a fundamental research and details in an exploratory manner the legal guidelines and the placing of the medical evaluation in the selection process as in the literature; presents two case studies relevant for the research; introduces the concept of “butterfly effect”; underlines what employers stand to lose if they don’t understand the causal connections and draws few conclusions in the end on the basis of data accumulated.

## **Legal guidelines for medical evaluation**

Almost all discussions about medical evaluation in the employment process are based on the legal foundations. The meaning of this step of the selection process seems legally and not functionally constructed. So to outline the concept we started with a sort presentation of the legal background and try to structure a meaningful web of relations between various provisions.

Medical evaluation for employment reasons are a legal requirement for every job on the market. This kind of test has to prove that the candidate is able physically and biologically to perform the specific tasks of the job (International Labor Office Staff, 1999). The rigorousness of the criteria varies accordingly with the activity domain, with the physical and mental effort and with responsibility required. For the public alimentation, medicine, education, defense, or other alike, the standards are higher, then for other domains with little or no social impact. The legal background for medical testing for employment reasons is given by the Labor Code (24/01/2003, Art 27 and Art 28). A relevant excerpt is presented in the following line:

### *Art. 27. Mandatory medical certificate upon employment*

- (1) A person may only be employed on the basis of a medical certificate, attesting that the concerned person is able to perform the respective activity.
- (2) The breach of the provisions in paragraph (1) shall void the individual employment contract.
- (3) When the employee submits the medical certificate after the conclusion of the individual employment contract, and the content of the certificate indicates that the person concerned is able to work, the contract thus concluded shall remain valid.

(4) The competence and procedure for issuing the medical certificate, and the penalties applicable to the employer when employing or changing the place or type of work without a medical certificate shall be laid down in special laws.

(5) The request, before employment, of pregnancy tests, shall be prohibited.

(6) When employing in the health, food and beverage, education and other fields laid down in regulatory documents, specific medical tests may be required too.

#### *Art. 28. Mandatory medical certificate – special cases*

A medical certificate shall also be mandatory in the following cases:

- a) when resuming the activity after a pause in excess of six months, in the case of workplaces exposed to professional nuisances, and one year, in all other cases;
- b) in case of posting or transfer to another workplace or another activity, should the working conditions change;
- c) at the beginning of a mission, for the employees employed under a temporary employment contract;
- d) in the case of apprentices, interns, pupils and students, when they are to be trained in trades or professions, and also when changing the trade during the training;
- e) regularly, for those exposed to professional nuisances, according to the regulations of the Ministry of Health and Family;
- f) regularly, for those performing activities entailing the risk of disease transmission and those working in the food and zootechnics sector, in drinking water supply plants, children communities, health units, according to the regulations of the Ministry of Health and Family;
- g) regularly, for those working in organizations with no risk factors, by medical examinations differentiated by age, sex and health status, according to the regulations in the collective labour agreements.

Few things from the legislation clearly come forward: the cost of the medical evaluation is not placed on the shoulders of employer – in fact there is no mention of this responsibility; the medical certificate can be submitted after the conclusion of the individual employment contract so employers are not legally bounded to place the medical evaluation at the beginning of the selection and the legislation tries to limit the unethical use of medical testing for discriminatory purposes – pregnancy tests. The general impression is that legal background seem to be under evolved, with a lot of gaps and misinterpretations, and that the general problem of the legal system, a lot of general legislation but few implementation and reinforcement institutions, is present here also.

### **The placing of medical evaluation in the selection process**

The placing of the medical testing in the hierarchy of selection methods is of vital importance. The lack of attention, or the inertia of habit, can create unwanted effects for the employer, for the candidates and for the various institutions involved in the process. It is interesting how a single choice of order can create so many unforeseen problems. If the medical evaluation is one of the first in the selection process then, from various points of view: financial, time, public relation etc, the employer undermines its own success. If the employer have enough patience and knowledge to leave medical evaluation at the end of the selection process, then success is one step closer. Unfortunately this is not always the case.

First we discuss the logical order of the selection process and its steps. This logic is created on the ground of financial efficiency; short timetable; good image projected on the labor market and the order of the selection steps influence for good or for bad this logic. We can imagine the selection process as a system of successive sieves sorting the candidates in according to the jobs requirements and personnel specifications, in the end remaining only the “golden candidates”. The steps of the selection process under discussions are compiled from various sources (Armstrong, M., 2006; Werther, W. B. and Davis, K. 1993; Klinvex, K. 1998) in the figure 1.

Selection steps	Initial candidate number:	150
Preliminary reception of applications (application form, CV, intention letter)		75
Employment tests (performance, knowledge, psychological and attitude tests)		10
Selection interview with a HR specialist (structured, behavioral, in stress etc.)		5
Reference and background check (checking factual information)		4
Medical evaluation (physical and biological adequacy)		3
Supervisory interview (team adequacy and specific technical interview)		2
Realistic job previews (an insight in to the job)		2
Hiring decision (job offer, individual contract and job description)		1

*Figure 1 Steps in the selection process of human resources – the successive sieves effect*

## Two case studies

The first case study regards Cluj-Napoca County Office for Work and Equal Opportunity. It was the year 2000 and in the recruiting process for the position of human resources inspector, interested candidates were asked to apply for the job with a dossier containing four pieces: curriculum vitae, a cover letter, a criminal record and a medical evaluation for the job. The arguments for this rare application procedure regarded the need to find qualified, healthy and honest candidates for the job in this public institution. People responsible were mighty proud of the system created for the applicants. As background information we mention that: because of the privatization and economical transition the unemployment rates were high in Cluj-Napoca; there were few people trained in human resource management - this was a relatively new area in Romanian organizational management; the lack of knowledge and human resources was a big problem for public institutions also and the number of respondents for the recruiting advert was around 200.

The second case study regards a local branch of C.E.C Bank, in the year 2007. In the recruiting message the candidates for the job of account administrator were asked a dossier with: cover letter, curriculum vitae; copies of studies documents; copies of work paper; copy for identity card; copy for military discharge paper; criminal record and medical certificate. The labor market was in its best moment (1% unemployment rates), the number of people on the market with economic education high (Cluj-Napoca is an important academic center). The selection process was an ongoing one (“the selection process will repeat itself until the appropriate person is found”).

## The butterfly effect

We can see in both cases that the recruiting process creates a lot of administrative effort for the candidates to apply (at least for major steps are required), but what is invisible at a first glance for employer is the amount of social distress he creates for the candidate as well as for himself. A small judgment mistake can produce, like in the chaos theory or the butterfly effect, huge secondary unanticipated effects for both actors involved and unfortunately for third parties also (Figure 2 – Negative effects of the medical evaluation in the early stages of election process). And usually what people or employers don't see or know, don't hurt them.

Negative effects for candidates	Negative effects for employers	Negative effects for third parties
Time consumed: almost ½ days, per person, spent to plan, pay, travel, be examined, take results and obtain certification.	More documents to be processed - the selection process in this first stage grows in complexity	Crowded medical centers: few medical centers are accredited and dozens of employers take this approach
Money spend unnecessary: (almost 500.000 ROL in 2000 and almost 150 RON in 2007 per	More time invested in the selection process More money allocated to the	Unsatisfied clients for medical centers – waiting time increase and the quality of the medical

person) Possible traumas suffered by candidates: radiation exposure, invasive procedures, people pass out during blood sampling.	process The differentiation of the candidates resulted in this initial stage on the basis of medical evaluation is poor, because the majority of the candidates are healthy.	act decrease. Overworked medical staff: the numbers of patients increase dramatically, pushing their limits and increasing the number of errors.
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*Figure 2 Negative effects of the medical evaluation in the early stages of the selection process*

Let us take the worst case scenario – case study number one (a very plausible one) and see some real effects. First 200 people spend half a day, that’s 100 working days. Second, 200 people spend 500.000 ROL, that’s 100.000.000 ROL. Third, supposing one in twenty people are very nervous about blood analysis process, that’s 10 people in great discomfort. Fourth, the employer has maybe 195 more certificates to evaluate than is efficiently needed. Fifth, 195 medical certificate take almost one day to be evaluated and this costs extra. Sixth, the differentiation obtained between candidates is minimal, often all the candidates are medically fitted for the job. Seventh, in a small town like Cluj-Napoca, if five employers think alike, then the medical centers have in a short period 1000 more clients then usual... and the chain of events can go on.

The solution to the problem is not so hard to spot, but in a region with a legalistic approach to organizational culture, with a great degree of bureaucracy, and little training on human resources the beaten track is always the safest one. “This is how things are done around here” is an argument for the lack of causal thinking, for an over-hierarchical system of management, for the lack of creativity and causal thinking, or even for the lack of time.

In an efficient approach, the place of the medical evaluation is at the end of the selection process, or at least in a position where the number of people affected by this step is short. We can wait for the preliminary reception of the applications, selection tests and interview to narrow down the candidates (3-5) and then ask them to do the medical evaluation. The impact over candidates, third parties and employers is drastically reduced. A simple change of perspective, change for the better the efficiency of the selection process, removes the “bugs” in the system and project a responsible approach of the employer.

### **What employers really have to lose beyond time and money?**

If we go beyond internal cuisine (time and money) and try to understand the impact of a mediocre selection process over the clients or the potential clients we can see that *from the public relations point of view things can go really bad*. All the steps of the selection process are moments of public relations. Majority of the candidates will not be employed and the quality and the professionalism of their treatment will create the external image of the organization. The social networks of disgruntled candidates can spread a negative image with multiplying effects on the labor market and between clients.

Another lose for an employer is that viable candidates get tired to complete the complex initial process of recruiting and selection: write curriculum vitae, write a cover letter, get the criminal record and then obtain the medical certification. This kind of recruiting/selection packages *reduces the pool of candidates on other criteria than competence*. Especially medical evaluation is a time and money consuming process. If this complex recruiting scheme is intentionally used to sort the only determined candidates when the labor market abounds with labor force, the arguments in its favor can be understood; but when the labor market lacks the resources to provide a decent pool of candidates, then the complexity of this approach have no argument.

Externalities represent a concept from micro economy relevant for this paper purpose. Externalities “arise when one party’s actions have consequences (positive or negative) for others that are not accounted for in market transactions” (Marshall, G. 2005, p.20). In our case, the choices made by employers (medical evaluation as a first step in the selection process) have negative consequences over other parties that are not accounted in the market transactions (clients of the medical centers) and maybe positive effects over other third party (medical centers), increasing the number of clients and their revenues – so *we are clearly dealing with a case of externality in the selection process* and more specific in the medical evaluation.

## Conclusions

The “butterfly effect” is a problematic phenomenon in the field of human resources. Some employers are not able to see or anticipate in a causal manner the impact of their actions on other people. Other employers are able to see and anticipate the effect of their actions on other people, but from various reasons choose to ignore them. The ethical implication of this behavior is important either way because of the *social distress* a simple decision in the selection process produces. Financial losses; time or the lives of main actors and third parties are consumed in a futile manner; people are traumatized and crowded, other businesses are affected... these are few of the main effects. The “externalization” of the transaction costs by the employer summarizes this in an effective manner.

If we change perspective and put ourselves in the shoes of the employer we believe that understanding, even in an egotistic manner, the effects of their actions over their own business, the butterfly effect will be drastically reduced. All the complexity of the process doesn't create a solid, thorough selection process, but deepens the ineffectiveness, and digs *employers own grave* by giving him more documents to be processed, consuming more valuable time and money and all with a poor differentiation effect between candidates.

A phenomenological approach is needed to see the causal context of this kind of decisions in a different light. Extensive training on selection process; rethinking of every step of the selection in a neutral light of people involved, time and money and a fresh new start, different from the “ways things are done” are vital elements for future success. An educated employer means fewer anomalies and fewer resources wasted on labor market.

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