

Satisfaction of Health Care Staff about Work Domains, Home Care Department, Family medicine Department, Armed Forces Hospitals Southern Region, KSA, 2015

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Abstract

Background: This study was conducted to assess staff satisfaction among staff of home care department, family medicine, Armed forces hospitals southern region, Saudi Arabia.

Methods: All forty four staff working at home care department are subjected to official validated questionnaire designed by continuous quality improvement department [medical services department, Armed Forces Hospitals], to measure 11 domains of satisfaction and overall satisfaction, the questionnaire was distributed anonymously in sealed envelopes with clear instruction about collection, the data coded-edited-analyzed using SPSS IBM version 22.

Results: From 44 staff 9 doctors, 20 nurses, 4 paramedical, 8 administration employees and 3 supportive services. Overall satisfaction was 88.6%, work environment 86.4%, services quality 84.1% leadership 88.6%, team 81.8%, statement 90.9%, communication 88.6%, recognition 77.3%, benefits 52.3% employee affairs 65.9%, accommodation 50% and pride 100%. When measuring the relation of these domains with different personal and job characters as [age groups, gender, category, work duration and type of contract] only the significant relation revealed with benefits against work duration [P=0.012*] which gave lower rates with more years of experience & employee affairs with work duration [P=0.041*] & accommodation against gender with lower satisfaction among females [P=0.036*].

Conclusion: Over all satisfaction is accepted 88.6% but some domains need to be worked on as benefits 52.3% employee affairs 65.9% and accommodation 50%.

Introduction

Aging and residential Long-Term Care. In the first half of the 21st century, the global population 60 years or over is projected to expand threefold to nearly 2 billion, with 33 countries having more than 10 million people 60 years of age or over [1].

Job satisfaction is one of the important variables in work and organizational psychology is regarded as an indicator of working-life quality, [2] and is a crucial variable used to determine the quality of health-care systems.

Job satisfaction, multiple definitions of job satisfaction abound in the literature. Job satisfaction is defined by using the traditional model frequently cited in empirical studies of job satisfaction of nursing care providers. This model focuses on job satisfaction as the affective orientation of an employee towards his or her work (i.e., on the feelings an individual has about his or her job [3, 4]).

Who describes job satisfaction as a "pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" and Brooke and colleagues who describe job satisfaction as "an affective response to the job situation" [5]. Not all dissatisfied staff will leave their job, but dissatisfaction may impact their work, their coworkers, and the quality of resident care delivered. Dissatisfied staff often show signs of an unreliable work ethic, such as tardiness and taking unscheduled days off [6]. Some dissatisfied staff show greater aggression towards other workers [7] and residents [8]. Job dissatisfaction is associated with reduced quality of resident care [9] and resident quality of life [10], as well as reduced ability of

organizations to change [11]. Conversely, caregivers (including care aides) who report perceiving high quality of care in their facilities also report higher satisfaction with their job [12].

Dissatisfied workers are more likely to provide inferior services and the physical and mental status and the social functioning of these workers can be affected substantially by the level of their job satisfaction. [13]

Many studies have shown that job satisfaction can be influenced by a wide variety of factors such as competitive pay, adequate staffing, a pleasant working environment, opportunities for personal and professional growth, a reasonable workload, supervision, recognition, noticeable progress of patients, positive relationships with co-workers, autonomy on the job, job security, career advancement and contingent rewards [14-16].

One study demonstrated the importance of job satisfaction to an organization in terms of its positive relationship with individual

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Citation: Al-Modeer MA, Esmail KMM, Ali Mohamed AQ, Abouelyazid AY, Amri AA (2016) Satisfaction of Health Care Staff about Work Domains, Home Care Department, Family medicine Department, Armed Forces Hospitals Southern Region, KSA, 2015. Int J Community Fam Med 1: 111. doi: <http://dx.doi.org/10.15344/ijcfm/2016/111>

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performance, employee relations, physical and mental health and satisfaction.[17] Thus, more satisfied employees tend to be more productive and creative.[18] The job satisfaction of health-care workers has a positive association with patients' satisfaction,[19,20] and contributes to the continuity of care.[21] Conversely, job dissatisfaction has a negative impact on the structure and work flows of organizations. Some negative impacts identified include greater non-conformance with procedures and policies, increases in work accidents, and organizational conflicts,[22] that may increase the rate of medical errors, thus jeopardizing patient safety,[23] and higher employment costs,[24] that contribute to the shortages of health-care providers.[25] Job satisfaction is necessary to retain existing doctors, as well as to promote recruitment of new ones.[26] In short, the quality of health-care workers depends on the level of job satisfaction.[27]

Aim

This study aimed to measure the satisfaction among working staff at home care unite , family medicine department , Armed Forces Hospitals southern Region, and correlate this with different job characters.

Methods

The study was done at home care unite, family medicine department, Armed Forces Hospitals southern Region, 2015 by distributing official validated questionnaire modified by Continuous Quality improvement unit at Armed Forces Hospitals and developed from valid questionnaire by Hasson H, Arnetz JE (2008) which measure Nursing staff competence, work strain, stress and satisfaction in elderly care.[28] All staff was included from 44 staff 9 doctors, 20 nurses, 4 paramedical, 8 administration employees and 3 supportive services and the response rate of returning the questionnaire was 100%, Original copies of Questionnaire were distributed anonymously in sealed envelopes with clear instruction about returning in time and to be self delivered in a secure box available inside work place.

After finishing the time frame of the study [three months] a study team from continuous quality improvement unit open and collect the questionnaires.

The questionnaire measure 11 domains of satisfaction and overall satisfaction[work environment, services quality, leadership, team, statement, communication, recognition, benefits, employee affairs ,accommodation , pride and Overall satisfaction]. All responses were assessed on a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree) (.

The data was edited, coded and entered on SPSS for IBM version 22 (statistical package for social science, New York: IBM Corp (2013)).

The date was described as number and percent. Chi-Square test was used to know the statistical significant difference when measuring the relation of various domains with different job characters. The Cronbach's alpha for [work environment =0.817, services quality=0.881, leadership= 0.946, team =0.614, statement =0.879, communication =0.867, recognition=0.881, benefits=0.857, employee affairs =0.846, accommodation=0.921 and pride=0.878] age group, gender, category, work duration and contract type were used as control variables. P value was significant if ≤ 0.05 at confidence interval 95%.

Result

Table 1 discuss the description of studied group's characters as age group, gender, work categories, duration and type of contract.

Table 2 discuss the percentage of satisfaction domains of studied group and overall satisfaction.

Table 3 discuss the relation of studied group's characters with different satisfaction domains and overall satisfaction, which shows no statistical significant relation except in work duration with benefits ($P=0.012^*$) & work duration with b Employee affairs ($P=0.41^*$) and gender with accommodation ($P=0.036^*$).

Variable	Category	Number	Percent
Age group	<30 y	10	22.7%
	30:60 y	34	77.3%
Gender	Male	16	36.4%
	Female	28	63.6%
Category	Physician	9	20.5%
	Nurse	20	45.5%
	Paramedical	4	9.1%
	Administration	8	18.2%
	Supportive services	3	6.7%
Work Duration	<2 y	8	18.2%
	2:10 y	27	61.3%
	>10y	9	20.5%
Contract	Single	36	81.8%
	family	8	18.2%

Table 1: Sociodemographic characters of studied group.

Domain	Number	Percent
Work environment	38	86.4%
Service quality	37	84.1%
Leadership	39	88.6%
Team	36	81.8%
Statement	40	90.9%
Communication	39	88.6%
Recognition	39	77.3%
Benefits	23	52.3%
Employee affairs	29	65.9%
Accommodation	22	50%
Pride	44	100%
Overall satisfaction	39	88.6%

Table 2: Satisfaction about Work domains.

Discussion

The analysis utilized data that is routinely collected by the home care department which regularly collects data on employee satisfaction and patient satisfaction. Employee satisfaction was collected by the department as part of an employee survey conducted each year.

Employee satisfaction data was aggregated at the departmental level. That is, we had information on the average satisfaction scores. A finer level of analysis would be possible with individual employee data. As such, our analysis involves a staff satisfaction and mean satisfaction scores for employees. Employee Satisfaction was measured with a 5-point agreement Likert scale (strongly disagree to strongly agree) across eleven dimensions and sum for "overall satisfaction":

Variable	Category	overall satisfaction	work environment	service quality	leadership	Team	Statement	Communication	Recognition	Benefits	Employee affairs	Accommodation	pride
Age group	<30 y	100%	100%	100%	100%	90%	100%	100%	90%	70%	90%	80%	100%
	30:60 y	85.3%	82.4%	79.4%	85.3%	79.4%	88.2%	85.3%	73.5%	47.1%	58.8%	41.2%	100%
Gender	Male	93.8%	87.5%	93.8%	93.8%	93.8%	100%	87.5%	81.3%	62.5%	56.3%	75%*	100%
	Female	85.7%	85.7%	78.6%	85.7%	75%	85.7%	89.3%	75%	46.4%	71.4%	35.7%	100%
Job Category	physicians	88.9%	77.8%	88.9%	88.9%	88.9%	100%	77.8%	77.8%	55.5%	44.4%	55.6%	100%
	Nurse	85%	80%	80%	90%	80%	80%	85%	75%	40%	70%	30%	100%
	Paramedical	75%	100%	75%	75%	50%	100%	100%	50%	75%	50%	50%	100%
	Administration	100%	100%	87.5%	87.5%	87.5%	100%	100%	87.5%	50%	75%	75%	100%
	Supportive services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Work Duration	<2 y	100%	87.5%	87.5%	87.5%	87.5%	100%	100%	87.5%	87.5%*	75%*	75%	100%
	2:10 y	85.2%	88.9%	85.2%	88.9%	81.5%	88.9%	88.9%	70.4%	44.4%	70.4%	44.4%	100%
	>10y	88.9%	77%	77.8%	100%	77.8%	88.9%	77.8%	88.9%	44.4%	44.4%	44.4%	100%
Contract	Single	88.9%	88.9%	83.3%	88.9%	80.6%	88.9%	91.7%	75%	50%	69.4%	47.2%	100%
	family	87.5%	100%	87.5%	87.5%	87.5%	100%	75%	87.5%	62.5%	50%	62.5%	100%

Table 3 : The relation of various Satisfaction domains with different Work characters .
Chi-Square test is used
P is significant * if ≤ 0.05 accommodation

The higher satisfaction domains were clear statement including team work 90.9% because it is considered vital as the multidimensional nature of organizational culture was investigated in terms of involvement, collaboration, transmission of information, learning, care about clients, strategic direction, system of control, coworker help, coordination and integration and this was matched with Ginevicius and Vaitkunaite (2006) [29] who reported the same result.

Followed by good communication between team members 88.6% this was matched with Carriere and Bourque (2009) [30] who demonstrated that internal communication satisfaction affects overall job satisfaction and organizational commitment.

Satisfaction about Leadership style on our results was high 88.6%, health-care workers' job satisfaction can be achieved by adopting participative leadership styles that encourage the workers to be involved in making decisions that have an influence on their work and their relationships with fellow workers. This finding was supported by Chen et al. who suggested that health-care leaders have the greatest opportunity to influence job satisfaction among health-care professionals.[31] Rogatus et al. also showed that supervision and co-workers had a significant influence on job satisfaction.[32]

Services quality was defined by [33] as adopted by the American Society is "The totality of features and characteristics of a product or service that bears on its ability to satisfy stated or implied needs." 84.1% satisfaction regarding services quality indicate that was a effective domain for satisfaction and this was matched with Piriathanalai W, Muenjohn N 2012[34], who indicate strong relationship.

Employee affairs showed low satisfaction 65.9% due to some reluctance in work flow and the building somewhere distance from hospital and need transportations.

Benefits satisfaction was very low 52.3% due to difficulties to get overtimes payment, no hazardous pay for travelling, road accident or home violence, and no privileges in working at home care department

and there is reluctance in promotion process. The Benefit was significantly associated with lower work duration due to higher rates of new contract.

Satisfaction about accommodation (housing) also very low 50% because for staff other than physicians no option for housing allowance, 2 to 3 roommate at each unite , common laundry for whole building (one machine/10 rooms) , common kitchen , no specific water schedule only 3 hours per day and some times during working hours , no air conditions and transportation problems. Significant lower satisfaction with female gender cause most of nursing staff are females and most of male are physicians with better housing conditions. Females were less satisfied about accommodation because mostly nurses with single contract and same previous explanation about less satisfaction about accommodation.

High position (physicians 88.9%) was also found to result in higher job satisfaction. The probable reason is that the higher-position workers in public service will earn respectability from society. Similar previous studies have reported that holding a higher position tends to produce a high level of job satisfaction compared to those who lack such a high position. [35, 36]

The pride was 100% this may be due to well known position and old name of armed forces hospitals institution, and organized managerial process.

One important notice that older employee are less satisfied especially with benefits and employee affaires, this is may explained that with more age and experience became more hardly to be satisfied. [13]

Conclusion

From our findings, we concluded that the main factors that correlated with their overall job satisfaction were conflict clear job statement, good communication and leadership. Lower years of

experiences correlate with higher satisfaction regarding benefits and employee affairs, female staff (nurses) were mostly dissatisfied with accommodation.

Ethics

This study was approved by the Family and Community Medicine Administration at Armed Forces Hospital Southern Region.

Clear instruction about participation in the beginning of the questionnaire and privacy and confidentiality were guaranteed.

Practice Implications

Patients and quality leaders continue to call for delivery of patient-centered care. If climates that facilitate such care are also related to improved patient safety and staff satisfaction, proactive, patient-centered management of the work environment could result in improved patient, employee, and organizational outcomes.

Emphasize on keeping excellent leadership support & team work environment inside the department.

Repeating the survey biannually or quarterly help good monitoring of work environment.

Limitation of the Study

Small number of staff members as it depends totally on convenience sampling (100%), which emphasizes differences in demographic, work and socio economic characteristics of the staff. So there is some difficulty in generalizing the results. However, a larger sample size and better sampling methods might result in a more conclusive comparison of job satisfaction in the future.

Acknowledgment

The authors are grateful to all staff members of Home Care Unit (Family & Community Medicine Administration) and continues quality improvement department who Coordinated and assisted us with data collection and to all respondents who participated in this study. This work was supported in part, by a non-profit organization Armed forces hospitals southern region, Saudi Arabia.

Competing Interests

The authors declare that they have no competing interests.

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