

Teaching staff response towards provided health care service: King Saud University Experience

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ABSTRACT

Objectives: Patient satisfaction is the prime objective of any successful health care organization. Its monitoring perceptions are simple but important to develop the strategies to assess and improve the performance. Keeping in view the significance of patient satisfaction, the aim of the present study was to determine the teaching staff response towards provided health care service in the University Hospital, at Saudi Arabia.

Methodology: A questionnaire was designed and distributed electronically to 722 University staff members. The questionnaire consisted of 12 items to collect the information regarding the provided services including reception, treating physicians, nurses, laboratory services, radiology examination, drug provision from pharmacy, referrals to specialists, follow-up services, emergency admission and college of dentistry services. The feedback was entered into the computer and results were computed based on the total number of participants and the percentage [%].

Results: Response towards satisfaction was best with laboratory services 18.6% excellent, 34.2% very good and 26.5% good, followed by pharmacy services 16.1% excellent, 23.9% very good and 30.4% good and the radiology 15.1% excellent, 28.5% very good and 30.2% good. However, the nursing and physicians services came next. Nursing services were 12.8% excellent, 28.6% very good and 32.5% good. Physician's services were 11.5% excellent, 28.9% very good and 31.8% good. The areas which needed improvement were human resources and administrative areas.

Conclusion: Staff members were highly satisfied with the laboratory, pharmacy, radiology, nursing and services provided by the physicians. Only professionalism and advanced technical aspects may not be sufficient to achieve satisfaction.

KEY WORDS: Staff response, Patient satisfaction, Faculty, Health care, King Saud University.

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INTRODUCTION

Patient satisfaction is one of the objectives of health care along with recovery from illness or amelioration of the presenting problem. It is also a contributor to outcome as satisfied patients are more likely to comply with treatment. Patient satisfaction is an essential aspect of hospital care.¹ The literature related to patient satisfaction provides valuable information for those trying to improve the quality.²⁻⁴ An honest feedback allows employers to meet patient's needs better and allows hospital administrators to improve service delivery.

Patient evaluation of health services has long been seen as a legitimate and necessary part of the patient

involvement projects as health care improvement.⁵ From the hospital's perspective, clinical staff and administrators should be interested in patient's views of care because achieving health satisfaction is the ultimate validator of the quality of care. Patient satisfaction may be a direct or indirect measure of outcome, predictive of compliance with treatment and intent to return for care and patient could be more satisfied if the provided services are more patient centered.⁶ The appointment systems restrict the amount of time allocated to each physician, it might be associated with reduced satisfaction.⁷ Continuity of care has been shown to be associated with a variety of positive outcomes including patient satisfaction, compliance with medication and health services utilization.⁸ For successful health care organizations patient satisfaction should be a prime objective, its monitoring perceptions are simple but important to develop the strategies to assess and improve the performance. Therefore, the aim of the present study was to overview the satisfaction of teaching staff about health service provided by the university and to evaluate the feedback of teaching staff's expectation on their satisfaction. In the present study, we carried out the survey among teaching staff of King Saud University including College of Medicine to explore staff's attitudes and opinions towards the health service provided to them.

METHODOLOGY

Study design: The present study was conducted under the supervision of office of the Vice Rector for Health Specialties, King Saud University, Riyadh, Kingdom of Saudi Arabia during the period February 2010 - October 2010.

Subjects: A questionnaire was designed and validated by two senior consultants. This questionnaire was sent electronically to 722 University staff members. Before sending the questionnaire, senior teaching staffs from different colleges were invited to participate in a workshop which was held to discuss and evaluate the services provided by the University Hospitals and Dental College for King Saud University (KSU) staff.

Table-I: Distribution of studied sample based on the place of work.

Place of work	No.	%
Health colleges	272	37.7
Other colleges	403	55.8
Administration	34	4.7
Did not mentioned	13	1.8
Total	722	100

The workshop also discussed the questionnaire form and they added their input to improve it. The questionnaire was sent to teaching staff by e-services. The name of the evaluator was optional but the College, specialty, the rank and place of work was defined. The questionnaire included 12 items, where the provided services were evaluated from the following aspects: reception, treating physicians, nurses, laboratory services, radiology examination, drug provision from pharmacy, referrals to specialists, follow-up services, emergency admission and college of dentistry services.

The items were graded as excellent, very good, good, satisfactory and non satisfactory. The staff members were asked whether they prefer to be cared by assigned family physician for a group of families or not, if not, they were asked to justify it. At the end of questionnaire the staff members were asked to record their suggestion to improve the health services provided to teaching staff.

Statistical analysis: The questionnaire feedback was entered into the computer. SPSS-17 software program was used and findings were computed based on the total number of cases and the percentage [%]. Chi Square test was applied. The level of significance was considered at p value <0.05.

RESULTS

Of the 722 respondents who received a questionnaire, 272 were health college teaching staff (participation rate 37.7%), teaching staff of other college were 403 (participation rate 55.8%) and administrative staff were 34 (participation rate 4.7%). Thirteen respondents (participation rate 1.8%) did not mention their place of work. A total of 63 (5.9%) demonstrators, 96 (13.4%) lecturers, 243 (34.3%) assistant professors, 127 (17.9%) associate professors, 132 (18.2%) professors and administrative employees 48 (6.8%) participant were included in the study. Thirteen (1.80%) of the respondents did not mention their academic rank. Table I and II present the characteristics of the two samples. The question-

Table-II: Distribution of studied sample based on the rank of the staff members.

Academic Rank	No.	%
Employee	48	6.6
Demonstrator	63	8.7
Lecturer	96	13.3
Asst. Prof.	243	33.7
Assoc. Prof.	127	17.6
Professor	132	18.3
Did not mentioned	13	1.8
Total	722	100

naire showed a good impression regarding the infrastructure and qualification of the health workers. Most of the concerns were about the administrative shortcomings where there is a demanding need for improvement of reception services, phone answering at appointment, shortening the time for referrals and appointments, improving dental services, improving emergency services, more control and supervision on health provision services. Items regarding health care recipient's involvement were rated positively, on a scale from non satisfactory to excellent, where excellent represent the most positive attitude. The questions addressing the satisfaction of health service are given in Table-III.

Important differences among facilities provided can be measured with as bad as 37.8% for referrals, 35.3% for emergency services and 34.6% for appointments. Responses towards satisfaction was the best with laboratory services, 18.6% excellent, 34.2% very good and 26.5% good, followed by pharmacy services 16.1% excellent, 23.9% very good and 30.4% ranked as good, and the radiology 15.1% ranked as excellent, 28.5% very good and 30.2% good. However, differences were large enough to reach statistical significance in numerous cases. In case of getting an appointment the staff members were not satisfied, only 7.5% responded excellent and 15.2% responded very good, where as 34.6% said bad. Dental and emergency service were not satisfactory, 4.5% and 4.9% responded excellent, 11.5% and 16.1% very good respectively. Thirty-five percent opined dental service as bad and the same number (35.3%) termed emergency service as bad. Staff members were asked whether they would like to be treated by a family physician, 581 (81.1%) agreed, but 135 (18.9%) declined. Six staff members did not reply. Out of 135 respondents

who declined, 88 respondents justified why they did not want family physician. Forty three (51.7%) respondent were concerned about the administrative problems, getting referral appointment and 35 (40.2%) respondent were not confident about the family physicians professionalism.

DISCUSSION

Patient satisfaction is one of the most important objectives of health care organizations along with recovery from illness or amelioration of the presenting problem. It also provides valuable information to improve the health services quality. In the present study, the response towards satisfaction was best with laboratory services followed by pharmacy, radiology, nursing and physicians services.

To the best of our knowledge, this is the first study focusing on the use and usefulness of a survey conducted in quality improvement on teaching staff of a university in Saudi Arabia. Hospital management has been emphasized as most responsive to data from quality-measurement studies, especially top management, and a common effect is implementation of quality-improvement initiative.⁹ The effect of these initiatives is beyond the scope of our study, but we did find that the attitudes were affected by professional background, while assessment of usefulness depends on the type of position. These findings are confirmed by other studies.¹⁰

The questionnaire was designed to measure attitudes among employees involved in quality improvement, because these groups are core personnel in implementing improvement projects based on quality measurement. The response rate was high, implying that potential effects related to non-response are of minor concern. Therefore, the result can be expected as representative at the national

Table-III: Staff members response and level of satisfaction (n = 722).

Health Service Item	Not satisfied		Fair		Good		Very Good		Excellent	
	No.	%	No.	%	No.	%	No.	%	No.	%
Appointment	248	34.6	158	22.1	147	20.5	109	15.2	54	7.5
Reception	106	14.8	181	25.3	207	28.9	155	21.6	67	9.4
Physician	74	10.3	125	17.5	228	31.8	207	28.9	82	11.5
Nursing	63	8.8	123	17.2	223	32.5	205	28.6	92	12.8
Laboratory	46	6.4	102	14.9	190	26.5	245	34.2	133	18.6
Radiology	61	8.5	127	17.7	216	30.2	204	28.5	103	15.1
Pharmacy	86	12	126	17.6	218	30.4	171	23.9	115	16.1
Referral	271	37.8	179	25	156	21.8	83	11.6	27	3.8
Re-visit	139	19.4	189	26.4	223	31.1	125	17.5	40	5.5
Emergency	253	35.3	154	21.5	159	22.2	115	16.1	35	4.9
In-patient	155	21.6	178	24.9	216	30.2	125	17.5	42	5.9
Dental	251	35.1	195	27.2	156	21.8	82	11.5	32	4.5

Note: The level of significance between all parameters is = 0.0001.

level for the groups included in the study sample. It was assumed that feedback from patients on professional performance might lead to improvement activities, and accordingly, a change in behavior towards the patients.

Reasons for measuring the quality of care included obtaining more detailed information about patient care and identifying potential areas for improvement. Our study has shown that health care professionals alone cannot identify all quality problems related to the provision of patient information. Caregivers usually have a tendency to under estimate the quality of non-technical aspects of care and to give priority to technical aspects of care.^{11,12}

Previous studies of patient satisfaction have shown that patients are reluctant to express dissatisfaction.¹³ Precautions were therefore taken to avoid biased responses: anonymous questionnaires were given to demonstrate a lack of involvement of their care providers.¹⁴

The majority of staff found it difficult to get an appointment. The need for establishing a service that optimizes time utilization usually affects the user opinion, the reception service has been indicated as unsatisfactory/bad by majority of the staff. One must note that the reception service is what reflects the first impression upon the patient regarding the hospital. A well organized, reception services which facilitates the appointments, generates a positive expectation regarding hospital assistance.

This study is not in agreement with the findings of Denise Fornazari de Oliveira et al¹⁵, where they found majority of the patient were satisfied with appointment and reception. Reasons for refusing family physician were the patient would like to choose his/her treating physician and not involuntarily assigned as the family may not feel happy with the assigned physician. There is a possibility of leaking information about medical history of the family. This approach failed in certain centers for certain reason i.e., the family physician may not be experienced and/or of low standard, replacement of family physician during vacation cause inconvenience. The family physician may hinder approaching the sub-specialty consultant.

CONCLUSION

We conclude that patients are highly satisfied with the laboratory, pharmacy, radiology, nursing and services provided by the physicians. Professionalism and advanced technical aspects may not be sufficient to achieve satisfaction.

However, below standard non-technical services can cause dissatisfaction inspite of good technical care which indicates the importance of improving the supportive services in order to achieve patient satisfaction.

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