

Exploring the Satisfaction of Hospital Staff from the Accreditation Program

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ABSTRACT

Introduction: One of the new phenomena in health care system is implementation of hospital accreditation program. Regarding to the key role of hospital staff and the usefulness of evaluating the satisfaction of hospital staff in implementing hospital accreditation program to further enhance this program and fix its drawbacks and deficiencies, the present study was aimed to investigate the satisfaction of the staff of Amir Kabir Arak Hospital from hospital accreditation program.

Methods: This descriptive survey was conducted on all employees of Amir Kabir Hospital in Arak, Iran. Based on the axes of accreditation program, a questionnaire consisting 28 questions with 9 different axes of the accreditation program was provided to the staff. The data were also analyzed using SPSS Statistics 23.0.

Results: Based on the findings of the study, 9 main topics including accreditation at the core of the governance, management, risk of accidents and disasters, the centerpiece of the executive management team, improve quality, fault management, human resource management, supply management and accommodation facilities, infection, and compliance the recipients were servants. The satisfaction rate of these axes from the viewpoint of the employees of Amir Kabir Hospital was found to be at average level.

Conclusion: In general, the results of our study showed that the level of satisfaction of hospital staff with hospital accreditation programs was are average level and accreditation can be implemented correctly through the establishment of good platform, appropriate selection of the proper model of accreditation, justification of the beneficiaries regarding the necessity of accreditation, continuous monitoring, the establishment of appropriate information systems, transparency of information along with changing the overall attitude of the organization. Consequently, there will be positive effects in achieving the goals of the hospital and improving the quality of services.

Key words: Job satisfaction, Staff, Hospital, Accreditation program

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INTRODUCTION

Job Satisfaction refers to the type of individual's attitude towards his or her job [1], referring to positive emotions and feelings about their jobs [2]. In other words, job satisfaction is affected by several factors such as Salary, communications, policies, procedures, occupational dimensions, work order, discipline and personality traits of employees [3].

According to Rabins [4], two dimensions are involved in job satisfaction, including a hygiene factor and motivational factors. Hygiene factor includes environmental features of the job and external aspects such as rights, Supervision, interpersonal relationships, job condition and situation. While motivational factors are related to the duties and content of the job, such as the importance of progress, responsibility and job growth [4]. One of the management's efforts to maintain human

resources is to create employee satisfaction [5]. Low job satisfaction leads to antisocial behavior such as defective products, poor services, production and spreading malicious rumors, absenteeism, displacement, and leaving a Job [6]. Strong evidence suggests that improving the conditions and working relationships of nurses and doctors can prevent Job burnout, leading to job satisfaction [7]. Health care organizations have a special place in society due to the importance of their responsibilities in the field of prevention, care and treatment, and job dissatisfaction among health center staff will reduce the quality of the services, resulting in patient dissatisfaction. In fact, attention to the opinions and wishes of the medical staff should be considered with regard to the health of the community [8]. One of the new phenomena in the health care system is the implementation of hospital accreditation programs over the past few years. The implementation of this project in hospitals and medical centers has led to major changes in the mechanism and procedures for serving patients by staff in hospitals. In this regard, changes resulting from the implementation of this program can have a variety of

effects on the satisfaction of patients and hospital staff, which increasing job satisfaction of hospital staff can be potentially lead to improvement of health care, leading to increasing patient satisfaction with health care.

Regarding to the key role of hospital staff and the usefulness of evaluating the satisfaction of hospital staff in implementing an accreditation program, the aim of this study was to evaluate the satisfaction of staff of Amir Kabir Hospital in Arak from the implementation of the hospital accreditation program.

MATERIALS AND METHODS

This descriptive study was conducted on all employees of Amir Kabir Hospital in Arak, from a registered list of employed employees who were selected using convenience sampling based on inclusion and exclusion criteria in 2017. They were employed at the hospital for at least 1 year at the time of the hospital accreditation program.

The staff at the health center included doctors, nurses, physical protection personnel, drug store houses, laboratories, imaging centers, administrative and financial affairs personnel, secretaries, ambulance drivers and service staff (cleaning staff, kitchen staff, etc.).

Inclusion criteria included 1) Workers and staff of Amir Kabir hospital in Arak, without a certain age group, with engaging in both gender, 2) Hospital employees who worked for at least one year at the time of the accreditation program, 3) Obtaining informed consent from research participants.

Exclusion criteria included, 1) Employees who were not available for 1 month, 2) Those who did not have the necessary co-operation to complete the form of information.

The data collection tool was a checklist of demographic data of individuals including: age (years), gender (male and female), place of living (city, village), education level (under the diploma, bachelor's degree, master's degree, doctorate (PhD, General practitioner, medical specialist, Sub-specialist), work experience (total years of employment), number of family members, type of employment (formal employment, employment contract), occupation (physician, nurse, service personnel, etc.), working hours Per week, marital status (single, married), housing situation (house owner, tenant).

Given the fact that a questionnaire on the hospital accreditation programs has not been designed so far, a standard questionnaire was designed to assess the satisfaction of the subjects. The questionnaire was designed with the collaboration of the educational supervisor, the hospital accreditation officer and the statistical expert, which supervised by the doctoral advisor and vital statistics health information specialist based on the accreditation program axes, a questionnaire consisting of 28 questions and nine axes of the accreditation program was finally available in the study.

The questions are as 7 options (1 is the lowest level of satisfaction and 7 is considered as the highest level of satisfaction). In the scoring, options 1 and 2 receive poor score, option 3, 4 and 5 received an average score and option 6 and 7 were scored as well.

Due to the fact that the questionnaire was designed manually and has not been evaluated in terms of reliability and validity, the questionnaire was given as a pilot to 30 hospital personnel under the supervision of a statistical expert and were then analyzed using SPSS Statistics 23.0. Subsequently, Cronbach's alpha was determined as 0.8, indicating a favorable validity and reliability of the designed questionnaire. Due to the fact that the questionnaire was designed manually and has not been evaluated in terms of reliability and validity, the questionnaire was given as a pilot to 30 hospital personnel under the supervision of a statistical expert and were then analyzed using SPSS Statistics 23.0. Subsequently, Cronbach's alpha was determined as 0.8, indicating a favorable validity and reliability of the designed questionnaire. According to the sample size, 223 people were selected in the study. The questionnaire was given to the hospital staff and the data were entered into the statistical software and subsequently analyzed. To cover all staff defined for the target population, the questionnaires and checklists were completed in various job shifts for the staff. In this plan, personal and confidential personal information were not recorded and statement of ethical principles of the Ethics Committee was respected in the research, and all enrolled subjects were fully informed.

Data analysis

Data were collected and then analyzed by SPSS 23 software. For categorization and interpretation of the findings, the frequency of frequency, absolute frequency and independent t-test, chi square and Pearson correlation coefficient (PCC) were used.

Ethical approval

The Ethics committee of the Arak University of Medical Sciences approved this study. Ethic code: IR.ARAKMU.REC.1394.100.

RESULTS

This descriptive study was performed on 223 medical personnel of Amir Kabir hospital in Arak in 2017, of which 59 men (26.5%) were male and 164 were female (73.5%). Based on the frequency distribution of education, 170 (76.2%) had bachelor's degrees, followed by diplomas and high school degrees (23 subjects, 10.3%), masters (21 subjects, 9.4%) and physicians (9 subjects, 4%). In terms of work status in Amir Kabir Hospital, 100 (44.8%) were officially recruited and 123 (55.2%) were employed contractually.

Regarding to the occupation, 9 people (4%) were employed as physician, followed by nurses and paramedic (130, 58.3%), administrative, pharmacy and support staff (48, 21.5%), Laboratory and radiology (31,

13.9%) and service staff (5, 2.3%). In terms of the economic situation of the hospital staff, 55 subjects (24.7%) had monthly income of less than one million and five hundred thousand toman, and in 168 subjects (75.3%) monthly income was between one million and five hundred thousand toman. Furthermore, 59 individuals (26.5%) were heads of household and 164 (73.5%) were not recorded to be heads of household. Moreover, 64 subjects (28.7%) were single employees and 159 (71.3%) were married. In addition, a total of 177 (79.4%) of Amir Kabir Hospital staff were house owners and 46 were living at a rental home. In response to the question of satisfaction with the content of the main policies and mission of the center, 103 (46.2%) assessed it to be weak, while 99 (44.4%) evaluated it to be average, followed by good (21 subjects, 9.4%). Regarding to their satisfaction with hospital programs for preventing and improving the health of patients, from the point of view of 68 (30.5%) the programs were weak, followed by average (146, 65.5%) and good (9%, 4%).

Regarding their satisfaction with hospital programs for preventing and promoting the health of employees, 103 (46.2%) had a low satisfaction, 111 (49.8%) had an average level and 9 (4%) well. A total of 50 people (22.4%) had a low satisfaction with management visits plans for improving the patient safety culture and identifying the dangers in the center, 146 (65.5%) were considered average satisfaction, and 27 (12.1%) suitable.

A total of 48 (21.5%) patients declared their satisfaction as weak about informing them by safety officer and responsibilities of safety officer, 152 (68.2%) were considered average and 23 (10.3%) Good. 54 (24.2%) had poor satisfaction in terms of designed procedures in the hospitals, 160 (71.7%) of subjects indicated average level of satisfaction and remaining 9 subjects (4%) demonstrated good satisfaction. Regarding the degree of satisfaction with process modification by departmental authorities and planning for correction, 57 (25.6%) reported it to be weak, 147 (70.4%) had average satisfaction and 9 (4%) good satisfaction.

Regarding the degree of satisfaction with the plans for monitoring and controlling physicians' and nurses' medical errors, etc., 50 (22.4%) had poor satisfaction, followed by average satisfaction (137, 61.4%), good satisfaction (36, 16.1%). Regarding to the degree of satisfaction with the method of reporting physicians' and nurses' medical errors, etc., 71 (31.8%) had poor satisfaction, 143 (64.1%) average satisfaction and 9 (4%) well satisfaction. In terms of satisfaction rate of fire prevention measures and other disasters in the hospital, 38 (17%) had poor satisfaction, 153 (68.6%) reported average satisfaction and 32 (14.3%) knew it well. In addition, 4 (15.2%) reported poor satisfaction regarding the activation of the crisis code in the hospital, 129 (57.8%) had average satisfaction and 60 (26.9%) had good satisfaction.

Based on the findings, 40% (17.9%) reported poor satisfaction with the informing the different axis of accreditation program in the center, 162 (72.6%)

reported weak satisfaction and 21 (9.4%) indicated their satisfaction as good.

In terms of satisfaction with the crisis management planning method for the presence of employees in emergency situations, 19 (8.5%) expressed weak satisfaction, 168 (75.3%) considered average, and 36 subject (16.1%) understood it well. Moreover, 85% (38.1%) had a poor satisfaction regarding annual evaluation by department officials, followed by an average satisfaction (104, 46.6%) and a good satisfaction (34 people, 15.2%). Regarding the degree of satisfaction with the way of obtaining comments and suggestions for improving the level of health in the center, 119 people (53.4%) declared their level weak, following an average level (77, 34.5%) and a good level (27 people, 12.1%).

In terms of satisfaction with the planning and implementation of staff empowerment based on targeted training, 97 (43.5%) had a weak satisfaction, and 126 (56.5%) reported it average.

Regarding the satisfaction of the center's support for improving physical health and related events, 143 (64.1%) had a poor satisfaction, following an average satisfaction (57, 25.6%) and good satisfaction (23, 10.3%).

Regarding to the level of satisfaction with the planning and implementation of motivational programs based on quality staff performance and compensation for services, 115 (51.6%) expressed weak satisfaction, the remaining subjects considered to have average satisfaction (90, 40.4%) and good satisfaction (18 (8.1%).

In terms of the level of satisfaction with planning and teaching the rescue and saving skills of the patients in the center, 67 subjects (30%) expressed low level of satisfaction, followed by average satisfaction (129, 57.8%) and good satisfaction (27%, 12.1%).

A total of 111 (49.8%) subjects had a poor satisfaction with the facilities and equipment satisfaction for personal protection and hand hygiene, and 69 (30%) expressed average satisfaction, while 43 (19.3%) had good satisfaction.

In addition, we found that 87% (39%) of the respondents were poorly satisfied with the availability of emergency communication facilities during emergency hours, followed by an average satisfaction (127, 57%) and good satisfaction (9, 4%). The satisfaction with the designed guidelines for facilitating the work was recorded as poor in 86 (38.6%), while 110 (49.3%) had an average level of satisfaction and the rest (27%, 12.1%) have a great satisfaction. In terms of policies designed to facilitate the work in the center, 86 (38.6%) reported it as poor, followed by an average level of satisfaction (103, 46.2%) and a good level (34, 15.2%).

Furthermore, 72 (32.3%) expressed poor satisfaction about the designed methods for facilitating the work in the center, while 115 (51.6%) had an average level of satisfaction, and the rest (36, 16.1%) have expressed good satisfaction.

Regarding the degree of satisfaction with the way of communicating patients' rights to the staff, 72 (32.3%) expressed low level of satisfaction, followed by average (117, 52.5%) and good levels of satisfactions (34, 15.2%).

Regarding the satisfaction with the way of informing about the provision of services according to religious, legal and professional standards, 63 (28.3%) reported it as poor, followed by an average level of satisfaction (135, 60.5%) and good satisfaction level (25, 11.2%).

Regarding the satisfaction with the way of informing about vulnerable groups and at risk populations for support, 33 (14.8%) have shown weak satisfaction, followed by (156, 70%) satisfactory and satisfaction Good Mandy (34, 15.2%). Regarding to the degree of satisfaction with the periodic satisfaction assessment in the center, 127 (57%) showed low level of satisfaction and 96 (43%) expressed an average satisfaction. In terms of employee satisfaction, the number of 78 people (35.2%) considered a weak satisfaction, followed by averaged satisfaction (129, 59%) and good satisfaction (16, 6.7%).

In terms of the degree of satisfaction with disaster risk management, 30 (13.5%) had poor satisfaction, 150 (67.2%) had poor satisfaction and 43 (19.3%) had a good report. In terms of satisfaction with disaster risk management, 30 (13.5%) had average satisfaction, 150 (67.2%) expressed poor satisfaction and 43 (19.3%) were goodly satisfied. 49 (21.9%) had poor satisfaction

from executive management team, followed by average satisfaction (149, 66.8%) and good satisfaction (25, 11.3%). Furthermore, 55 (24.9%) expressed satisfaction with quality improvement, and 153 (71.1%) had an average satisfaction, while the rest (15%, 4%) expressed high level of satisfaction. Also, error management was considered to be weak in 60 subjects (27%) and 140 subjects (62.5%), reported average satisfaction, and the rest (23, 10.5%) attributed a good level of satisfaction.

In addition, 104 people (46.7%) had a poor satisfaction with human resources management among hospital staff, following an average satisfactory level (97%, 43.5%) and a good satisfaction (22%, 9.8%). Among enrolled subjects, 99 employees had low satisfaction with resource management and accommodation facilities (44.4%), an average satisfaction level was recorded in 98 subjects (44%) and a good satisfaction in 26 subjects (11.6%). Furthermore, 81 staffs (36.5%) had a poor satisfaction with the prevention and control of infection in the center and 109 (49%) expressed a poor satisfaction level and the rest showed good satisfaction (33, 14.5%).

Regarding to the degree of satisfaction with the service recipient's satisfaction, 74 (33.1%) showed poor satisfaction, followed by an average (126, 56.5%) and good satisfaction levels (23, 10.4%) (Table 1 and Table 2).

Table 1: Hospital staff satisfaction

Questions	Weak		Moderate		Good	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
Question 1	103	46/2	99	44/4	21	9/4
Question 2	68	30/5	146	65/5	9	4/0
Question 3	103	46/2	111	49/8	9	4/0
Question 4	50	22/4	146	65/5	27	12/1
Question 5	48	21/5	152	68/2	23	10/3
Question 6	54	24/2	160	71/7	9	4/0
Question 7	57	25/6	147	70/4	9	4/0
Question 8	50	22/4	137	61/4	36	16/1
Question 9	71	31/8	143	64/1	9	4/0
Question 10	38	17/0	153	68/6	32	14/4
Question 11	34	15/2	129	57/8	60	26/9
Question 12	40	17/9	162	72/6	21	9/4
Question 13	19	8/5	168	75/3	36	16/1
Question 14	85	38/1	104	46/6	34	15/2
Question 15	119	53/4	77	34/5	27	12/1
Question 16	97	43/5	126	56/5	0	0
Question 17	143	64/1	57	25/6	23	10/3
Question 18	115	51/6	90	40/4	18	8/1

Question 19	67	30/0	129	57/8	27	12/1
Question 20	111	49/8	69	30/0	43	19/3
Question 21	87	39/0	127	57/0	9	4/0
Question 22	86	38/6	110	49/4	27	12/1
Question 23	86	38/6	103	46/2	34	15/2
Question 24	72	32/3	115	51/6	36	16/1
Question 25	72	32/3	117	52/5	34	15/2
Question 26	63	28/3	135	60/5	25	11/2
Question 27	33	14/8	156	70/0	34	15/2
Question 28	127	57/0	96	43/0	0	0

Table 2: Hospital staff accreditation axis

Accreditation Axis	Weak		Moderate		Good	
	Frequency	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)
The governing team	78	35/2	129	58/1	16	6/7
Disaster Risk Management	30	13/5	150	67/2	43	19/4
Executive Management Team	49	21/9	149	66/8	25	11/3
Quality improvement	55	24/9	153	71/1	15	4
Error management	60	27	140	62/5	23	10/5
Human resource Management	104	46/7	97	43/5	22	9/8
Supply management and accommodation facilities	99	44/4	98	44	26	11/6
Prevention and control of infection	81	36/5	109	49	33	14/5
Compliance with service law	74	33/1	126	56/5	23	10/4

DISCUSSION

Hospitals are considered as one of the major providers of health services that play a key role in restoring the physical and mental health of the community, conducting medical research and training specialist in the health sector with its own facilities [9]. The health sector has been increasingly taken in to attention due to the importance of the type of services and dealing with the health and life of humans, the enhancement of quality and its guarantee for the health system and the people [10-12]. Longevity in the competition market for hospitals and health centers requires maintaining and improving the quality of services, but many managers believe that the way to increase productivity is to reduce production costs, but it should not be forgotten that reducing the cost of services should be done without sacrificing quality. On the other hand, in order to improve the quality of services along with increased productivity. On the other hand, in addition to revising the way in which clinical services are provided, the assessment of unit performance and support sections should also be considered in order to improve the quality of services along with increased productivity, as providing a safe, accessible, efficient and effective environment for patients. If the hospital's support services be included nutrition, laundry, central sterilization, medical records,

hospital equipment and financial and personnel services, the hospital manager will be the first responsible for planning and monitoring the good performance of these units.

If productivity is also considered as efficiency, by directing managers to look at the process and optimally utilizing existing resources, we will be able to maximize productivity in hospitals [13].

Therefore, this study was conducted to evaluate the job satisfaction of Amir Kabir Hospital's staff in Arak, Iran.

Based on the findings of the study, 9 main topics included coordination in the governance axis, disaster risk management, executive management, quality improvement, error management, human resource management, supply management and accommodation facilities, infection prevention and control, and rights of service recipients. The satisfaction of these axes from the viewpoint of the staff of Amir Kabir Hospital was found to be at average level of satisfaction.

Monjamed et al. showed those high working hours, poor working environment conditions, weaknesses in evaluation methods, and weaknesses in encouragement and punishment are among the most important causes of job dissatisfaction in nurses. In our study, the satisfaction

rate of hospital staff in all aspects was assessed to be average [14].

In a study conducted by Jahani *et al.* about job satisfaction and its related factors among staff in hospitals in Arak, the results showed that 82.2% of the personnel expressed an average satisfaction levels. The highest level of satisfaction was determined to be relationship with co-workers and the lowest level was found to be linked to job difficulty benefits, and fairness, establishment of justice, discrimination and lack of facilities [15]. In our study, the level of employee satisfaction was at average level, which was consistent with the results of aforementioned study [15].

CONCLUSION

Overall, the results of our study demonstrated that the satisfaction rate of employees in Amirkabir Hospital of Arak was at average level. Accreditation can be correctly done by changing the overall attitude of the organization, through the establishment of good platform, appropriate selection of the accreditation model, justification of the beneficiaries regarding the necessity of accreditation, continuous monitoring, and the establishment of appropriate information systems. In this way, positive effects will be seen in order to achieve the goals of the hospital for improving the quality of services.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

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