

Study of Educational Hospital Employees' Satisfaction with the Administration of the Health Reform Plan in Ghazvin, 2015Soheyla Gholami¹, Sonia Oveisi², Fatemeh Ghamari³, Mahboobeh Ghorban Etedal⁴, Roya Rajaeae^{5, 6}

¹ M.Sc. Student of Health Care Management, Health Information Management Research Center, Hormozgan University Of Medical Sciences, Bandar Abbas, Iran

² Associate Professor of Maternal and Child Health, Qazvin University of Medical Sciences, Qazvin, Iran

³ M.Sc. Student of Health Services Management, Qazvin University of Medical Sciences, Qazvin, Iran

⁴ Employee in Tehran University of Medical Science, Health Network, Share Rey, Tehran, Iran

⁵ M.Sc. Student of Health Care Management, Shahid Beheshti University of Medical Sciences. School of Public Health. Tehran. Iran

⁶ Employee of Shahid Sabzeparvar Health Center. Alborz University of Medical Sciences, Alborz, Iran

Type of article: Original**Abstract**

Introduction: Employee satisfaction is considered to be an important component in the promotion of service quality and increased efficiency and effectiveness in the reform plan for a healthcare system. Neglecting this issue could result in a lack of success in achieving the healthcare system's objectives. The healthcare reform plan is being implemented to achieve the objectives of the healthcare system. Thus, given the key role of hospital employees in implementing the reform plan, the aim of this study was to determine the levels of hospital employees' satisfaction with their jobs.

Methods: This was a qualitative study in 2015 that included thematic analysis, and 138 employees of the Kosar, Rajaii, and Ghods Hospitals participated. Data were collected using semi-structured interviews, and the data were analyzed using content analysis.

Results: After analyzing the data collected by interviewing the employees, 132 codes were identified. The codes were classified into five general concepts including opinions about 1) the reform plan and its administrative barriers, 2) changes in visits, 3) changes in working conditions, 4) changes in salaries and 5) General satisfaction of personnel.

Conclusion: Increasing workloads, stagnant salaries, and the shortage of personnel were the main factors that reduced the satisfaction of the hospitals' employees with the administration of the healthcare reform plan.

Keywords: reform plan; hospital employees; satisfaction

1. Introduction

Healthy people are essential for sustainable development. Therefore, the provision, maintenance, and promotion of healthcare always have been priorities. (1). The major missions of the healthcare system are to promote good healthcare and offer quality services, to increase the efficiency and effectiveness of healthcare services, to ensure justice and sustainable financing, and to improve its management, availability, and accountability with respect to society's needs (1-4). These needs change continuously based on the economic, social, political, and environmental conditions. In addition, diseases and other factors that threaten health also are changing continuously. This is especially the case in contemporary conditions in which very rapid changes occur, and adequate responses to these changes require careful consideration concerning which healthcare systems should be changed and which ones should be promoted (1). In recent years, significant developments have occurred that have resulted in necessary reforms of the healthcare system. Most nations, irrespective of their economic development levels, are seeking better

Corresponding author:

Roya Rajaeae, Shahid Beheshti University of Medical Science, Tehran, Iran. Tel: +98.9383751873, E-mail: Rajaeeroya@ymail.com

Received: June 15, 2015, Accepted: August 17, 2015, Published: November 2015

iThenticate screening: August 29, 2015, English editing: September 24, 2015, Quality control: November 08, 2015

© 2015 The Authors. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

ways to organize and finance healthcare with the aim of promoting fairness, effectiveness, and efficiency (5). In the United Arab Emirates, the tendency toward achieving the best results from its healthcare-oriented services has resulted in ongoing reforms in the healthcare system (6). In Ireland, a plan for reforming healthcare services has been implemented that has created the greatest permanent change in providing healthcare services in this nation's history. This plan depends on information structures that provide proper and timely information for decision makers (7). Ireland's new healthcare reform plan was initiated in April 2014 with seven main focuses, the most important of which was reducing patients' share of hospital expenses by 10%, and seven instructions were included in the plan. These instructions, which provide criteria and regulations related to each plan associated with the country's healthcare reform, were as follows:

- 1) Program Instruction to reduce hospitalized patients' share of payments in hospitals related to the Ministry of Health and Medical Education;
- 2) Program Instruction to support the retention of physicians in deprived areas;
- 3) Program Instruction to specialized physicians' residency programs in hospitals related to the Ministry of Health and Medical Education;
- 4) Instruction for improving the quality of services provided in hospitals related to the Ministry of Health and Medical Education;
- 5) Instruction for improving the quality of hotel services in hospitals related to the Ministry of Health and Medical Education;
- 6) Instruction for the provision of financial support for incurable patients, other specific patients, and needy patients;
- 7) Instruction for promoting natural childbirth (8).

Along with these changes, we encountered two views. The first view expresses human resources management's perspectives and offers benefits to service providers, and the second view is concerned with society in general and its demand for the best healthcare services possible. The aim of this study was to investigate the human resources aspect and the effect of implementing the reform plan on employees' satisfaction with their jobs, given that employees' satisfaction can have a direct effect on the organization's ability to provide suitable services for people who need healthcare. Measuring job satisfaction could indicate that employees have positive views toward their jobs and the organization, which could promote personal efficiency and motivation that would benefit the organization and the patients it serves (9).

2. Material and Methods

This qualitative research was conducted in 2015 using thematic analysis (10) in interactions with medical and administrative personnel in Kosar, Rajaii, and Ghods Hospitals in Ghazvin. The data were collected from 78 medical employees and 60 administrative employees. In the first stage, the required arrangements were made with the medical, administrative, and finance departments of the hospitals to conduct focus group discussions (FGDs). Four days in a week were selected randomly for each hospital to provide an equal opportunity for medical personnel to participate in the interviews. The administrative and finance personnel at each hospital entered the study. To select participants from the medical personnel, all of those who were at the hospital on the appointed days and were available participated in the study. There were at least six hospital personnel in the study from each ward. The personnel who participated were selected in such a way that all available career groups in the hospital were represented. Since the number of female employees in the three hospitals was greater than the number of males, most of the employees in the study were females. The interviews were continued until no new data was being acquired. First, in-depth, unstructured interviews were conducted, after which the interviews became semi-structured with open questions. The interviews lasted for 20 to 90 minutes, depending on the topics and the conditions of the interview, and each interview was recorded. Afterwards, all of the interviews were transcribed and coded manually.

Data analysis and comparisons were conducted concurrent with the collection of the data. The text of each interview was reviewed several times, and meanings or themes were extracted, coded, and classified based on the smallest meaningful units. Each participant provided verbal informed consent, and the participants were free to leave the study at any time. The participants were assured that their privacy would not be violated and that all information that was provided would remain confidential with respect to the specific source of the information. To provide validity and acceptability of the information and compare the authors' understanding relative to the participants' intentions, the validity of the transcripts was assessed by the respondents and any corrections they suggested were used. Another strategy to provide validity and acceptability of the data was "control by qualified personnel," through

which a supervisor and three colleagues, who were experienced in the qualitative research method, reviewed and deliberated different aspects of the study.

3. Results

To achieve the research objectives of this study, 138 personnel of Kosar, Rajaii and Ghods Hospitals were interviewed. Most of the participants were females (83 females and 55 males), and the ages of the participants ranged from 24 to 49. In addition, 17 participants had earned a diploma, 75 had BS degrees, 36 had Master's degrees, and 10 had Ph.D. degrees. The results from readout and participants' reviews were classified in 132 codes and five categories as follows:

3.1. Opinion toward the reform plan, its likelihood of success, and its administrative barriers

Most of the participants in this study believed that their hospital has been successful in implementing the reform plan. The medical personnel stated that "the health reform plan's being successful was the result of unity between employees." Most of the participants in the study indicated that the main barriers to the reform plan were the increase in visits, insufficient number of personnel, and insufficient space. The medical personnel stated that "no increase in payments could be an important obstacle in advancing the implementation of the reform plan." The administrative participants stated that "the increase in the number of problems with the health information system (His) is one of the main problems of implementing this plan."

3.2. Changes in visits

The majority of participants in this study stated that number of visits have increased, and resources, including emergency ward beds and space, are not adequate to meet the patients' needs. The medical participants stated that "as visits have increased and the number of personnel has remained the same, the quality of service we are capable of providing has decreased."

3.3. Changes in work conditions

Half of the members of the medical group stated that "their work shifts are tedious and intensive. No changes have occurred in their division of labor, and their workloads have increased, causing personnel to have improper and non-ideal accountability." Half of administrative personnel stated that "since their work shift is fixed and they always work in the morning, no changes have occurred in their shifts. However, intensive and heavy workload has increased in such a way that they have to stay at work beyond their office hours." Medical and finance groups stated that, "this plan has increased patients' and their relatives' expectations, and members of the hospital staff have encountered their violent and degrading behavior.

3.4. Changes in payments

Most of the participants stated that no changes have occurred in their salaries. The financial and administrative groups believed that "nothing has been said about their salaries yet; however, promises have been made to the medical personnel.

3.5. General satisfaction of personnel with this plan

Most of the participants in the study believed that there is nothing left for personnel satisfaction considering the increase in workload and work intensity and no increase in salaries; they also stated that, since this plan has been implemented in a short time, there is not enough information to supervise and evaluate the reform plan to determine its real effect. The medical group stated that "we are glad to give services to mothers and children and this could result in our satisfaction." Participants in the study who worked in the administrative and finance sectors stated that "If the factors that have been mentioned can be alleviated, this plan will be very good and could result in equal care in the health sector and an increase in personnel's and visitors' satisfaction."

4. Discussion

Reform in the healthcare and medication system of the society has become essential due to the increase in the population, social changes, and increase incidents of various diseases in society (11). The general objective of the reform plan was to improve efficiency, improve the satisfaction of service providers and customers, and ensure the long-term financial sustainability of the healthcare system (12). By implementing changes in the healthcare system, a contrast occurs between the new and old systems, and the government should investigate the new reformed system and its performance quickly (13). The results of this study indicated that most personnel were satisfied with the

content of the reform plan. However, they stated the following problems associated with the implementation of the plan: 1) Increase in intensity and workload and consequently a decrease in work quality, 2) Insufficient space and equipment, 3) Insufficient personnel, 4) Unchanged salaries, 5) Increase in visits, 6) Insufficient information to supervise and evaluate the reform plan to determine the real effect of the plan.

Ranjbar et al.'s study conformed to our findings in such a way that external factors, such as salaries and the conditions of the work environment, were regarded as the most effective factors in job satisfaction (14). In a study by Jahani et al., one of the factors in dissatisfaction of hospital personnel was intensive tasks and the lack of provision of benefits, along with an increase in the number of work hours in a week. In addition, their study indicated that adequate salaries, facilities, space, and equipment increases personnel's satisfaction. The findings of our study were in good agreement with the findings of their study (15). Furthermore, managers could empower personnel through their effective behavior and employing participative management to have a positive effect on their job satisfaction and quality of services provided. Supportive methods of managers, especially head nurses, and their encouragement and rewarding strategies could result in increased motivation and job satisfaction (16). Some experts believe that shifting patients from private to state hospitals without any changes in the hospital environment or the service providers has imposed a great pressure on the healthcare team. Increase in induced demand and test orders along with other clinical and paraclinical procedures are part of implementation problems of the healthcare reform plan, given the lack of scientific justification, the shortage of human resources, and the increased workload of healthcare personnel, especially nurses (17, 18). One of the stated problems was insufficient human resources. Providing additional nurses through corporate contracts could be a transient strategy and a short-term anodyne to alleviate the problem of inadequate human resources. The distribution of the additional nurses could decrease undue work demands, increase nurses' satisfaction, and enhance patients' satisfaction. In their study, Mirmolaei et al. concluded that, if a sufficient workforce is employed for each work shift, work pressure would decrease, and the quality of service would increase. In addition, better salaries for their hard, demanding work would encourage the employees and lead to the provision of better services (19). In a study conducted in Zambia, it was concluded that many reforms in the healthcare system were implemented in a short time and that insufficient information was provided for the supervision and evaluation of the reform plan to determine its real effects. The results of our study were in good agreement with the results of the study in Zambia (20). It appears that all hospitals should avoid relying on instructions to administer reforms when implementing hospital reform plans, and they should provide feedback to their personnel in short intervals. The best way for a reform plan to be successful in hospitals is to engage the personnel in decision making, programming, and administering the plan. Furthermore, a degree of flexibility should be considered in the long-term administration of the plan at the time of initial programming to allow the plan to progress in a flexible and logical framework and produce better results. Considering the numerous complicated challenges facing the healthcare system, some of the healthcare reform processes that should be considered include the changing healthcare needs of people, increasing the public's expectations, providing adequate resources, finding ways to attract new financial resources into the healthcare system, and more effective use of the available resources (21). It is important and essential to reform the healthcare system to provide more and better quality services. This requires careful and thoughtful attention to the issues and proper management of this sector.

5. Conclusions

The results of this study indicated that hospital employees were satisfied with the content of the healthcare reform plan; however, they were not fully satisfied with the implementation of the plan. One of the main causes of dissatisfaction with the reform plan was insufficient human resources, especially nurses in hospitals. Another factor that caused dissatisfaction was insufficient equipment and inadequate facilities. The practical importance of these finding lies in the fact that this plan results in increased access to healthcare for all segments of society and establishing equal availability of healthcare services to the general population. It is suggested that this reform plan be reviewed to assess and evaluate several of its aspects, including, infrastructures, equipment and facilities, human resources, financial resources, the healthcare sector, and proper distribution of resources. Also, one vital aspect is to pay more attention to the needs, environments, demands, and salaries of the people who work in hospitals, especially the nursing and administrative staff. Otherwise, the job satisfaction of these important personnel will decrease, resulting in absences from work and even resignations, which only could exacerbate an already tenuous situation and result in further reductions in the services provided. Conducting complementary studies of the healthcare system reforms and the national healthcare system in a qualitative manner could be a suitable path for future studies.

Acknowledgments:

The authors thank the Kosar, Rajaii, and Ghods Hospitals for their help in this study.

Conflict of Interest:

There is no conflict of interest to be declared.

Authors' contributions:

All authors contributed to this project and article equally. All authors read and approved the final manuscript.

References

- 1) Health System Reform Plan (based on Islamic Iranian Model). Ministry of Health and Medical Education. Policy Making Committee. 2010 (in Persian). Available from: www.oiiip.ir
- 2) Executive Council of the Emirate of Abu Dhabi. Policy agenda 2007–2008, Emirate of Abu Dhabi. Abu Dhabi: General Secretariat of the Executive Council; 2007. Available from: <https://www.ecouncil.ae>
- 3) Health Massachusetts. Health care reform facts and figures 2010. 2010, Available from <https://www.mahealthconnector.org>
- 4) Mastaneh z, Mouseli L. Health Information Position in New Reform of American Health Care System. *Health Information Management*. 2011; 8(1): 101.
- 5) Frenk J. Dimensions of health system reform. *Health Policy*. 1994; 27(1): 19-34. doi: 10.1016/0168-8510(94)90155-4
- 6) Erik J. Koornneefa B, Paul B.M. Robbena,c, Mohammed B. Al Seiri d,e, Zaid Al Siksef. Health system reform in the Emirate of Abu Dhabi, United Arab Emirates. *Health Policy* 108, 2012. 115– 121. doi: 10.1016/j.healthpol.2012.08.026, PMID: 22998984
- 7) Rosaleen Murnane. Empowering nurses-Improving care Nurses' response to the new Health Services Reform Programme in Ireland. *International Journal of Medical Informatics*, 2005; 74: 861-68. doi: 10.1016/j.ijmedinf.2005.07.041.
- 8) Health System Reform Plan, Executive version. Ministry of Health and Medical Education, 2014. (in Persian).
- 9) Walton Richard E. Quality of work life (QWL) Measurement. 2005. Available from: www.syn.dgn.com.
- 10) Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006; 3(2): 77-101. doi: 10.1191/1478088706qp063oa
- 11) Department of Health and Children, Quality and Fairness: A Health System for You, Government Publications Office, Dublin. 2001. available from: <http://www.dohc.ie>.
- 12) Ministry of Health of the Republic of Turkey. Evaluation report (2003-2010): Turkey Health Transformation Program. 2011. Available from: www.saglik.gov.
- 13) Ministerial Review Group. Meeting the challenge: enhancing sustainability and the patient and consumer experience within the current legislative framework for health and disability services in New Zealand. Wellington. Minister of Health. 2009. Available from: www.beehive.govt.
- 14) Ranjbar M, VahidShahi K. Effective Factors on Faculty Members' Job Satisfaction in Mazandaran University of Medical Sciences, School of Medicine, 2006. *Strides in Development of Medical Education* 2007; 4(2) 92-9. Available from: www.sdmej.ir
- 15) Jahani F, Farazi A, Rafeei M, Jadidi R, Anbari Z. Job satisfaction and its related factors among hospital staff in Arak in 2009. *AMUJ*. Spring 2010; 13(1): 32-39. Available from: <http://muj.arakmu.ac.ir>
- 16) Mohsenpour L, Navipour H, Ahmadi F. The effect of participative management based on quality circles on nurses job satisfaction in the point of Herzberg. *Medical Journal of the Islamic Republic of Iran Army* 2005; 3(4):689-94
- 17) Haghdoost AA, Mehroli Hassani MH, Khajehkazemi R, Fallah MS. Monitoring Indicators of Iranian Health System Reform Plan. *Hakim*. 2013; 16(3): 81-171.
- 18) Hatamabadi H, Alimohammadi H. Reasons for long-stay admission in a typical overcrowded emergency of a teaching hospital in Tehran capital city. *Pajoohandeh Journal*. 2008; 13(1): 71-5.
- 19) Myrmlayy T, Dargahy H, Kazemnejad N, Mohajer Rahbary M. Job satisfaction midwives. *Quarterly life*. 2005; 11: (24-25), 95.
- 20) World Health Organization, UNICEF, the World Bank, the Zambian Ministry of Health. Comprehensive Review of the Zambian Health Reforms. Unpublished Report. 1997; Volumes I, II, III.
- 21) Management Sciences for Health. *Health Systems in Action: An eHandbook for Leaders and Managers*. Management Sciences for Health. 2010.