بسم الله الرحمن الرحيم

Sudan University of Science and Technology

College of Graduate Studies

Assessment of relationship between health service providers' satisfaction and customers' satisfaction in private sector

Case study: Albaraha Medical City

تقييم العلاقة بين رضا مقدمي الخدمة الصحية ورضا المرضى في القطاع الخاص

دراسة حالة: مدينة البراحة الطبية

A Thesis submitted as complementary Fulfillment for the Degree of M.Sc. In Total Quality Management

Prepared by:

Samar Altyeb Yassein Soliman B.Sc. In Animal Production

Supervised by:

Prof: Hassan AbdElAziz Mahmoud

MBBS, MHPE, PhD, F.AAHEA

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Approval Page

(To be completed after the college council approval)

Name of Candidate: Samar Altayeb Yassein Soliman

Thesis title: Assessment of Relationship Between Health Service Providers' satisfaction and customers' satisfaction in Private sector case study: Albaraha Medical city

Degree Examined for: Msc TQM

....

Approved by:

1. External Examiner

Name: ADIL ABUELMAALI ELSIDDIG

Signature: A. A. Siddig   Date: 30/10/2017

2. Internal Examiner

Name: Caroline Edward Ayad

Signature: Caroline   Date: 30/10/2017

3. Supervisor

Name: Hassan Abd ElAziz Mahmoud

Signature: Date: 30/8/2017

الاستهـــــــــــــلال

بسم الله الرحمن الرحيم

قال تعالى:

{... وَمَن يَتَّقِ اللَّهَ يَجْعَل لَّهُ مَخْرَجاً(٢)وَيَرْزُقْهُ مِنْ حَيْثُ لا يَحْتَسِبُ وَمَن

يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ إِنَّ اللَّهَ بَالِغُ أَمْرِهِ قَدْ جَعَلَ اللَّهُ لِكُلِّ شَيْءٍ قَدْراً(٣)}

صدق الله العظيم
سورة الطلاق – الآيات (٢-٣)

Dedication

To the My Family, My Mother, My Father,

My Brothers, My Sisters and My Husband, who

Have supported me and to all my friends and

colleagues

Acknowledgment

I would like gratefully to thank Sudan University of Science and Technology and My supervisor Prof Hassan AbdEl Aziz, for his guidance throughout the study.

Also I am sincerely indebted to the staff of Albaraha Medical city at Khartoum state for their participation.

Abstract

Job satisfaction is a set of beautiful feelings, that the employee feels about himself, his job and the institution in which he works, and which turns his work and then his whole life into real joy. The research problem there is no real and actual interest in the satisfaction of the workers, providing the appropriate work environment and moral motivation and giving the employee an area of creativity and notice in turn and importance.

This study aimed to assess the correlation between employee satisfaction and patient satisfaction, an assessment of the kinds of metrics useful for evaluating employee engagement and satisfaction , establishing a starting point for connecting employee engagement to employee performance, make preliminary recommendations for practices that the hospital may undertake to improve employee performance and patient experiences and to provide guidance for a long-term, more extensive data collection and analysis techniques to more deeply explore the extent to which employee satisfaction affects performance and the aspects of satisfaction issues that have the greatest impact on employee retention and service quality.

The study used a descriptive analytical approach as questionnaire was used as a tool for data collection.

The study population is composed of hospital employees and patients, the researcher distributed 2 questionnaires to employees and patients. The total number of outpatient employees was 502, targeting 70 employees (8 doctors, 5 nurses, 13 technicians, 26 management employees and 18 boarders and cleaners). On other side 70 patients were recruited to participation.

This study revealed that there were:

- There is statistically significant correlation between employee engagement and employee performance

- There is statistically significant correlation between employee engagement and employee satisfaction

- There is statistically significant correlation between employee satisfaction and employee performance

- There is statistically significant correlation between employee satisfaction and patient satisfaction.

Recommendations of this study were, patients and employee's satisfaction surveys and evolutions should be developed for the health systems in public and private health facilities, annual assessment of employee performance should be carried out for public and private health facilities, provision of suitable environment for employees, accommodation of patients waiting area and inform patients about how to use phone booking to reduce waiting time.

مستخلص الدراسة

الرضا الوظيفي هو مجموعة من المشاعر الجميلة التي يشعربها الموظف تجاه نفسه، ووظيفته والمؤسسة التي يعمل فيها، والتي تحول عمله ثم حياته كلها إلى متعة واقعية .مشكلة البحث ليس هناك مصلحة حقيقية وفعلية في رضا العمال من حيث توفير بيئة العمل المناسبة والدافع الأخلاقي وإعطاء الموظف مجال الإبداع والإشعار بدوره والأهمية.

هدفت هذه الدراسة إلى تقييم العلاقة بين رضا الموظفين ورضا المرضى تقييم أنواع المقاييس المفيدة لتقييم مشاركة الموظفين ورضاهم، وإنشاء نقطة انطلاق لربط مشاركة الموظفين بأداء الموظفين، وتقديم توصيات أولية للممارسات التي تقوم بها المستشفى لتحسين أداء الموظفين وتجارب المرضى وتوفير التوجيه لجمع البيانات وتحليلها لاستكشاف مدى رضا الموظف الذي يؤثر على الأداء وجوانب قضايا الرضا التي لها أكبر الأثر على الاحتفاظ بالموظفين وجودة الخدمة.

استخدمت الدراسة المنهج الوصفي التحليلي حيث تم استخدام الاستبانة كأداة لجمع البيانات.

يتكون مجتمع الدراسة من العاملين بالمستشفى والمرضى، وقام الباحث بتوزيع استبيانتين على الموظفين والمرضى. وبلغ العدد الإجمالي للعاملين في العيادات الخارجية ٥٠٢ موظفا، واستهدفت ٧٠ موظفا (٨ أطباء، و ٥ ممرضات، و ١٣ فني، و ٢٦ موظفا إداريا، و ١٨ موظفا من عمال النظافة والمنظفات). على الجانب الآخر تم اختيار ٧٠ مريضا للمشاركة.

وقد أظهرت هذه الدراسة وجود ارتباطات ذات دلالة إحصائية إيجابية بين رضا الموظفين ورضا المرضى ،وجود ارتباطات ذات دلاله احصائيه ايجابيه بين مشاركة الموظفين ورضاهم ، وجود ارتباطات ذات دلاله احصائيه بين مشاركة الموظفين واداءهم ، وجود ارتباطات ذات دلاله احصائيه بين أداء الموظفين ورضاهم.

وكان من أهم التوصيات التي توصلت إليها هذه الدراسة ضرورة إجراء استقصاءات ورضا المرضى والموظفين من أجل النظم الصحية في المرافق الصحية العامة والخاصة، وإجراء تقييم سنوي لأداء الموظفين في المرافق الصحية العامة والخاصة، وتوفير بيئة مناسبة للموظفين ، وتجهيز منطقة الانتظار للمرضى وإيلاغ المرضى حول كيفية استخدام الحجز عبر الهاتف للحد من وقت الانتظار.

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Chapter I
General Framework

1.1. Introduction:

At present, hospitals not only have to contend with the dynamics of regulation and market forces but most importantly they have to deal with the issue of service quality (Lim LC 1999)Consumers (patients) expect more and more of healthcare providers and demand higher and higher standards of care and service (Downey-Ennis K 2002). Patient satisfaction has become a frequently used outcome measure of the quality of healthcare delivery. In that sense, satisfaction represents positive appraisal of provided healthcare with respect to the client's goals and expectations (Downey-Ennis K 1983). Discussions on how the quality of health care should be measured include patient satisfaction as one of the important dimensions (Fitzpatrick R 1991).

On the other hand, healthcare worker job satisfaction isa very important parameter that influences productivity as well as quality of work (Nikic D 2008)This complex phenomenon is an attitude towards one's job that has an impact not only on motivation, but also on career, health and relations with co-workers (van den Berg2008 &Van Dijk FJ 2003). Healthcare worker job satisfaction has a great impact on quality, effectiveness, and commitment to work and at the same time on healthcare costs (Gray-Toft PA. 1985 & Miljkovic S. 2007) Many different studies have shown that there are great numberof factors which can have an impact on healthcare workerjob satisfaction, such as: gender, age, level of education, work experience, the way in which work is organized, working conditions, and

many others (Bovier PA. 2000, Haas JS., Judge TA. 2001, Kivimäki M 1994 &Verschuren)

1.2. Importance of study:

The key question of interest is how service-based organizations determine their level of employee engagement and what impact it has on patients. In order to answer this question, we conducted an exploratory study to investigate the relationship between employee satisfaction and patient satisfaction at a major hospital in Khartoum. Exploring the relationship between employee and patient experiences in a hospital presents several benefits:

- People - including doctors, nurses, administrators, and staff - play a crucial role in the service delivery process. These individuals perform duties that directly and indirectly influence the quality of patient care and satisfaction. Nursing staff in particular are involved with patents on a daily, and sometimes hourly, basis.

- Administrative procedures in place facilitate the collection of data on patient experiences (through a check-out survey for all patients) as well as annual employee surveys.

- Hospitals are large, diverse organizations with numerous departments that often dramatically differ from each other in size, function, and performance quality. This study uses department level data drawn from throughout the hospital.

1.3. Research problem

Job satisfaction is a set of beautiful feelings (acceptance, happiness, enjoyment) that the employee feels about himself, his job and the institution in which he works, and which turns his work and then his whole life into real fun (fun work and pleasure of life).

- Maintain the balance of investment human and technical and expertise of the institution of leakage or loss.

- To strengthen the institution's ability to achieve its objectives and overcome any challenges it faces**.**

- And therefore, we find that it is the most recent development, but a significant shift in modern management and marketing systems.

- Where the distribution of interest between the achievements of job satisfaction of employees with interest in winning the satisfaction of the client, where the practical experience that there is no way to reach the satisfaction of the client only to win the satisfaction of the worker first.

- In spite of all this, there is no real and actual interest in the satisfaction of the workers in terms of providing the appropriate work environment and moral motivation and giving the employee an area of creativity and notice in turn and importance.

1.4. Research objectives:

The general objective is to assess the relationship between employee satisfaction and patient satisfaction. In addition to general objective, there is specific objectives:

- Assessment of work environment.

- Assessment of work performance.

- Assessment of hospital services system.

- Physician interaction.

- Nurse interaction.

- Communication.

- And cleaning

- **1.5 Research hypothesis:**
- H#1: There is statistically significant relationship between employee engagement and employee performance.
- H#2: There is statistically significant relationship between employee engagement and employee satisfaction.
- H#3: There is statistically significant relationship between employee satisfaction and employee performance.
- H#4: There is statistically significant relationship between employee satisfaction and patient satisfaction.

Chapter II

2. Literature Review

2.1. Employee Engagement:

Many organizations are quick to use the term ―employee engagement‖ when looking to improve quality within their organization; but what exactly does employee engagement mean? Employee engagement is a widely used and very popular term; however, employee engagement is defined in many different ways. Most often definitions of employee engagement contain physical, emotional and intellectual commitment to an organization. Academic literature has provided a number of definitions for employee engagement.

Table (2.1): Definitions of Engagement

Author	Definition
(Kahn 1990)	Personal Engagement is defined as the harnessing of organization members 'selves to their work roles; in engagement, people employee and express themselves physically, cognitively and emotionally during role performance. Personal disengagement is defined as the uncoupling of selves from work roles; in disengagement, people withdraw and defend themselves physically, cognitively, or emotionally during role performance.
(Rothbard 2001)	Engagement is defined as the psychological presence however; he goes on to further state that employee engagement involves two critical components—attention and absorption. Attention being understood to be the cognitive ability and the amount of times an individual spends thinking about their role in and origination. Absorption on the other hand is understood to mean being engrossed in a role and often refers to the intensity of a person focus in their assigned role.
(Mashlash 2003)	engagement is understood to be the level of an employee's energy, involvement and inefficacy.
(Schaufeli 2004)	Engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption. Moreover, according to Schaufeli et al, engagement is not a momentary state of mind, it is more closely related to persistent and pervasive affective cognitive state which is not focused on any particular object, event, individual, or behavior.

2.1.1. Significance of Employee Engagement:

Employee engagement has been studied for many years on the basis of the premise that organizations can add value to their employees

and in return their employees will add value to the organization. In fact, some believe the primary focus of the human resource profession is to develop strategies aimed to leverage employee engagement, which in turn will optimize an organizations financial and quality performance. It is the underlining assumption that employee engagement can be used as a predictor to determine how well an organization will perform financially, which is why employee engagement has caught the attention of many organization leaders. Employee engagement is viewed by many, to be the extent to which an employee is involved with and committed to their job and the overall organization. Employee engagement is of utmost importance because the concept provides that an –engaged employee‖ is an employee who is fully involved in the assigned task, enthusiastic about their work, and willing to act in a way that will further the organization 's mission (Harter 2002). Moreover, research has shown that there is a positive correlation between levels of employee engagement and desirable business outcomes.

Towers Perrin, a consulting firm specializing in human resources and financial services, conducted a study to measure the level of engagement in employees across the country. The study included more than 35,000 participants from various industries and the studied population was deemed representative of the American workforce. The results from the study indicated that only a small percentage, 17 percent, of the employees were classified as highly engaged, a slightly higher percentage, 19 percent, of the employees were classified as disengaged, and the remainder of the studied population, 64 percent, was moderately engaged (WTUWDE 2003). As mentioned earlier, the studied population is considered to be representative of the general workforce population in the United States. The findings also demonstrated that highly engaged employees were less likely to leave their current organization. For

example, the results indicate that of the 17 percent of employees classified as highly engaged, 66 percent had no intention on leaving their current organization and only2 percent of those highly engaged employees revealed that they were actively looking for a new opportunity. On the other hand, of the 19 percent of employees classified as disengaged, 12 percent of those employees had no plans to leave their current organization, while 23percent of those disengaged employees stated they were actively looking for other opportunities (WTUWDE 2003).

The results from the Tower Perrin study demonstrate that employers can reduce employee turnover by simply keeping employees engaged. More importantly, the results provide evidence that employee engagement is linked to employee retention hence; the more engaged the employee is the less likely they are to actively look for different employment opportunities. Although keeping employees engaged seems like a simple concept, it is not. As mentioned previously, there is no one-fit-all approach to employee engagement. To successfully engage employees, employers must first get to know their employees and then determine what factors drive their workforce. It must be noted that what drives the workforces can vary from departments all the way down to the individual level; therefore it is paramount that employers take the time to really get to know their employees.

According to Talent Keepers—an organization considered a global leader in talent management research and talent solutions, ‒engagement drivers‖ are what drive employee engagement. Talent Keepers state that there are four main ‒engagement drivers‖ that are essential to creating and maintaining an engaged workforce. The four main ‒engagement drivers are (1) engagement from manager/supervisors and leadership, (2) open lines of communication, (3) the employee having the perception that

his or her job is important and (4) career advancement opportunities (Talent Keepers 2013).

Moreover, Talent Keeper recommends that organizations align the selected ‒engagement drivers ‒with the organization's directional strategies such as the organization's culture, vision, strategic goals and mission (Talent Keepers, 2013). Research conducted by Talent Keepers has demonstrated that if organizations align the ‒engagement drivers‖ referenced above with their organizations directional strategies, it is expected that certain outcomes will result. Potential positive outcomes include (1) committed employees, (2) satisfied & loyal customers, (3) high performance workforce and (4) productive & profitable organizations (Talent Keepers 2013).

Employee engagement is an essential element to an organization's health (Talent Keepers 2013). For example, research has shown that the perception of disengaged employees can easily spread throughout the organization and result in negative consequences including; influencing other employees, high employee turnover rates, decreased employee productivity, unsatisfied customers and a negative brand image. On the other hand, high levels of employee engagement can result in increased employee productivity, positive brand image and increased customer loyalty. In general, higher levels of employee engagement are linked to increased employee commitment, a high performing workforce, increases in satisfied and loyal customers, and a productive and profitable organization (Talent Keepers 2013).

2.1.2. Significance of Employee Engagement in Healthcare:

The healthcare industry is highly competitive, forcing organizations to continue to focus on ways to become and remain the

provider of choice (Towers Perrin Talent 2003). The success of any industry, including the healthcare industry, depends greatly on the employees who conduct the day-to-day activities that keep the organization running (Roth 2011). Given the current state of the healthcare industry, which includes fast rising healthcare costs and uncertainties relating to healthcare reform, employee engagement is now more critical than ever.

Healthcare organizations are now being required to essentially do-more-with-less hence; they are requiring and in need of a more productive workforce (Kinzl JF 2005). It is no longer sufficient for employees to just come to work; employees must now be engaged in the task at hand (Roth, et al. 2011). Moreover, since executives, leadership, and managers will be engrossed with fulfilling the requirements of the new changes and transitioning into the new health reform, it will be nearly impossible for them to monitor the day-to-day activities of individuals (Roth, et al. 2011). Therefore, employees will be expected to complete tasks correctly without having the sense of the ‒Hawthorne‖ effect; meaning employees will need to be more engaged in their job duties without direct supervision (Roth, et al. 2011).

In addition to the change in the healthcare climate, research conducted by The Hay Group and other organizations has demonstrated that levels of employee engagement are intrinsically linked to elements such as employee satisfaction, patient satisfaction, workplace safety, patient safety and employee retention. The effects employee engagement has on customer satisfaction, workplace safety, patient safety, and employee retention will be discussed in the context of the healthcare industry (Roth, et al. 2011).

2.2. Job satisfaction in healthcare facilities:

Job satisfaction is defined by how employees feel about their jobs and different aspects of their jobs. Job satisfaction is one of the important variables in work and organizational psychology, is regarded as an indicator of working-life quality, and is a crucial variable used to determine the quality of health-care systems (Kinzl JF 2005).

Health centers in the Lao People's Democratic Republic (Lao PDR) provide primary health-care for most of the people at the village level. Therefore, health center workers' job satisfaction is the most important indicator for determining their performance.

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.(Pillay R 2009, Freeborn DK.1995 & Eker L. 2004) One study demonstrated the importance of job satisfaction to an organization in terms of its positive relationship with individual performance, employee relations, physical and mental health and satisfaction.(Appleton K 1998) Thus, more satisfied employees tend to be more productive and creative.(Mahmoud A 2008) The job satisfaction of health-care workers has a positive association with patients' satisfaction,(Haas JS. 2000 & Buciuniene I 2005) and contributes to the continuity of care.(Grembowski D 2003)

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,(Hoogendoorn W 2002) that may increase the rate of medical errors, thus jeopardizing patient safety,(Fahrenkopf A 2008) and higher employment costs,(Freeborn DK 2001) that contribute to the shortages of health-care providers.(Goetz K 2011) Job satisfaction is necessary to retain existing doctors, as well as to promote recruitment of new ones.(Kaur S 2009) In short, the quality of health-care workers depends on the level of job satisfaction.(Kinzl JF 2005)

Job satisfaction in workers is a very important parameter that influences productivity as well as quality of work. This complex phenomenon is an attitude towards one's job that has an impact not only on motivation, but also on career, health and relation with co-workers (Van den Berg TIJ 2008, Van Dijk FJH 2003 & Makowiec 2008).Previous studies (Brešić J 2007 & Kragelj L 2005) show that job satisfaction depends not only on nature of work,but on one's expectations regarding that work.Generalization always brings some risks since there are different subjective factors and expectations in different professions important for jobsatisfaction.

Job satisfaction in health care workers has a great impact on quality, effectiveness and work efficiency and at the same time on health-carecosts. Besides its importance for patients and health care system as a whole, professional satisfaction in health care workers is directly connected with absence from work, human relations andorganization of work (McManus. 2004, Visser MR 2003 & Pousette A2002).

In alot of countries, job satisfaction survey is regularly conducted, and by monitoring obtained data it is possible to notice omissions in organization of work. Health care workers face increased risk for work discontent. Stress, burnout and complex shift work are important determinants of

healthcare workers' well-being and they also influence their professional satisfaction (Miljković S & Gray-Toft PA. 1985).

Worldwide, studies showed that manyfactors have impact on job satisfaction in healthcare workers, such as: gender, age, level of education, work experience, way of organizationof work, working conditions, payment, workinghours, promotions and so on (Haas JS. 2000, Bovier PA. 2003, Judge TA. 2001, Kivimaki M. 1994 & Verschuren P. 1997).

2.3. Employee Satisfaction:

A good business practice of successful companies is to measure the satisfaction of their employees as well as the satisfaction of customers. Employees are the essence of the company and their satisfaction of business practices does influence the bottom line of the company. According to the *MSA'sLeader's Workbook* (2002), "Quality improvement processes in use today suggest that constituents be regularly surveyed and performance be regularly measured. The Employee Opinion Survey is one important way to gather this critical information as objectively as possible".

St. Vincent Hospital has chosen to formally survey their employees on a biannual basis with the MSA tool (MSA 2002).

The researchers at The Business Research Lab have determined that two year intervals may produce inaccurate results for several reasons. A change may have occurred and then a relapse happens before the next survey. There may be a significant amount of turnover in staff over a two year period. Finally, keeping employeesatisfaction as a focus may be unrealistic as other business practices may take a front seat to managers' efforts. These researchers suggest surveying employees every 12-18 months(Studor, Q 2003).

In *Human Resource Kitfor Dummies* (1999), Max Messmer recommends surveying employees every six months in companies with 50 or moreemployees. In the end, individual companies need to decide how frequently and howformally they wish to conduct an employee satisfaction survey (Messmer M 1999).

Gallup Organization has done extensive research in determining what core elements are necessary to keep and attract talented employees (Buckingharn 1999). In its research, the organization narrowed down a long list of questions thatcorrelated with the business practices of productivity, profitability, retention, andcustomer satisfaction. Since this research is focusing on the customer satisfaction aspectof healthcare business, the focus will be on those questions that influence patient satisfaction. The specific questions are:

1. Do I know what is expected of me at work?

2. At work, do I have the opportunity to do what I do best every day?

3.In the last seven days, have I received recognition or praise for doing good work?

4. Does my supervisor, or someone at work, seem to care about me as a person?

5. Do I have a best friend at work?

6. In the last six months, has someone at work talked to me about my progress?

These questions have been tested by the Gallup Organization and should be used as a measuring stick in all organizations to determine how engaged and satisfied employees are.

The administration of the MSA survey biannually allows all employees theopportunity to state how they see the company is meeting their needs. This is an anonymous process which encourages employees to openly and honestly answer questions. Employees are confident that their comments

will be considered by management because the outside consultant (MSA) will tabulate and analyze the data. This way the employee is part of a group rather than an individual which is at times a safer mode for the individual to express their thoughts and ideas. The formal information gathered every other year is valuable to form strategic plans regarding retaining, empowering, and satiseing?the current employees. All employees are involved in feedback sessions. This builds morale of the employees as they feel part of the decision process (MSA 2002).

During these feedback sessions, the employee becomes aware of hospital wide issues as well as departmentspecific issues.

JanelleBritain, in her book *Star* Team Dynamics stated: As we observe companies going through downsizing, rightsizing, reengineering, mergers or layoffs, we consistently see morale lowest during times when employees do not know the specifics about their future. Once they know whether they are staying, leaving or changing job functions, they can plan and take action. Often management has withheld information until the last minute, and thenexpectedpeople to accept it and move on. This approach is sure to cause angst and strife for everyone involved. Share information as soon as you have it. (Brittain, J.R 1999)

Thus, it is important to review the survey results in a timely manner. Employees are curious on what other employees saw as both strengths of the organization as well as areas that need improvement. Other useful information includes how the particular department compares to other departments in the same organization as well as against national benchmarks.

One strength of the MSA survey is its reports contain comparison data at both the company and national levels. Once the results are published and shared, the department managers can begin to formulate action plans to

resolve the issues of their department. Action plans also need to be aligned to the strategic need of the entire company (Bernardin H 2003). The managers are again encouraged to involve their employees. Here is an opportunity for employees to become engaged in the process improvements that need to occur and understand their personal roll. Employees can become disconnected from their jobs, because of never-ending changes and challenges to perform better (Harris J & Brannick, J 1999).

Involving the employees at the beginning of the planning process, keeps them focused on the positive aspects that change can bring to their job. The executive management team of St. Vincent Hospital feels that they are able to get some informal information at the annual performance reviews that department managersadminister. There is also informal information gathered at monthly administrator/employee meetings where the hospital administrator meets with groups of employees and answers their questions and resolves any rumors that staff may have questions about. This method proves to be effective for the administrator to get accurate information to and from employees. This involvement of employees can lead to higher satisfaction which will improve attitudes and cooperation at work as well as decrease turnover and absenteeism (Bernardin H 2003). This can all lead to employees feeling empowered as they see their ideas being discussed. Empowering employees allows them to think for themselves, encourages creativity, and produces more efficient workers (Kaye B & Jordan-EvansnS 1999). Because the employees have been part of developing or improving a process, they will have ownership and seek to see their suggestions succeed.

Employees, who are not empowered, tend to be more apathetic toward their job and seem to just go through the motions without any interest in performing better. The involvement of employees in not only the

feedback process, but also the strategic planning process can only bring about workable plans that can be implemented at the department level and possibly at the hospital wide level. Satisfied employees can be measured on the written survey by questions that ask if the employee feels they are being utilized appropriate to their knowledge or if they feel their job is challenging. Questions on the survey revolving around participation in decision making can also lead to information on how empowered the employee feels about their job and department leadership. Satisfied staff members feel they have the opportunities to share their ideas and bring suggestions to solve issues and make decisions. During the feedback sessions is an optimal time to utilize employees to their potential and tap into those who need some encouragement to do so. Implementing this practice will foster an environment of empowered and more satisfied employees. Brian Lee, in his book *Satisfaction Guaranteed* (1996), gives the following definition of empowered employees. "It is seeing the gifts and the talents; the caring and the intelligence in another person and helping them live up to that". Managers of healthcare departments need to see the potential in their employees to provide accurate, timely care to patients with the flair of customer service. This will tie the employee to the customer who will be satisfied with the facility (Lee B 1996).

2.4. Patient satisfaction:

Patient satisfaction is defined as ‒evaluations of distinct dimensions of health care‖ (Linder-Pelz 1982). Patient satisfaction represents a key marker for the quality of health care delivery and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the health care systems(Almujali A 2009, Lolovska 2008 ,Prasanna KS 2009 & Aldana JM2002)

A better appreciation of the factors pertaining to client satisfaction would result in implementation of custom made programs according to the requirements of the patients, as perceived by patients and service providers.

[http:v//www.physiciansnews.com/cover/1203.html]

Patient is the best judge since he/she accurately assesses and his /her inputs help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities.(Baba I2004)

Involvement of the users in the health services leads to improved outcomes.(Patro BK 2008)and satisfied patients show improved compliance, continuity of care and ultimately better health outcomes resulting from trustful & dependable contact with their physician.

[http://

www.rmj.org.pk/ram_july_dec_08/improving_patient_care/pdf.pdf]

Enhanced focus on improved patient care coupled with achieving high degree of patient satisfaction is due to increasing demand for better care among the public on one hand & the competitive and hostile environment surrounding health care on the other.(Rao GN 2002)Patient Satisfaction thus encompasses every aspect of the of health services, from system approach perspective.(Kumari R 2009)

People's use of health services is influenced by a range of psychological, social, cultural, economic and political forces. Much literature is available about different variables pertinent to the topic such as Cost, behavior, competence & communication skills of the care-providers, cleanliness, waiting time, consultation time etc. Cost is the foremost concern of service providers and an important impediment to overcome. Furthermore, other family members accompanying the patient contribute to multiply the costs.(Donoghue M 1999) Improved skills exhibited in the

staff-patient communication about the condition of the patient, instructions for care, return visit, Prescription of medicines and pharmacy instructions, increase the faith and level of satisfaction of the patients. A clean and tidy premise has a very good impact.(Haldar 2008)

The staff should be trained in every possible way in line with the patients needs.(Ganguly E 2008) Providers' behavior & attitude, especially respect and politeness, was as much important as the technical competence of the provider. Moreover a reduction in waiting time was more important to clients than a prolongation of the quite short consultation time with 75% of clients being satisfied.(Farooqi JH 2005)

Patient satisfaction is reportedly a useful measure to provide a direct indicator of quality in healthcare, hence needs to be measured frequently so that a domesticated and localized healthcare plan could be developed(Al-Mehtab M 2007)

User satisfaction is a very important part of any clinical practice therefore it is imperative to consistently undertake surveys in the community or facility to introduce better services.[Lindfield R and Foster. 2008,Al-Eisa IS. 2005] Thus, patient's satisfaction is an important issue both for evaluation and improvement of healthcare services.(Al-Qatari GM 2008) User evaluations educate medical staff about their achievements as well as their failure, assisting them to be more responsive to their patients' needs. Patient's assessment, therefore, suggests guidelines for improving the attitudes of doctors and other paramedic staff in better serving the patients thereby improving the health services.(The Practice of Social Research 2004)

Patients' satisfaction is concerned with several factors, for example, they have to be happy with doctors, treatment, medicine and clinical conditions. Likewise, satisfaction of the patients is also affected by their awareness about the health services. Research shows that survey

approach to data collection is the most frequently used mode of observation in the social sciences(Sekaran U 2003)

Other approaches include experimental, case study, archival and historical data.(Appleton K 1998;) Research studies have come up with several solutions to address the patients' concerns about the healthcare facilities and services. Some of them include improved communication skills, counseling, staff accountability, time management, cleanliness, accessibility, and safety.(Fathers CP 2008)

2.5. Effects of Employee Satisfaction on Patient Care and Patient Satisfaction:

Health care employees' satisfaction have been found to have several impacts on the quality of care delivered which ultimately influences the level of patient satisfaction. Newman et al.'s (2001) chain outlines a clear interrelationship between employee satisfaction, the quality of care, and patient satisfaction. Atkins et al., (1996) showed that employee dissatisfaction negatively impacts the quality of care and ultimately has an adverse effect on patient loyalty and in turn hospital profitability. Quality improvement initiatives were shown to have a positive correlation with employee satisfaction as well as client satisfaction in a study of Swedish healthcare (Kammerlind 2004). Health care employee morale also demonstrates a strong correlation with patient satisfaction scores; showing that the lack of commitment and engagement has far reaching impacts on more than just employee turnover (JCA 2005).

Ott and van Dijk (2005) provide a unique study which combined data on employee and client satisfaction. Their findings suggest that employees'

satisfaction with their organization is a better predictor of client satisfaction than employees' job satisfaction. The authors suggest that based on their findings, job-related training is the activity most relevant for client satisfaction, despite showing no relation with job satisfaction. Their study also demonstrated the volatile relationship between employee and client satisfaction which can be in conflict. For example, while employees are more satisfied when they have regular work schedules this decreases client satisfaction as employees are deemed less available to patients. This shows that employee and patient satisfaction are related, but sometimes at conflict with each other.

Employee satisfaction also appears to have a strong relationship with the quality of care delivered and related costs. When employees are more satisfied it helps reduce stress, turnover, leaves of absence, and lower work-related disability and violence claims (Harmon. 2003, Joiner, Therese A ,Bartram &Timothy 2004). All of these factors help increase the level of care given to patients. Nurses who are satisfied with their jobs exhibit higher levels of patient safety and less medication errors which help increase patient satisfaction (Rathert, C 2007). Satisfied employees also were found to lead to shortened lengths of stay for patients and lower variable costs (Harmon 2003 & Karasek J 1990). The reductions in recruitment and retention costsand fewer employees missing work combined with lower patient variable costs and mistakesmake improving employee satisfaction more appealing to administrators.

According to (Fahad Al-Mailam 2005), quality leadership in health care organizations helps foster an environment that provides quality care which is linked with patient satisfaction. Organizations who seek to improve patient satisfaction and encourage return visits or customer loyalty should focus on improving the quality of care.

As many studies suggest, quality leadership that provides empowering work environments are more likely to result in engaged employees and tend to be the most successful at increasing the quality of care provided. This again gets at the point that management plays an integral role in the level of care provided even when they are not directly involved.

The concept of internal marketing in the health care sector suggests that the best way to satisfy patients is by viewing employees as internal customers and that by understanding and meeting employees' needs, wants, expectations, and concerns their level of satisfaction will increase thereby leading to better quality of care and higher patient satisfaction (O'Neill Martin 2005). A relationship marketing approach toHR practices is one way health care organizations can overcome the global problem of nursing shortages. The findings from Peltier et al.'s studies (2003, 2004, and 2007) suggest that byfocusing on improving the quality of care, health care organizations can not only improve patientsatisfaction, but also improve employee satisfaction and loyalty to the organization. This in turnwill further impact the quality of care because of the interrelationship of this chain (Peltier 2003, Peltier 2004).

Table (2.2.): The interaction of employee engagement, employee satisfaction and patient satisfaction.

Effects of higher employee engagement levels on employee	Effects of higher employee engagement and satisfaction on patients	Effects of higher employee engagement/satisfaction on performance
• Improves employee productivity ● Improves relationships between	• Improved care quality ● Increased patient satisfaction	• Lower employee recruitment/retention and training cost ● Higher patient loyalty to organization

management		
• Reduces the stress	• Increased patient loyalty	• Possibly lower cost related to the delivery of patient care (because of shorter patient stay
• Increase employee satisfaction		
• Increase retention and turnover		

2.6. Service quality:

Customer reaches the organization and benefit at the same time through services.

Service can be defined in many ways depending on which area the term is being used. Kotler & Keller (2009) defines service as ‖any intangible act or performancethat one party offers to another that does not result in the ownership of anything‖. Service can also be defined as an intangible offer by one party to another with mutual consideration for pleasure. Consumers mostly attracted towards a service by focusing on quality (Solomon M.R 2009). Another definition of quality is the total features and characteristics of a product or services that bear on its ability to satisfy stated or implied needs (Kotler P 2002).

It is clear that quality is also related to the value of an offer, which could evoke satisfaction or dissatisfaction on the user's part. ‖A simple definition of quality in health care is the art of doing the right thing, at the right time, in the right way, for the right person – and having the best

possible results‖ (Zineldin, M 2006). Recently, among health care researchers the greatest consensus has been achieved on the definition provided by Institute of Medicine (IOM): "quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". According to (Parasuraman et al 1988) service quality is ‒the differences between customer expectations and perceptions of service‖. Measuring service quality to identify the difference between perceived and expected service is a valid way and enable the management to find gaps to what they offer as services.

Organizations are now more focused on quality services and the aim is to satisfy customers. In order to know whether customer ‒will‖ is fulfill or satisfied, organizationsneed to measure the service quality, a better way to understand service quality in the context of customer satisfaction. A researcher listed in his study: ‒three components/dimensions of service quality, called the 3 ‒Ps‖ of service quality‖ (Haywood-Farmer 1988). The author explains in the study, service quality is comprised of three elements (Physical process, people's behavior, professional judgment):

• The overall technical facilities, process and procedures of an organization;

• Staff behavior and responses towards their serving and;

• Staff efforts and professional judgments to improve quality of service (Haywood Farmer 1988).

Haywood (1988) states, ‒an appropriate, carefully balanced mix of these three elements must be achieved.‖ What constitutes an appropriate mix is determined by the relative degrees of service process customization, labour intensity, contact and interaction between the customer and the service process. However, this idea of the author could be evaluating service quality from the employee perspective.

Researchers measure the service quality dimensions by using SERVQUAL model that is the most popular and strong tool, also called gap model. SERVQUAL model is created by Parasuraman et al. (1985) for the very first time and there were 97 attributes put into ten dimensions. Through these dimensions, one can measure the customer satisfaction level regarding the quality of service of an organization. The findings became more interesting because of further investigation and concluded that, among these 10 dimensions, some were correlated. After some refinement, ten dimensions were later reduced to five dimensions (Laroche M. 2004):

• **Tangibility**: This dimension consist of physical facilities, equipment, and appearance of personnel of an organization

• **Reliability**: This dimension deals with the ability to perform the promised service dependably and accurately by the organization

• **Responsiveness**: This dimension focuses on the willingness to help customers and provide prompt service

• **Assurance**: This dimension explains how knowledge and courtesy of employees and their ability to inspire trust and confidence

• **Empathy**: This dimension defines how much of an individualized attention the firm provides to its customers from the above five dimensions perspective the aggregated sum of difference between perceptions and expectations global perceive quality construct is formed (Laroche M 2004).

By these dimensions, quality of service can be improved and the customer satisfaction level can be increased. Service environment in the health-care industry is determined by not only technology and new facility support, but also the performance of employees in the organization.

‖Various methods and tools are used by medical administrators, researchers, and healthcare policy makersas an effort to find a better way to provide high quality of the service‖ (Lee S 2011).

Health care organizations need to emphasize on every single aspect/dimension of service quality and not only on technology, facilities and support.

Health care organizations are now competing with each other especially in the patient satisfaction area. Patients can be satisfied through various combinations of responsiveness to the patient‘s views and needs, and continuous improvement of thehealthcare services and in overall doctor-patients relationship. Health care providers are now more concerned with the patient satisfaction, as it is an important topic to understand and value by the patients. So in order to know how the patients perceive the quality of care and to know where, when and how service improvement can be made (Zineldin M 2006).

Health care providers are now more interested to know what factors/dimensions can more affect the service quality, because of the high competition, extensive literature and pressure from the patients. In the past, only few studies have been conducted in health care sector to investigate the link between technical and functional quality dimensions and the level of patient‘s satisfaction. Mostly the studies only focus on few aspects of health care quality of service but none of the studies has empirically examined how the atmosphere, interaction and infrastructure might affect the overall patient‘s quality perception and satisfaction. Patient satisfaction is a cumulative combination of different constructs, summing satisfaction with various facets of the health care organization (hospital), such as technical, functional, infrastructure, interaction and atmosphere variables or items(Zineldin M 2006).

Patient satisfaction regarding service quality is always dependent on different factors/dimensions and with the passage of time the factors/dimensions are explored by different researchers. (Zineldin 2006) expanded technical-functional and SERVQUAL quality models into framework of five quality dimensions, consist of quality of Object, quality of Process, quality of Infrastructure, quality of Interaction and quality of Atmosphere. This model is now considered an effective model for health care providers in order to evaluate patient's satisfaction (Zineldin M 2006)

5Qs model: The health care service quality is not only affected by the technical andfunctional activities of the organizations but some other factors the researchers have ignored, play an important role such as interaction, infrastructure and atmosphere. (Zineldin 2000) expanded technical-functional and SERVQUAL quality models intoframework of five quality dimensions (5Qs): (Zineldin 2006). Zineldin designed and developed a comprehensive model regarding patient satisfaction from health care providers, also called the **5Q** model.
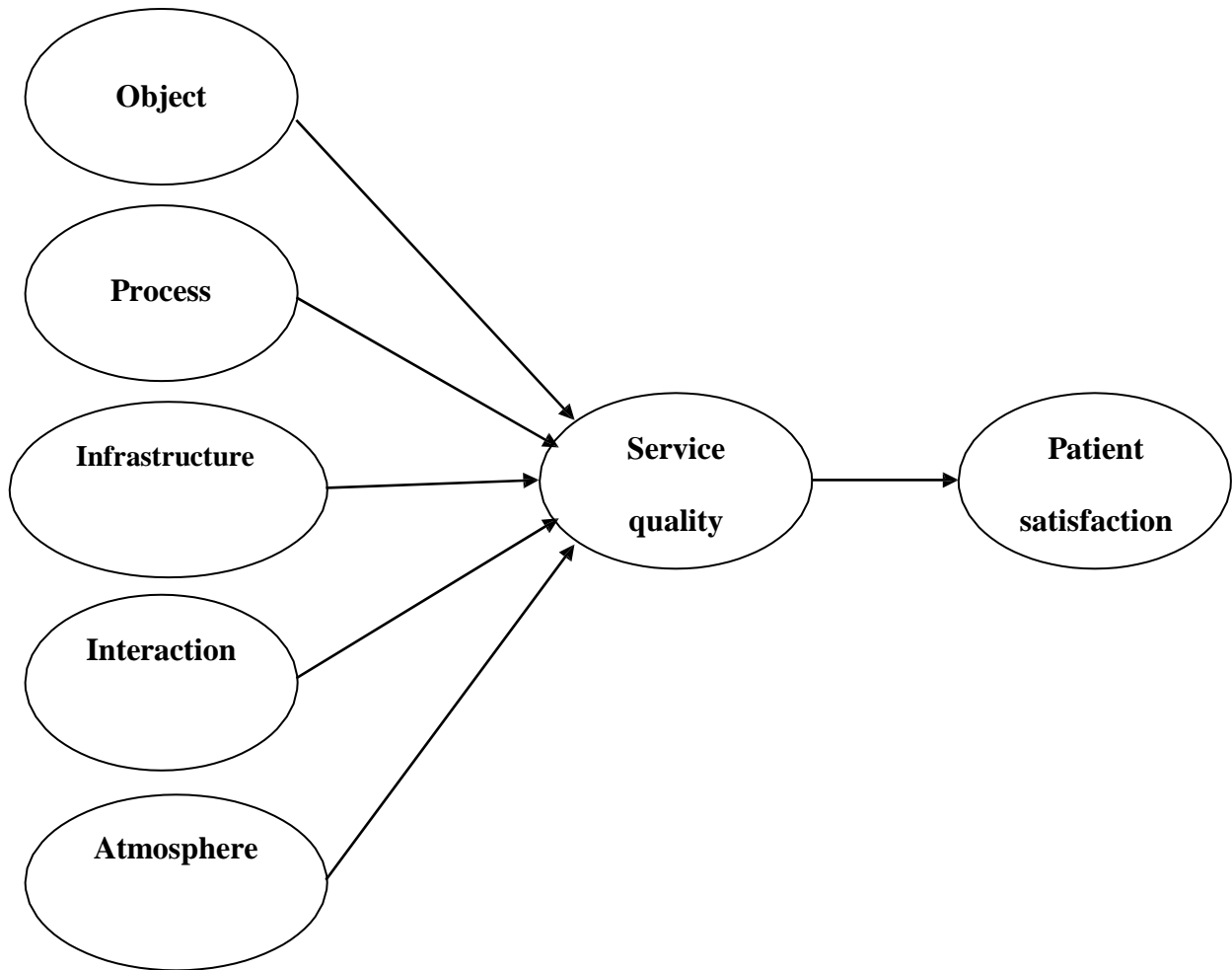
Figure (2.1): 5Q model (Zineldin 2006)

Q1. Quality of object – The technical quality (what customer receives), for example, relates to the clinical procedures carried out and it focuses on the technical accuracy of medical diagnosis and procedures. This dimension of service quality measures the treatment itself; the main reason of why a patient is visiting a hospital in the context of his very basic need and want.

Q2. Quality of processes – This dimension deals with the functional quality that how the health care organization provides the core service (the technical). This dimension measures how well activities of the health

care are implemented practically. It includes waiting times by the patients and speed of performing the health care activities by the staff. Sensitive issues are attached to the health care industry so process indicators should receive more attention. These indicators can be used to identify problems in-service delivery and to suggest specific solutions. Front-line nurses/physicians/managers can use process indicators to supervise/monitor activity at their facilities and to improve day-to-day decision making.

Q3. Quality of infrastructure – This dimension of service quality measures   the essential and basic resources that are needed to perform the health care services. This includes many attributes such as the quality of the internal competence and skills, know-how, experience, motivation, attitudes, technology, internal relationships, internal resources and activities and most important how these activities are managed, cooperated and co-ordinated. Researchers found that technology infrastructure can play a vital role in patient satisfaction and it has become a revolutionary key factor practicing in health care organization.

Q4. Quality of interaction – communication/interaction among the people is always difficult to deal with. It is not communication/interaction among the machines, accounting systems or trading agreements, which can do it effectively with each other inorder to exchange values. This dimension of service quality measures the quality of information exchange (e.g., the percentage of patients who are informed when to return for a check-up, amount of time spent by physicians or nurses to understand the patient sneeds, etc.), and social exchange, etc. Perceived quality of interaction and communication reflects a patient's level of overall   satisfaction.

Q5. Quality of atmosphere – This dimension is concerned with the relationship and interaction process between the two parties is influenced by the quality of the atmosphere in a specific environment where they cooperate and operate. The atmosphere indicators should be considered very critical and important because of the belief that lack of frankly and friendly atmosphere explains poor quality of care (101).

1.6 Previous Studies:

- Jimmy peltier and andydahl (2009), the relationship between employee satisfaction and hospital patient experiences, this exploratory study explores the relationship between employee satisfaction and patient satisfaction in a major New York City Hospital. Their approach involves a review of current literature on health care performance, primary data collection through an online forum and interviews with key hospital staff, and an empirical analysis of employee and patient satisfaction data. The literature review, which focuses on employee engagement, employee satisfaction, and patient satisfaction in health care settings, provides a foundation for the key people related issues in health care. Empirically, the primary objective is to assess the relationship between employee satisfaction and patient satisfaction. This study is the finding that hospital departments that have higher levels of employee satisfaction provide better experiences for patients. Patients in departments with more satisfied employees are more likely, by a margin of four scale points out of 100, to say they would recommend the hospital to others. What's more, those same patients rate the quality of the care they received as higher (by three points out of 100). From this, we can take away the conclusion that the patient, either consciously or not, infers that the care

received is better merely because of the environment created by having more satisfied employees.

-Carol Borrill, The Relationship between Staff Satisfaction and Patient Satisfaction: Results from Wolverhampton Hospitals NHS Trust. An extensive consultation exercise was carried out at The Royal Wolverhampton Hospitals NHS Trust. Between February and May 2003 preliminary meetings were held with staff groups at the two main hospital sites, Newcross Hospital and the Eye Hospital. The purpose of the research was explained and the researchers explored the practicalities of distributing the surveys to staff and patients, and agreed with staff the method that would be most effective. In addition, information stands, situated in hospital restaurants, were used to raise awareness across the Trust about the research. Written information was provided, and the research staff were available to discuss the work.

Visits were made to all departments selected by the Research and Development Department to take part in the research. During these visits the researchers provided information about the project and explored whether staff were willing for their department to be involved. Some departments withdrew from the research at this stage. The main findings of this study were that:

A significant relationship was found between the team working processes, participation, support for innovation and reflexivity, and patient satisfaction.

Patients were more satisfied when they received treatment and support from teams that had good team processes. These were teams who communicated effectively and made decisions together, whose members took time out to review what they were trying to achieve and how they were going about it; and teams whose members gave practical and verbal

support for ideas that would lead to providing new and improved patient care.

A significant relationship was found between the level of support team members received from their colleagues and patient satisfaction. Patients were more satisfied with the treatment they received from teams where members provided each other with high levels of practical and social support.

There was no significant positive relationship between staff satisfaction and patient satisfaction.

A significant, positive relationship was found between the level of organizational commitment reported by staff and patient satisfaction. Organizational commitment and job satisfaction are both measures of ‗affect', assessing respondents' general affective response to the organization where they work.

Chapter Three

Methodology

3.1. Study design:

Descriptive cross-sectional study

3.2. Study area:

This study was conducted in Albaraha Medical City in Khartoum state. Albaraha Medical City contains 28 out-patients clinics.

3.3. Study duration:

This study was conducted from Mar2017 to Oct. 2017

3.4 Study population:

Employeesworking and patients attending Albaraha Medical City in Khartoum State.

3.4.1. Inclusion criteria:

- Males and females patients and employees(> 18 years)

3.4.2. Exclusion criteria:

- Non-adult patients (< 18 years)

3.5. Sample size:

This study was included 70 employees and 70 patients. (JCI , Janet A. Brown 2008)

Table (3.1):

Number, percentages and sample size of outpatient employees

Employee	Number	%	Sample size
Doctors	57	11	8
Nurse	35	6	5
Technician	93	19	13
Management employees	190	38	26
Boarders and cleaners	127	26	18
Total	502	100	70

3.6. Data collection tools and techniques:

Two structured questionnaire has been used for data collection (one for employees and one for patients' satisfaction).

The employee satisfaction questionnaire consisted of 3 parts: environment of work, performance of work and employee perception toward job satisfaction.

The patients' satisfaction questionnaire consisted of 6 parts: demographic characteristic of the patients, patients' perception about quality of services, patients perception about healthcare employees, patients perception about communication quality, patients perception about atmosphere.

3.7. Methodology:

The analysis utilizes the collected data on employee satisfaction as well as the patient satisfactions well as Employee satisfaction. Both sets of data were then matched at the department level to assess the relationship between employee satisfaction and patient satisfaction. Employee and patient satisfaction data was aggregated at the departmental level. That is, we had information on the average satisfaction scores for each department. A finer level of analysis would be possible with individual employee and patient data. However, that information was not available for a sufficient number of departments, and, even if the data were available, there would be no suitable way to match individual patients to individual employees in a department. As such, our analysis involves a department by department comparison of the mean satisfaction scores for employees and patients.

3.8. Data management:

Data was gathered, categorized, decoded, and captured in Excel sheet. then the data was analyzed by SPSS, and it was presented and described by using the tabulations, diagrams, and figures

3.9. Data analysis:

The data was analyzed by using Statistical Package of Social Sciences (SPSS, IBM. Chicago, Version 20.0). Analyzed data was presented in frequencies and percentages. Also, for continuous data t- test was used as test of significance, also Pearson's correlation was used to find the correlation between employee satisfaction and patients' satisfaction and P value <0.05 was considered significant.

3.10. Ethical considerations:

The protocol has been submitted to the Senate Research Ethics Committee of Sudan University of Science and Technology. Then the permission taken from Albaraha Medical City and all participants.

3.11. Limitations of the Study:

- The researcher stay many months so as to find a hospital to conduct the study ,because many hospitals refused this
- The questionnaire was not accepted by many hospitals, because it was very detailed which led the researcher make questions more comprehensive (work environment, work performance).
- Many employees refused to fill in the questionnaire, because they were afraid from their managers.

Chapter Four

4. Results

4.1. Interpretation of the findings:

This study was carried out to analyze the dimensions and relationships between employee satisfaction and patient satisfaction

The cured total score was used to detect the satisfaction levels (satisfied or unsatisfied), in the employee satisfaction, the total score of work environment was 12, and the participant considered as satisfied if the score of him in the range of 6 – 12. The total score of work performance was 16, and the participant considered as satisfied if the score in the range of 8 – 16. The total score hospital services system was 12 and the participant considered as satisfied if the score in the range of 6 – 12.

In the patient satisfaction, the total score of provided services was 16, and the participant considered as satisfied if the score of him in the range of 8 – 16. The total score of physician interaction was 6, and the participant considered as satisfied if the score of him in the range of 3 – 6. The total score of nurse interaction was 8, and the participant considered as satisfied if the score of him in the range of 4 – 8. The total score of communication was 12, and the participant considered as satisfied if the score of him in the range of 6 – 12. The total score of dating and timing was 6, and the participant considered as satisfied if the score of him in the range of 3 – 6. The total score of cleaning was 8, and the participant considered as satisfied if the score of him in the range of 4 – 8. To know Trends answer, by calculated mean. And then it will use the ANOVA test to know the significance of differences in answers.

4.2. Dimensions of Employee satisfaction:

Table (4.1): ANOVA analysis of work environment satisfaction

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	292.178	4	73.044	1.33	.099
Within Groups	411.022	65	6.323		
Total	703.200	69			

Regarding the work environment, the overall mean score was 9.2±3.4, which is indicated satisfied employee of working environment. The F value was 1.33 with P value (0.099) which is indicates that there are no significant differences between answers of study individuals (table 4.2).

Table (4.2): work environment satisfaction among the hospital employees

	Mean	SD	Trend
Doctors	5.6	3.2	Unsatisfied
Nurse	8.2	2.4	Satisfied
Technician	10.5	3.6	Satisfied
Management worker	6.0	1.3	Satisfied
Boarders and cleaners	8.5	1.6	satisfied
Overall satisfaction	9.2	3.4	Satisfied

Table (4.3): ANOVA analysis of work performance satisfaction

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	506.063	4	126.516	2.38	.211
Within Groups	353.422	65	5.437		
Total	859.486	69			

In the work performance, the overall mean score was 10.1±3.6, which is indicated satisfied employee of work performance. The F value was 2.38 with P value (0.211) which is indicates that there are no significant differences between answers of study individuals (table4.3).

Table (4.4): work performance satisfaction among the hospital employees

	Mean	SD	Trend
Doctors	8.2	2.9	Satisfied
Nurse	6.7	2.5	Unsatisfied
Technician	13.5	5.2	Satisfied
Management worker	11.3	1.3	Satisfied
Boarders and cleaners	12.0	4.4	Satisfied
Overall	10.1	3.6	Satisfied

Table (4.5): ANOVA analysis of hospital services system satisfaction

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	356.571	4	89.143	1.08	.0.246
Within Groups	723.200	65	11.126		
Total	1079.771	69			

In the hospital service system, the overall mean score was 9.3±3.9, which is indicated satisfied employee of hospital service system. The F value was 1.08 with P value (0.246) which is indicates that there are no significant differences between answers of study individuals (table 4.6).

Table (4.6): hospital services system satisfaction among the hospital employees

	Mean	SD	Trend
Doctors	8.8	5.2	satisfied
Nurse	6.5	2.3	satisfied
Technician	10.2	4.7	Satisfied
Management worker	11.0	5.2	Satisfied
Boarders and cleaners	5.5	1.8	Unsatisfied
Overall	9.3	3.9	Satisfied

Table (4.7): Pearson's correlation between employee engagement and employee performance

		Employee engagement	Employee performance
Employee engagement	Pearson Correlation (r)	1	.814[**]
	Sig. (2-tailed)		.000
	N	70	70
Employee performance.	Pearson Correlation	.814[**]	1
	Sig. (2-tailed)	.000	
	N	70	70

**. Correlation is significant at the 0.01 level (2-tailed).

Table (4.8): Pearson's correlation between employee engagement and employee satisfaction

		Employee engagement	Employee satisfaction
Employee engagement	Pearson Correlation (r)	1	.831[**]
	Sig. (2-tailed)		.000
	N	70	70
Employee satisfaction	Pearson Correlation	.831[**]	1
	Sig. (2-tailed)	.000	
	N	70	70

**. Correlation is significant at the 0.01 level (2-tailed).

Table (4.9): Pearson's correlation between employee performance and employee satisfaction

		Employee Satisfaction	Employee performance
Employee Satisfaction	Pearson Correlation	1	$.916^{**}$
	Sig. (2-tailed)		.000
	N	70	70
Employee performance	Pearson Correlation	$.916^{**}$	1
	Sig. (2-tailed)	.000	
	N	70	70

**. Correlation is significant at the 0.01 level (2-tailed).

4.6. Patient satisfaction:

4.6.1 Demographic characteristics:

In total 70 patients were participated in this study, 65% were females and 35% were males (figure 1). The majority of the 40% were belonged to age group 31 – 40 years (figure 2). Concerning the educational levels, one-half (50%) of them were university educated (figure 3). In the marital status, most of them 80% were married (figure 4).
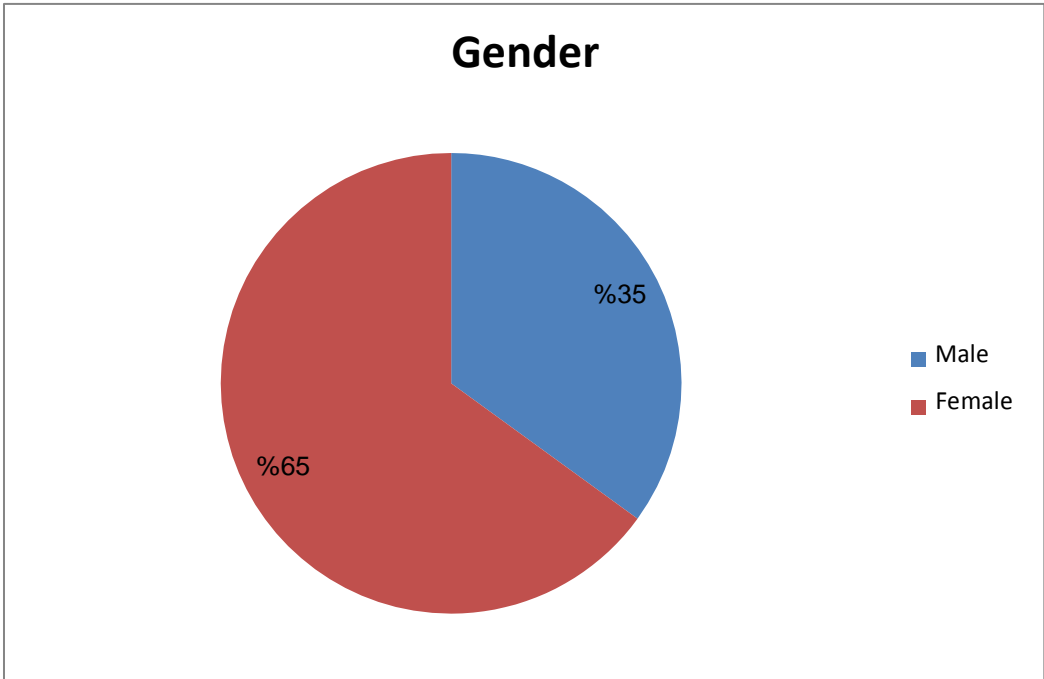
Figure (4.1): gender distribution among the patients group (n= 70)
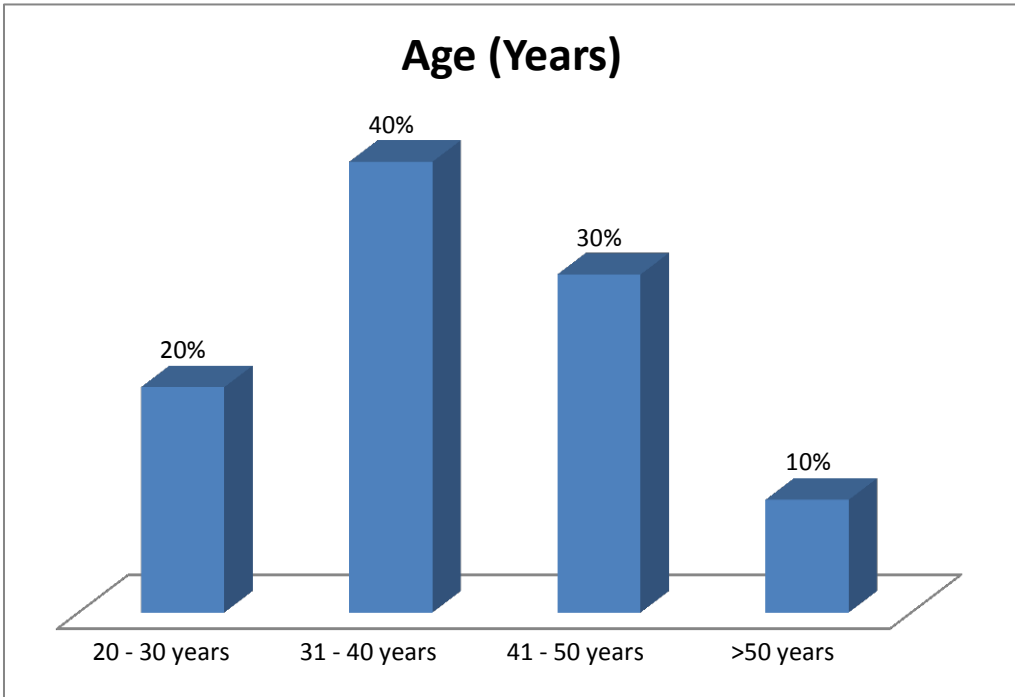
Figure (4.2): Age distribution among the patients group (n= 70)
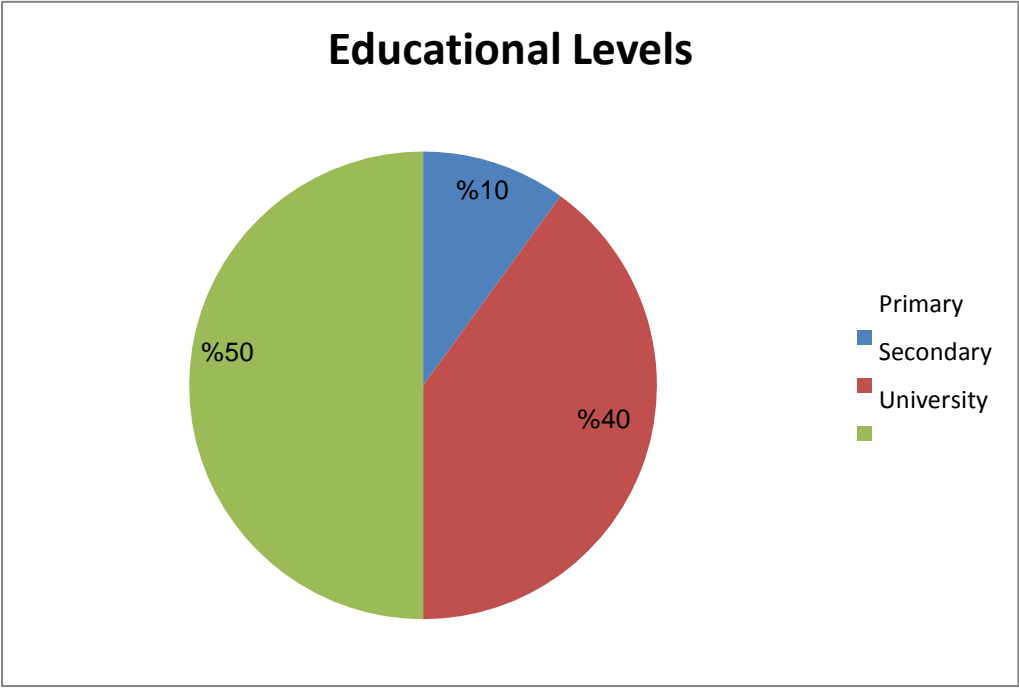
Figure (4.3): Educational levels distribution among the patients group

(n= 70)
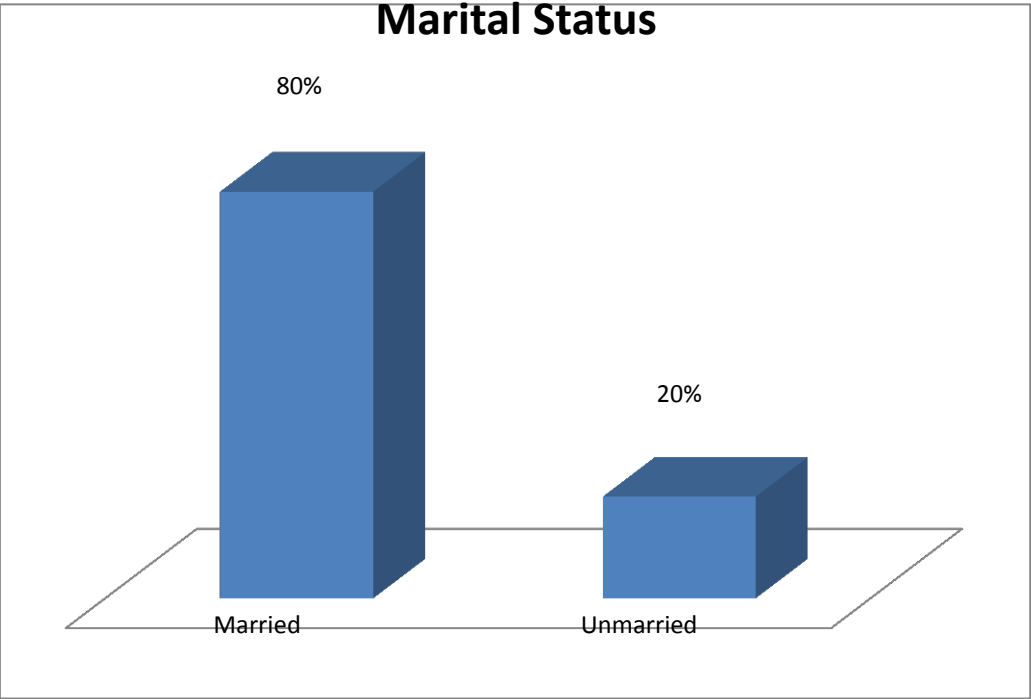
Figure (4.4): Marital status distribution among the patients group

(n= 70)

4.7. Dimensions of patient satisfaction:

In the provided services, the mean score was 9.9±3.4, which are indicated satisfied patients of work performance. The patients were satisfied from physician interaction with the mean 5.6±1.1. Also, the patients were satisfied from nurse interaction with the mean 6.2±3.4. The patients were satisfied from timing with the mean 4±1.2. In addition, the patients were satisfied from cleaning with the mean 5.2±1.6. In the last the overall mean of patient satisfaction was 23.8±7.4 which is indicated satisfied patients (table 4.10).

Table (4.10): Means and standard deviations among the patients group

	Mean	SD	Trend
Provided services	9.9	3.4	Satisfied
Physician interaction	5.6	1.1	Satisfied
Nurse interaction	6.2	3.4	Satisfied
Communications	4.6	1.8	Unsatisfied
Date and timing	4.0	1.2	Satisfied
Cleaning	5.2	1.6	Satisfied
Overall satisfaction	23.8	7.4	Satisfied

Table (4.11): Pearson's correlation between employee satisfaction and patient satisfaction

		Employee satisfaction	Patient satisfaction
Employee satisfaction	Pearson Correlation (r)	1	.866**
	Sig. (2-tailed)		0.00
	N	70	70
Patient satisfaction	Pearson Correlation	.866**	1
	Sig. (2-tailed)	0.00	
	N	70	70

**. Correlation is significant at the 0.01 level (2-tailed).
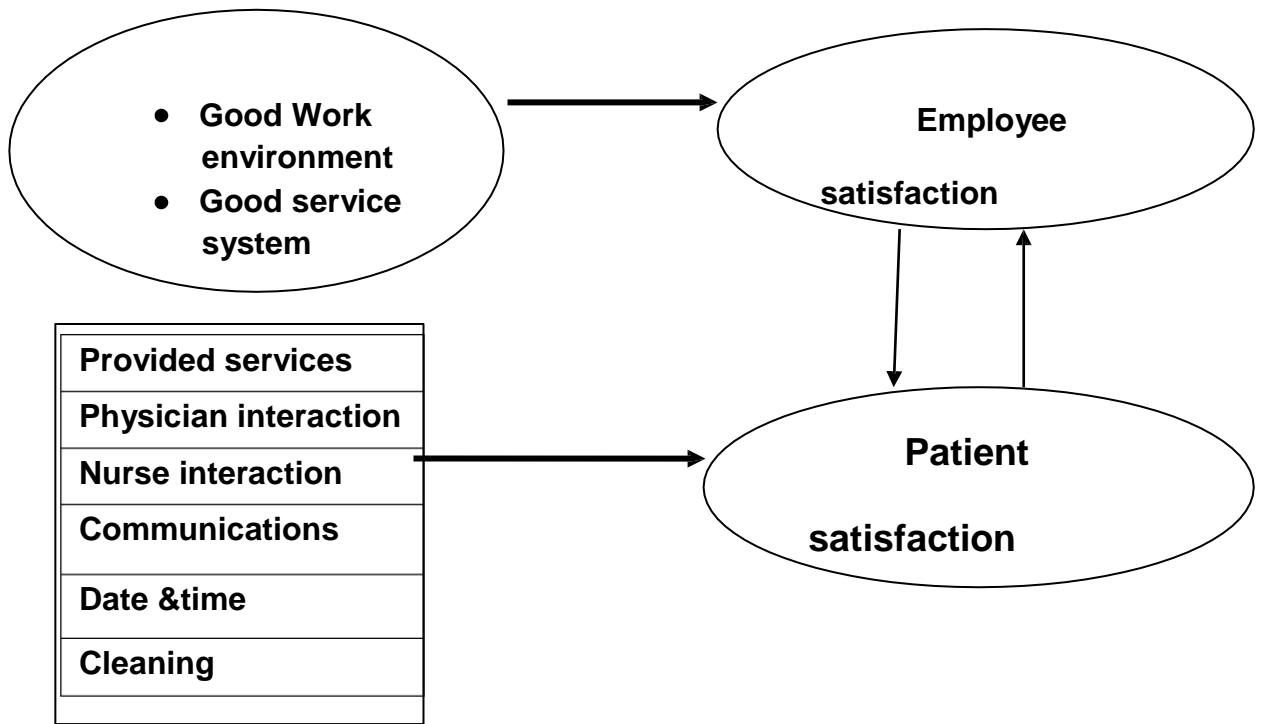
Figure (4.5): Summary of the results

Chapter Five

Discussion, Conclusion and Recommendation

5.1. Discussion of first hypothesis:

There is statistically significant correlation between employee engagement and employee performance:

Pearson's correlation showed that there was strong positive correlation (r; 0.814) between employee engagement and employee performance, the correlation was statistically significant with P. value (0.000) at level 0.01.

5.2. Discussion of second hypothesis:

There is statistically significant correlation between employee engagement and employee satisfaction:

Pearson's correlation showed that there was strong positive correlation (r; 0.831) between employee engagement and employee satisfaction, the correlation was statistically significant with P. value (0.000) at level 0.01 .

5.3. Discussion of third hypothesis:

There is statistically significant correlation between employee satisfaction and employee performance:

Pearson's correlation showed that there was strong positive correlation (r; 0.916) between employee satisfaction and employee performance, the correlation was statistically significant with P. value (0.000) at level 0.01 .

5.4. Discussion of forth hypothesis:

There is statistically significant correlation between employee satisfaction and patient satisfaction.

Pearson's correlation showed that there was strong positive correlation (r; 0.866) between employee satisfaction and patient satisfaction, the correlation was statistically significant with P. value (0.000) at level 0.01 .

5.5 Conclusion

Studying the relationship between employee satisfaction and customer satisfaction is a good business practice. In the health care industry this is particularly important as shortages are faced in many of the health care professions. There is also the aging of the general population requiring more service of the providers of health care. The general population is better educated in their illnesses and what to expect of the health care systems.

In addition to the talent crisis, additional external environmental factors such as consumer perception of quality of care have also become a priority for healthcare organizations. Today's healthcare industry is primarily consumer driven; therefore, healthcare organizations have become increasingly aware of the need to take steps to increase patient satisfaction. Studies indicate that focusing on employee satisfaction, employee engagement, patient safety and employee retention often results in a positive impact on patient satisfaction. For example organizations with high levels of employee engagement tend to have higher levels of patient satisfaction. To capture the magnitude of the issues referenced above this literature review will examine current literature on the linkage between employee engagement and elements such as employee retention, patient safety and patient satisfaction.

This research contributes to the existing body of knowledge that states that there is a positive relationship between employee engagement and elements including, patient safety, customer satisfaction, and

employee retention. The findings in literature review are consistent with the basic premise that engaged employees are more likely to work toward the mission of the organization. Moreover, the information in literature provides evidence to organization leaders that implementation of employee engagement tactics could result in positive outcomes for the organization. The information also demonstrates that it is essential for organizations to create a workplace environment that fosters employee engagement if they intend on decreasing employee turnover, decreasing preventable medical errors or increasing patient satisfaction. The information provided in literature review is important because it helps organizations to learn how to engage their employees as well as be more prepared for the changes occurring in the healthcare industry. Information provides health organization leaders with information on the effects and linkage between employee engagement and elements that will be watched closely with the implementation of the healthcare reform.

From pervious findings and presentations, this study concludes that:

- There is statistically significant correlation between employee engagement and employee performance
- There is statistically significant correlation between employee engagement and employee satisfaction
- There is statistically significant correlation between employee satisfaction and employee performance
- There is statistically significant correlation between employee satisfaction and patient satisfaction

5.6. Recommendations:

- Patients and employees satisfaction surveys and evolutions should be developed for the health systems in public and private health facilities

- Annual assessment of employee performance should be carried out for public and private health facilities.

- Provision of suitable environment for employees.

- Accommodation of patients waiting area.

- Inform patients about how to use phone booking to reduce waiting time.

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Appendix

بسم الله الرحمن الرحيم

جامعة السودان للعلوم والتكنولوجيا

استطلاع عن الرضا الوظيفي

تعليمات:

- اختار إجابة واحدة فقط.

- ضع علامة (☐) على الإجابة

نوع العمل: ....

القسم : ....

مدة العمل بالمستشفى: ....

١.٠ بيئة العمل:

كيف ترى تقييمك الدوري؟	مرضي ( )	غير مرضي ( )	
هل مدير قسمك يقوم بإخطارك بالتقييم الدوري/السنوي؟ نعم ( )	لا ( )		
هل تقييم الأداء معتمد على مدى أدائك؟ نعم ( )	لا ( )		
هل تم إعطائك فرصة للتدرب؟ نعم ( )	لا ( )		
هل مدير قسمك يديرك ويوجهك باستمرار؟ نعم ( )	لا ( )		
في حالة مواجهتك المشاكل، هل تجد الدعم من الإدارة؟ نعم ( )	لا ( )		
هل يقوم مديرك بإعطاء فرصة للكفاءة المهنية/التقنية؟ نعم ( )	لا ( )		

٢٠٠ أداء العمل:

ماهو رأيك في عملك ؟

محايد( )   غير مقبول ( )   مقبول( )

ماهو تقديرك لكميه العمل التي تقوم بها ؟

اقل من المتوسط ( )   متوسط ( )   كثير ( )   كثير جدا ( )

هل تقوم بأداء اي عمل خارج نطاق أو مواصفات وظيفتك؟ نعم ( )   لا   ( )

هل أنت راضي عن عملك في المستشفى؟   نعم   ( )   لا   ( )

هل معرفتك العلميه والعمليه أزدادت بعد عملك بالمستشفى؟ نعم ( )   لا   ( )

هل الزياده في الراتب تعطي علي حسب الاداء؟   نعم   ( )   لا   ( )

هل عملك الاضافي مدفوع القيمة؟   نعم   ( )   لا   ( )

بسم الله الرحمن الرحيم

جامعه السودان للعلوم التكنولوجيا

استطلاع رضا المرضي عن خدمات العيادات الخارجيه

اختر اجابه واحده فقط : ضع علامه (✔) امام الاجابه المختاره :-

العمر: (٢٠-٣٠) ( ) (٣١-٤٠) ( ) (٤١-٥٠) ( ) (٥١-٦٠)( )

المستوي التعليمي: ابتدائي ( ) ثانوي ( ) جامعي ( ) فوق الجامعي ( )

الحاله الاجتماعيه: اعزب ( )   متزوج ( )

الجنس: انثي ( )   ذكر ( )

عدد مرات زياره المستشفى خلال هذه السنه: المره الاولي ( ) (٢-٤)مرات ( ) اكثر من ٤ مرات

( )

<u>ما هو رايك في الخدمات المقدمه من الاقسام التاليه:-</u>

الطوارئ :   ممتازة ( )   مقبولة ( )   غير مقبولة ( )   محايد ( )

الصيدليه :   ممتازة ( )   مقبولة ( )   غير مقبولة ( )   محايد ( )

المختبر: ممتازة ( )   مقبولة ( )   غير مقبولة ( )   محايد ( )

الاشعه :   ممتازة ( )   مقبولة ( )   غير مقبولة ( )   محايد ( )

<u>الكادر الطبى :-</u>

عاملني الطبيب باحترام: نعم ( )   لا ( )   أحياناً ( )

استمع الطبيب الي شكواي واستفساراتي: نعم ( )   لا ( )   أحياناً ( )

ابلغني الطبيب بخطه العلاج وقدم لي التثقيف الصحي اللازم: نعم ( ) لا ( ) احيانا ( )

<u>الكادر التمريضي :-</u>

عاملني الممرض بلطف واحترام؟   نعم ( )   لا ( )   أحياناً ( )

كان متعاون ومحترف مهنياً؟   نعم ( )   لا ( )   أحياناً ( )

<u>خدمات السنترال:</u>

ماهو رايك في خدمات السنترال بصوره عامه؟ جيد ( )   متوسطه ( )   اقل من المتوسط ( )

ماهو رايك في الوقت المستغرق عند الاتصال بالمستشفى للاستفسار

يستغرق اقل من دقيقه ( )   يستغرق ٥ دقائق ( )   يستغرق اكثر من ١٠ دقائق ( )

ماهو رايك في الوقت المستغرق للحصول علي موعد؟

يستغرق مده قصيره ( )   يستغرق مده مناسبه ( )   يستغرق مده طويله ( )

<u>النظافه والخدمات:</u>

ماهو رايك في مستوي النظافه العام :   مرضيه ( )   غير مرضيه ( )

ماهو رايك في نظافه منطقه الانتظار :   مرضيه ( )   غير مرضيه ( )

توفر خدمات في منطقه الانتظار: نعم ( )   لا ( )

توفر خدمه انتظار السيارات :   نعم ( )   لا ( )