

Job satisfaction in PHC Kuwait

Huda Youssef Al-Ghareeb
Rihab Abdullah Al-Wateyan

Correspondence:

Dr Huda Youssef Al-Ghareeb
Central Department, Primary Health Care (PHC),
Ministry of Health,
Kuwait
Email: alghareeb.huda@gmail.com

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Abstract

Background: Job satisfaction of staff is an important issue for performance of a health care system. The aim of our study was to assess employee satisfaction in Kuwait regarding their opinion of their job, training and development, adequacy of resources, interaction with patients and co-workers, degree of supervision and evaluation from supervisor and manager, overall experience regarding quality and safety, to determine the views and preferences of the health care personnel regarding the current health system, and the recent introduction of accreditation programme to gain a better understanding of the impact of accreditation on quality of care as perceived by PHC staff members and directors (the key enablers and challenges to the implementation of accreditation) to identify possible strategies to improve implementation of accreditation in PHC in Kuwait and to identify the barriers and problems the employee faces in the primary health care centers in Kuwait and make appropriate recommendations in the light of the results of this study to help the decision-makers in solving the problems which can contribute to the development of policies regarding the health system and improve the quality and safety in PHC centers.

Methods: This comparative cross sectional study was conducted in Kuwait in one year (September 2016 to September 2017) in 60 PHC centers in five health regions in Kuwait and surveyed 7,253 staff members who are working at the Primary Health Centers (physicians, nurses, pharmacists and assistant pharmacists, lab technician, x-ray technician, administrative) by using a designed self-administered employee satisfaction questionnaire.

Results: The response rate for all staff was 55%; the highest respondent rate was for nurses (74%) and the lowest respondent rate was for administrative staff (34%) and assistant nurses (34%).

Conclusions: The presented results contribute to an understanding of factors that influence levels of satisfaction between primary health care staff and interventions need to be implemented in order to improve the level of job satisfaction among health-care professionals.

Implementing accreditation is an important first step towards improving the quality and safety in PHC centers.

Key words: Job satisfaction, staff, accreditation, primary healthcare centres, Kuwait

Introduction

Kuwait is one of the leading countries that has adopted and implemented the PHC approach in the Middle East.

Primary health care services cover a wide range of health care that is provided for patients who are not admitted to the hospital. The growth of these services has been driven by patient desire to receive a service that is accessible at an appropriate cost, with a focus on health promotion and disease prevention (1). Primary health care centers serve the health care needs of their community and thus are integral to the well-being of these communities (1).

One increasingly employed method for promoting quality at the healthcare organizational level is accreditation (2, 3,4).

Accreditation of PHC practices was reported to increase emphasis on the role of PHC within the healthcare system and to ensure quality control and improvement (2, 5).

In 2012, the Kuwait Ministry of Health (MOH) launched the Primary Healthcare (PHC) Canadian accreditation program to improve quality across the continuum of care.

Accreditation contributes to increased job satisfaction among physicians, nurses, and other providers (6).

Accreditation is a process whereby an organization is assessed on a set of pre-determined standards. It intends to promote quality improvement through diverse approaches; they are either mandated by the government, voluntary or initiated by independent agencies (7).

Employees are considered as the wealth of each organization. Effectiveness and performance of organizations depend upon effectiveness and performance of the human workforce of that organization (8).

So the term “satisfaction” is a complex notion because it involves not only the personal experience and expectations, individual and social values but is also related behaviours, such as motivation, faithfulness, professional fulfillment, etc. and contains different meanings for each individual. In spite of this multi-lateral and complex structure, it is vital to ensure the satisfaction of the employees in the sectors like health care sector where intense, often long term, and emotionally charged labor and human relations take place, and thus measurement of this elusive and variable quality is necessary (9).

Job satisfaction is the contentment that employees get from the work they do and from the physical environment and the “atmosphere” existing in the environment. Because job satisfaction is an emotional notion, its perception differs from person to person (10).

Healthcare worker job satisfaction 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 relations with co-workers. Healthcare worker job satisfaction has a great impact on quality, effectiveness, and commitment to work and at the same time on healthcare costs (11).

Due to the importance of human resources in providing quality PHC services, it is integral for PHC leaders to assess their Quality of work life (QWL) and to understand their organizational and career intentions. Such procedures may assure the continuity and improvement of the health services being provided (12).

The study of primary care clinics is important because clinics are often the entry point for patients into a given medical system (13).

Method

Study design, setting, and duration:

This descriptive cross-sectional study was conducted over a period of one year (September 2016 to September 2017) in 60 PHC centers in five health regions in Kuwait, for all staff employees who are working at the Primary Health Centers (physicians, nurses, pharmacists and assistant pharmacists, lab technician, x-ray technician, administrative) by using a designed self-administered employee satisfaction questionnaire whereas semi-structured interviews were conducted with directors. The researcher was personally responsible for the distribution and collection of all questionnaires.

The number of staff members for each clinic was taken from the health statistics section in primary care central department of the Ministry of Health (MOH).

Sample:

Questionnaires were distributed to 60 PHC centers in the five Governmental Health regions to all full time PHC centers employees (physicians, nurses, technical and administrative staff). The respondents are those who completed more than 50% of the items of the questionnaire and the selected 60 PHC centers were representative of 106 PHC centers in Kuwait.

Inclusion and exclusion criteria:

The inclusion criteria were all employees at the PHCs who were available at the time of the study and willing to participate. The exclusion criteria were those who were not available, such as those who were on leave and those who decided to exercise their right not to participate.

Data collection Tool:

Components and details of the instrument:

Following permission from the MOH in Kuwait to conduct the study with ethical approval the survey was sent to the PHC centers through the principal investigator.

Data collection was conducted using a self-administered structured Questionnaire adapted from a tool used by Canadian accreditation with minor changes to the wording.

It consisted of 7 clauses (forms); it was designed according to a Likert scale, with the answers (strongly disagree, disagree, don't know, agree, strongly agree) given the weights (1, 2, 3, 4, 5). The higher the mean, indicated a higher degree of consent on the clause. It examined the level of satisfaction with different job characteristics.

The Form (1) questionnaire was distributed to the physicians and included seven scales composed of several domains. These were: statement of their job (ten domains), training and development (two items), co-worker (four items), opinion about immediate supervisor/manager (seven items), safety and health (seventeen items), overall experience (thirteen items) and overall grade on patient safety and quality (two items).

The Form (2) questionnaire distributed to the Nurses included eight scales composed of eight domains. These were: statement of their job (eleven items), training and development (two items), co-worker (four items), opinion about supervisor/manager (seven items), safety and health (nineteen items), overall experience (thirteen items) and overall grade on patient safety and quality (two items).

The Form (3) questionnaire distributed to the pharmacists included seven scales composed of seven domains. These were: statement of their job (eleven items), training and development (two items), co-worker (four items), opinion about supervisor /manager (seven items), safety and response to mistakes (ten items), overall experience (eleven items) and overall grade on patient safety and quality (two items).

The remaining four questionnaire surveys were translated to Arabic since that was the language respondents were most comfortable with for workers who speak Arabic only.

The Form (4) questionnaire distributed to the administrative employees included seven scales composed of seven domains. These were: statement of their job (eight items), training and development (two items), co-worker (three items), opinion about supervisor /manager (seven items), safety (four items), overall experience (four items) and overall grade on patient safety and quality (two items).

The form (5) questionnaire distributed to the lab employees included seven scales (composed of seven domains), these were: statement of their job (eight items), training and development (two items), co-worker (three items), opinion about immediate supervisor (three items), manager (four items), safety (four items), overall experience (four items) and overall grade on patient safety and quality (two items).

The form (6) questionnaire distributed to the assistant nurses employees included seven scales (composed of seven domains); these were: statement of their job (eight items), training and development (two items), co-worker (three items), opinion about supervisor /manager (seven items) safety (four items), overall experience (four items) and overall grade on patient safety and quality (two items).

The form (7) questionnaire distributed to the X-ray technicians included seven scales (composed of seven domains), these were: statement of their job (eight items), training and development (two items), co-worker (three items), opinion about immediate supervisor/manager (seven items), safety (four items), overall experience (four items) and overall grade on patient safety and quality (two items).

Staff were assured that their participation was voluntary, their choice to participate would not affect their employment and that directors would not view their responses. Participants were requested to complete the survey during their free time and in a setting of their choice and to return it to the head of clinic in a sealed envelope within two weeks of receiving it.

Each participant was given a code number instead of their names and the privacy of their information given was secured.

Ethical Consideration:

Ethical clearance and approval to conduct this research was obtained from the MOH Research Ethics Committee and the approval for the survey was sent to the PHC centers through the principal investigator.

Data analysis:

Data were analyzed using SPSS version 20. Frequencies were taken for all the variables. (Strongly agree/Agree) were considered a positive response and (strongly Disagree/Disagree/Neutral) were considered a negative response.

Results

Only 3,969 of the 7,253 staff answered the questionnaire and returned it completed after distribution to 60 PHC centers in five health regions in Kuwait.

The highest percentage of staff response rate per health region was from Hawali (60%) and the lowest from Jahra (44%) as shown in Table 1.

A total of 74% of respondents were nurses, 70% were X-ray technicians, 69% were lab and assistant technicians, 65% were pharmacists and assistant pharmacists, 59% were physicians and 34% were assistant nurses and administrative staff as shown in Table 2.

Overall grades of safety and Quality for all staff were all above 50% as shown in Table 3.

Descriptive statistics

Table 1: Staff response rate per health region

Health area	No. of participating centers per Health region	No. of recruited staff members per region	No. of respondent staff per health region	Percent response rate per health region
Farwaniya	12	1369	762	56%
Ahmadi	12	1339	791	59%
Jahraa	12	2092	912	44%
Hawali	12	1310	786	60%
Asma	12	1244	657	53%

Table 2: Staff position respondent rate

Work type	Number of respondents	Total Number	Percent response rate
Physician	719	1235	58%
Nurse	1296	1742	74%
Pharmacist & assistant pharmacists	429	659	65%
Administrative	902	2649	34%
Lab & assistant technicians	496	723	69%
Assistant nurses	43	128	34%
X-ray technicians	82	117	70%
Total	3967	7253	55%

Table 3: Outcome measures on patient quality and safety

Outcome measures	Outcome measures on patient Quality		Outcome measures on Patient Safety	
	Positive responses	Total responses	Positive responses	Total responses
Physician	679(95%)	713	675(95%)	711
Nurses	1233(99%)	1249	1242(100%)	1248
Pharmacists and assistant pharmacists	402(95%)	425	400(95%)	421
Administrative	548(66%)	884	628(71%)	883
Lab & assistant technicians	270(55%)	489	287(57%)	487
Assistant nurses	32(74%)	43	32(74%)	43
X-ray technician	76(93%)	82	75(93%)	81

Separating the studied domains in physician job satisfaction questionnaire the main score of job satisfaction by order of preference obtained was as following: Safety and health 59.9 ± 16.03 ; Your overall experience 41.5 ± 12.1 ; Job nature (your job) 36.2 ± 9.9 ; Your supervisor/manager 28.9 ± 6.2 ; Your Co-worker 16.5 ± 3.4 ; Training and development 7.3 ± 1.9 ; Your overall opinion: (Quality grade 2.2 ± 0.83 , Safety grade 2.1 ± 0.81). The highest and lowest domains were safety and health and Training and development respectively as shown in Table 4.

Table 4: Mean of satisfaction in different domains for Physician (total 719)

Domain	Mean	SD
Job nature (your job)	36.2	9.9
Training and development	7.3	1.9
Your Co-worker	16.5	3.4
Your supervisor/manager	28.9	6.2
Safety and health	59.9	16.0
Your overall experience	41.5	12.1
Your overall opinion:		
- Quality grade	2.2	0.83
- Safety grade	2.1	0.81

Separating the studied domains in Nurse job satisfaction questionnaire the main score of job satisfaction by order of preference obtained was as following: Safety and health 70.3 ± 15.4 ; Job nature (your job) 43.0 ± 9.04 ; Your overall experience 41.1 ± 10.9 ; Your Co-worker 17.0 ± 2.6 ; Your supervisor 12.6 ± 2.1 ; Training and development 8.06 ± 1.6 ; Your overall opinion: (Quality grade 1.5 ± 0.61 , Safety grade 1.5 ± 0.67). The highest and lowest domains were Safety and health and Training and development respectively, as shown in Table 5.

Table 5: Mean of satisfaction in different domains for Nurse (total 1296)

Domain	Mean	SD
Job nature (your job)	43	9.04
Training and development	8	1.6
Your Co-worker	17.0	2.6
Your supervisor	12.6	2.1
Your manager (head of the clinic)	16.4	2.5
Safety and health	70.3	15.4
Your overall experience	41.4	10.9
Your overall opinion:		
- Quality grade	1.5	0.61
- Safety grade	1.5	0.67

Separating the studied domains in pharmacists and assistant pharmacists job satisfaction questionnaire, the main score of job satisfaction by order of preference obtained was as following: Job nature (your job) 41.2 ± 10.5 ; safety and health 38.2 ± 7.9 ; Your overall experience 35.6 ± 10.4 ; Your Co-worker 17.2 ± 2.9 ; Your manager (head of the clinic) 16.1 ± 3.3 ; Your supervisor 12.8 ± 0.11 ; Training and development 7.2 ± 1.9 ; Your overall opinion: (Quality grade 2.2 ± 0.82 , Safety grade 2.1 ± 0.84). The highest and lowest domains were Job nature (your job) and Training and development respectively, as shown in Table 6.

Table 6: Mean of satisfaction in different domains for pharmacist and assistant pharmacists (total 429)

Domain	Mean	SD
Job nature (your job)	41.2	10.5
Training and development	7.2	1.9
Your Co-worker	17.2	2.9
Your supervisor	12.8	0.11
Your manager (head of the clinic)	16.1	3.3
Safety and health	38.2	7.9
Your overall experience	35.6	10.4
Your overall opinion:		
- Quality grade	2.2	0.82
- Safety grade	2.1	0.84

Separating the studied domains in administrative job satisfaction questionnaire, the main score of job satisfaction by order of preference obtained was as following: Job nature (your job) 30.5 ± 8.4 ; Your overall experience 18.2 ± 5.5 ; Your manager (head of the clinic) 15.9 ± 3.9 ; Safety and health 15.1 ± 4.3 ; Your supervisor 11.9 ± 3.1 ; Your Co-worker 11.7 ± 3.1 ; Training and development 7.3 ± 2.3 ; Your overall opinion: (Quality grade 3.6 ± 1.08 , Safety grade 3.7 ± 1.1). The highest and lowest domains were Job nature (your job) and Training and development respectively as shown in Table 7.

Table 7: Mean of satisfaction in different domains for administrative staff (total 902)

Domain	Mean	SD
Job nature (your job)	30.5	8.4
Training and development	7.3	2.3
Your Co-worker	11.7	3.1
Your supervisor	11.9	3.1
Your manager (head of the clinic)	15.9	3.9
Safety and health	15.1	4.3
Your overall experience	18.2	5.5
Your overall opinion:		
- Quality grade	3.6	1.08
- Safety grade	3.7	1.10

Separating the studied domains in Lab job satisfaction questionnaire, the main score of job satisfaction by order of preference obtained was as following: Job nature (your job) 30.8 ± 8.1 ; Your overall experience 17.3 ± 5.4 ; Your manager (head of the clinic) 14.4 ± 4.3 ; Safety and health 13.9 ± 4.5 ; Your supervisor 12.5 ± 2.8 ; Your Co-worker 11.7 ± 2.8 ; Training and development 7.4 ± 2.2 ; Your overall opinion: (Quality grade 3.4 ± 1.06 , Safety grade 3.4 ± 1.06). The highest and lowest domains were Job nature (your job) and Training and development respectively as shown in Table 8.

Table 8 : Mean of satisfaction in different domains for Lab Technician and Assistant Lab Technician (total 496)

Domain	Mean	SD
Job nature (your job)	30.8	8.1
Training and development	7.4	2.2
Your Co-worker	11.7	2.8
Your supervisor	12.5	2.8
Your manager (head of the clinic)	14.4	4.3
Safety and health	13.9	4.5
Your overall experience	17.3	5.4
Your overall opinion:		
- Quality grade	3.4	1.06
- Safety grade	3.4	1.06

Separating the studied domains in Assistant nurse job satisfaction questionnaire, the main score of job satisfaction by order of preference obtained was as following: Job nature (your job) 31.3 ± 7.5 ; Your overall experience 19.2 ± 4.8 ; Your manager (head of the clinic) 16.2 ± 3.7 ; Safety and health 16.1 ± 3.08 ; Your supervisor 12.0 ± 2.6 ; Your Co-worker 11.9 ± 0.49 ; Training and development 7.6 ± 1.6 ; Your overall opinion: (Quality grade 3.9 ± 0.79 , Safety grade 3.8 ± 0.90). The highest and lowest domains were Job nature (your job) and Training and development respectively as shown in Table 9.

Table 9: Mean of satisfaction in different domains for Assistant nurse (total 43)

Domain	Mean	SD
Job nature (your job)	31.3	7.5
Training and development	7.6	1.6
Your Co-worker	11.9	0.49
Your supervisor	12.0	2.6
Your manager (head of the clinic)	16.2	3.7
Safety and health	16.1	3.08
Your overall experience	19.2	4.8
Your overall opinion:		
- Quality grade	3.9	0.79
- Safety grade	3.8	0.90

Separating the studied domains in X-ray technician job satisfaction questionnaire, the main score of job satisfaction by order of preference obtained was as following: Job nature (your job) 34.6 ± 6.1 ; Your overall experience 20.0 ± 4.1 ; Your manager (head of the clinic) 17.2 ± 2.45 ; Safety and health 16.9 ± 2.9 ; Your Co-worker 13.2 ± 2.09 ; Your supervisor 12.4 ± 2.4 ; Training and development 8.5 ± 1.6 ; Your overall opinion: (Quality grade 4.2 ± 0.68 , Safety grade 4.3 ± 0.7). The highest and lowest domains were Job nature (your job) and Training and development respectively as shown in Table 10.

Table 10: Mean of satisfaction in different domains for X-ray technician (total 82)

Domain	Mean	SD
Job nature (your job)	34.6	6.1
Training and development	8.5	1.6
Your Co-worker	13.2	2.09
Your supervisor	12.4	2.4
Your manager (head of the clinic)	17.2	2.6
Safety and health	16.9	2.9
Your overall experience	20.0	4.1
Your overall opinion:		
- Quality grade	4.2	0.68
- Safety grade	4.3	0.73

Discussion

The results of the present study demonstrated that job satisfaction differs among different staff because of different dimensions which indicates that several dimensions are potential areas for improvement but with prioritization.

This study demonstrated the positive impact of accreditation on PHC centers in several areas of quality and performance.

Regarding the Job nature, all the staff were satisfied with 'understanding their job description', 'their decision to what to do in their work', 'their ability to make improvement in their work', 'the use of their skills to improve their job', 'receiving good recognition about their work', 'having enough time to do what is expected of them in their job' except administrative 40% ($4.08\pm.86$), 'taking their opinion regarding changes affecting their job' except physicians 49% (3.2 ± 1.06), 'the availability of materials ,supplies and equipment in their work' except physicians 43% (3.04 ± 1.1) and pharmacists 39% (2.9 ± 1.1), only nurses and pharmacists were satisfied with 'having enough staff to handle the workload' in comparison to physicians who were not satisfied 42% (2.9 ± 1.2).

The reason behind dissatisfaction is the shortage of physician staff which affects the nature of a PHC doctor's work and the expectation from the supervisors would be higher in checking and providing the materials, supplies and equipment.

Regarding Staff Training and development, all the staff were satisfied in 'receiving good training in their job' (highest for nurses and X-ray technicians and lowest for pharmacists and administrative staff) all the staff were satisfied in 'having good opportunities to improve their care' (highest for X-ray technicians and nurses and lowest for physicians and pharmacists).

The majority of Staff were more satisfied with the training and development domain.

Regarding co-worker opinion, all the staff were satisfied in 'people treating each other with respect', 'supporting one another in the department', 'a feeling of belonging to this co-worker', in addition physicians, nurses and pharmacists were satisfied 'when they work together as a team to get the work done when a lot of work needs to be done quickly'.

The majority of staff were satisfied with 'working with co-workers' domain.

Regarding supervisor/manager opinion, all the staff were satisfied with 'fair treatment from their supervisor / manager' (highest for pharmacists and nurses and lowest for assistant nurses and lab technicians), 'providing the staff with feedback about job performance' (highest for nurses and lowest for administrative staff and assistant nurses), 'asking supervisor/manager if they face any difficulties' (highest for nurses and lowest for administrative staff), 'in effective application of supervisor /manager on the organization's goals' (highest X-ray technicians and nurses and lowest for lab and administrative staff), 'commitment of providing high quality care' (highest for X-ray technicians and nurses and lowest for lab and administrative staff), 'regarding action of supervisor/manager on staff feedback' (highest X-ray technicians and nurses and lowest administrative staff), 'in commission of supervisor /manager to provide a safe and healthy workplace' (highest in X-rays technicians and nurses and assistant nurses and lowest in administrative staff).

The majority of staff were satisfied with their opinion for their supervisor/manager domain.

Regarding Safety and health, it differed according to each staff position as pharmacists had their own questions:

All the staff were satisfied 'in taking effective action in the organization to prevent violence in the workplace' (highest

Table 11: Comparing mean score of satisfaction for all staff

Matters of satisfaction	Average score of satisfaction						
	Physician	Nurses	Pharmacists	Administrative	Lab technician	Assistant nurse	X-ray technician
Job nature	36.1±10.8	43.0±9.04	41.2±10.5	30.5±8.4	30.8±8.1	31.3±7.5	34.6±6.1
Training and development	7.3±1.9	8.06±1.6	7.2±1.9	7.3±2.3	7.4±2.2	7.6±1.6	8.5±1.6
Your Co-worker	16.5±3.4	17.08±2.6	17.2±2.9	11.7±3.1	11.7±2.8	11.9±4.9	13.2±2.09
Your supervisor	28.9±6.2	12.6±2.1	12.8±0.11	11.9±3.1	12.5±2.8	12.0±2.6	12.4±2.4
Your head of the clinic	28.9±6.2	16.4±2.5	16.1±3.3	15.9±3.9	14.4±4.3	16.2±3.7	17.2±2.6
Safety and health	59.7±15.04	70.3±15.4	38.2±7.9	15.1±4.3	13.9±4.5	16.1±3.7	
16.9±2.9							
Your overall experience	41.4±12.1	41.4±10.9	35.6±10.4	18.2±5.5	17.3±5.4	19.2±4.8	20.0±4.1
Your overall opinion:							
- Quality grade	2.2±0.81	1.5±0.61	2.2±0.82	3.6±1.08	3.4±1.06	3.9±0.79	4.2±0.68
- Safety grade	2.1±0.81	1.5±0.67	2.1±0.84	3.7±1.10	3.4±1.08	3.8±0.90	4.3±0.73

X-ray technicians and nurses and lowest lab technician), in 'taking effective action in the organization to prevent abuse in the workplace' except Lab technicians 48% (3.2 ± 1.1), in 'making balance between staff family and personal life with their work performance' (highest in X-ray technicians and assistant nurses and lowest in Lab technicians and physicians). Administrative, lab technicians, assistant nurses and X-ray technicians were satisfied in 'work in a safe clinic' (highest in X-ray technicians and lower in lab technicians).

Regarding the other statements of safety and health applied for physician and nurses, both groups were satisfied with 'doing things to improve patient safety', 'mistakes have led to positive changes in their clinic', 'evaluate their effectiveness after the staff make changes to improve patient safety', 'Patient safety is never sacrificed to get more work done', 'Staff worry that mistakes they make are kept in their personnel file', 'procedures and systems are good at preventing errors from happening', 'staff are given feedback about changes put into place based on event reports', 'Staff will freely speak up if they see something that may negatively affect patient care', 'staff are informed about errors that happen in their departments', 'Staff feel free to question the decisions or actions of those with more authority', 'staff discuss ways to prevent errors from happening again in their clinic'.

Physicians were unsatisfied regarding their 'feeling about that mistakes were held against them' 42% ($3.2\pm.96$), Physicians and nurses were unsatisfied in 'presence of patient safety problems in their clinics' physician 32% (2.7 ± 1.1), nurses 40% (2.9 ± 1.1), Physicians and nurses were unsatisfied in 'Staff fear to ask questions when something does not seem right' physicians 22% (2.5 ± 1.06) and nurses 42% (3.0 ± 1.6), nurses are unsatisfied in 'letting the same mistakes happen again and again in the nursing general department' 15% (2.1 ± 1.03).

Regarding safety and response to mistakes in pharmacy, pharmacists and assistant pharmacists were unsatisfied in 'this pharmacy places more emphasis on prescription than on patient safety' 35% (2.7 ± 1.2), 'staff feeling that their mistakes are held against them' 39% (2.8 ± 1.1).

There are several safety culture dimensions which are potential areas for improvement but with prioritisation; letting the same mistakes happen again and again in the nursing general department (15%). Physicians and nurses were unsatisfied with regarding Staff fear to ask questions when something does not seem right (22%). Physicians and nurses were unsatisfied with regarding presence of patient safety problems in their clinics, physicians (32%) and nurses (40%). Pharmacists and assistant pharmacists were unsatisfied regarding that 'this pharmacy places more emphasis on prescription than on patient safety' (35%). Pharmacists and assistant pharmacists feel that their mistakes are held against them (39%). Physicians were unsatisfied regarding their feeling about that mistakes were held against them in the physician department (42%).

The staff are not enthusiastic to report adverse events due to fear of punishment, absence of error acknowledgement and obstruction of learning from errors.

Regarding staff overall experience, all the staff were satisfied in 'their work departments provide top quality patient care and other services' (highest for X-ray technicians, and nurses and lowest for Lab technicians), 'clinic management provides a work climate that promotes patient safety' (highest for X-ray technicians, nurses and lowest for Lab technicians); 'There is good cooperation among clinic departments that need to work together' (highest for X-ray technicians, nurses and lowest for Lab technicians), 'recommending this organisation to staff friends and family who require care' (highest X-ray technicians lowest for Lab technicians and not applied to pharmacists); 'Clinic departments work well together to provide the best care for patients' (highest for nurses and lowest for pharmacists and not applied for administrative staff, X-ray technicians, lab technicians and assistant nurses).

Physicians, nurses and pharmacists were dissatisfied in 'Clinic departments do not coordinate well with each other' physicians 19% (2.4 ± 1.03) nurses 19% ($2.3\pm.95$) pharmacists 27% (2.7 ± 1.01). Physicians, nurses and pharmacists are dissatisfied in 'Things "fall between the cracks" when transferring patients from one department to another', physicians 26% (2.8 ± 1.00), nurses 16% (2.4 ± 0.90) and pharmacists 36% ($3.04\pm.99$). Physicians, nurses and pharmacists were dissatisfied with 'Important patient care information is often lost during shift changes' physicians 25% (2.5 ± 1.07) nurses 15% (2.2 ± 1.02) and pharmacists 25% (2.6 ± 1.02). Physicians, nurses and pharmacists were dissatisfied with 'It is often unpleasant to work with staff from other clinic departments' physicians 19% ($2.5\pm.98$) nurses 16% (2.3 ± 0.92) and pharmacists 20% (2.5 ± 0.98). Physicians, nurses and pharmacists were dissatisfied with 'Problems often occur in the exchange of information across clinic departments', physicians 25% (2.7 ± 0.98) nurses 24% (2.5 ± 0.96) and pharmacists 33% (2.9 ± 0.98). The pharmacists were dissatisfied with 'actions of clinic management show that patient safety is a top priority' 37% (2.8 ± 1.10),

Only physicians and nurses were dissatisfied with 'the clinic management seems interested in patient safety only after an adverse event happens', physicians 24% (2.6 ± 1.03), nurses 28% (2.6 ± 1.10).

Only physicians and nurses were dissatisfied with 'shift changes were problematic for employees in this clinic', physicians 21% (2.5 ± 1.03), nurses 12% (2.1 ± 0.95).

Staff overall experience is another lowest dimension regarding cooperation between departments either due to loss of patient information during shift changes or transferring patients from one departments to another or development of problems during exchange of information across clinic departments. This means that staff needs to cooperate and be familiar with the staff in different

departments and different shifts; introducing team building activities resulted in stronger interpersonal relationships and improved staff communication.

The reason behind dissatisfaction regarding shift changes for physicians and nurses is the workload that causes lack of balance between job and private life.

Regarding overall opinion in applying quality and safety standards in clinic, all the staff were satisfied with 'regarding applying quality standards' (highest for nurses and lowest for Lab technicians); all the staff were satisfied with 'regarding applying safety standards' (highest for nurses and lowest for Lab technicians).

Conclusion

The findings of this study showed that Job satisfaction is poor in some dimensions which needs improvement in the future, and good in others which needs continuation and enhancements.

The strong main point of this study was reviewing job satisfaction of all staff positions in primary health centers, but one limitation of the present study was lack of willingness among some health care staff to participate in this study and the lack of reviewing job satisfaction with working experience and salary income.

Our suggestion for promoting staff job satisfaction is that in job designing, the tasks should be challenging enough so that the individual feels satisfied. The managers in the Primary Health Care centers must give more attention to the applied all Accreditation standards in order to increase the quality of the primary services with appropriate training of the employees in order to increase their knowledge for them to be applied in suitable ways and procedures.

In conclusion improvement of remuneration, working conditions of health care staff working in PHC centers and encouragement of staff involvement when implementing new initiatives in health organizations would be expected to increase job satisfaction and contribute to the overall quality of health services.

Our research recommendations for further studies are implementation of this study on a wider level, reviewing the correlation between job characteristics with job commitment and reviewing job characteristics with job stress and integrate the patient safety initiatives in organizational policies.

Recommendation:

Based on the findings of this study, there are recommendations to follow in future:

1. Policy makers

Although the results of a single survey cannot be considered as a solid foundation for making decisions in health planning, it is imperative to reinforce relevant human resources policies, and improve working conditions and compensation.

The managers in the Primary Health Care centers must give more attention to the applied Accreditation standards with appropriate training of the employees on those standards in order to increase the quality of the primary services.

2. Healthcare workers

Priority should be given to improve relationships between management and staff and increase decision-making attitude among staff members.

Involving staff in a cooperative, team approach will allow for consideration of ways to improve aspects relating to job satisfaction.

3. Impact on services

Continuous service evaluations and monitoring of job satisfaction can be useful to determine aspects of the services that need improvement; the strategies should be aimed at improving career development ,reducing job monotony and pressure and tension at work. Perhaps designing job positions that affect years of experience, begin to combine assistance tasks with other tasks (research, teaching, management, planning and community interventions).

4. Other future researchers

Our research recommendations for further studies are implementation of this study on a wider level. Further analysis of data is needed, as there are a numbers of issues that can be explored further and consideration of socio-demographic characteristics of the participants.

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