



Interventional study to assess the effectiveness of a staff motivation program

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RESEARCH

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Abstract

Background

Improving the quality of care provided to patients by increased staff motivation, will increase patients' satisfaction and leads to improved health.

Method

An interventional study was carried out among ENT ward patients at NHSL over a period of 2 years. Satisfaction regarding different components of patient needs was assessed in an interviewer administered questionnaire prepared in Sinhala, English and Tamil. This contained statements about initial management of patients, time factors, treatment and attitudes of the staff members, tidiness and orderliness of the ward, information delivery, discharge and the clinic appointment system. Pre and post interventional patients were selected by systematic sampling, each group consisting of 200 patients.

Results

The demographic distribution of the pre and post intervention categories was not significant. The mean score of satisfaction at base line was 3.68 (73.6 %).The mean score, 4.81(96.2%) following the intervention was significantly high. Also a statistically significant increase in the patient satisfaction was observed in initial

management of the patients (P<0.001), time factors (P<0.001), treatment (P<0.001) and attitudes (P<0.001) of the staff members, tidiness (P<0.001) and basic physical facilities (P<0.001) of the ward, information factors (P<0.001), discharge (P<0.001) and the clinic appointment system (P<0.001).

Conclusion

The staff motivation program has resulted in a statistically significant improvement in patient satisfaction (P<0.001) compared to the pre intervention group.

Key Words

Staff motivation program, satisfaction, ward patients.

Background

Providing quality care to ward patients not only improves their satisfaction regarding the health care system, but also will benefit the health of the population in general. The ENT unit of the National Hospital of Sri Lanka (NHSL) being the country's largest governmental institution for providing ENT care 100% free of charge needs to provide quality care to patients and also build up encouragement and motivation among staff members to improve their standards of patient care to satisfy the patient needs.

Method

Ethical clearance was obtained from the ethical review committee of the National Hospital of Sri Lanka.

Study sample

The interventional study was carried out among ENT ward patients at NHSL over a period of 2 years. Initially 200 consecutive patients were interviewed using the study instruments and another 200 consecutive patients were interviewed using the same study instruments, after 3 months of implementing the intervention. The patients who had relatives among the staff members, who were in



the military service, religious leaders, patients on tracheotomies, severely ill patients and the patients who did not give voluntary written consent were excluded from the study.

Study instruments

Satisfaction regarding different components of patient needs was assessed through an interviewer administered questionnaire prepared in Sinhala, English and Tamil which were the main languages of the country. This was pre tested using twenty five patients. The questionnaire contained statements about initial management of patients, time factors, treatment and attitudes of the staff members, tidiness and orderliness of the ward, information delivery, discharge and the clinic appointment system. Pre and post interventional patients were selected by systematic sampling method each group consisting of 200 patients. Each component of patient management was assessed by a set of questions which graded the patients' level of satisfaction from 1 to 5.

Staff strength and the infrastructural facility

The ENT department has two surgical wards with 96 beds, one theatre with 2 operating tables and one out patients' clinic which serve more than 3000 patients per month. The department staff includes three consultant ENT surgeons, 3 ENT senior registrars, 3 ENT registrars, 1 research officer, 14 medical officers, 2 speech therapists, 2 audiometrists, 1 pharmacist, 43 nursing officers and 42 minor staff health care workers.

Intervention

The interventions included fortnightly lectures by the human resource managers to all the ward staff regarding team spirit, communication skills, time management, orderliness and leadership qualities. Two field visits by whole staff to quality award winning wards at 2 maternity hospitals, fortnightly discussions among all staff members to improve the patient care standards, structuring and labelling of all the ward items, organizing a cleaning campaign at the ward involving all staff members, provision of physical facilities for the resident staff such as comfortable beds, televisions etc. were the other interventions.

Outcome measures

Satisfaction scores regarding each component of patient management and the overall satisfaction scores were considered in assessing the outcome. The data was entered to Statistical Package for Scientific Studies (SPSS) and Graph pad in stat package was also used for

analysis. The mean scores at the pre and post interventional levels were compared to measure the outcome.

Results

The demographic distribution of the pre and post intervention categories was not significant in terms of age, gender, occupation, marital status and the place of residence. The mean score of satisfaction in general in the total population at base line was 3.68 (73.6 % of total score). The total mean score of satisfaction 4.81(96.2%) following the intervention was significantly high.

Also a statistically significant increase in the patient satisfaction was observed in initial management of the patients(SND =7.54 ,P<0.001) , time factors(SND =6.03 ,P<0.001) ,treatment(SND =6.22 ,P<0.001) and attitudes(SND =6.125 ,P<0.001) of the staff members , tidiness(SND =6.40 ,P<0.001) and basic physical facilities(SND =6.74 ,P<0.001) of the ward ,information delivery to patients(SND =5.70 ,P<0.001) ,discharge procedures(SND =8.31 ,P<0.001) and the clinic appointment system(SND =10.93 ,P<0.001).

Discussion

From the viewpoint of service providers, the main factors identified that caused demotivation among staff members were workload paired with staff shortages, lack of time management and communication skills, lack of interprofessional exchange and lack of positive supervision. Physical infrastructure and equipment available to staff in the ward setting did sometimes affect morale – and certainly services – but overall the findings from this study indicate a need for individual staff to feel valued and supported and to develop in their roles [1].

The challenge posed by scarce human resources in the health system, particularly how to motivate and retain those remaining, has recently been a topic of international debate [2].

It is also worth emphasizing that our staff motivation program has been in place for 2 years, and a more accurate review could be made after such a longer period [3].

Other than the methods used, the facilitating factors that we identified in this experience are similar to the ones pointed out in other publications, e.g. the great leadership staff commitment [4].

The fact that there had been a significant (SND=7.22) improvement in patient satisfaction will



contribute to increasing evidence of the importance of team-working, not only for the well-being of healthcare workers but also because of its effect on patient outcomes. [5] Further research will make a contribution in this area by focusing on the important relationship between non-clinical and clinical staff.

Conclusion

The overall satisfaction of patients was low (73.6% of the total score) at baseline, compared to the post intervention group (96.2% of the total score).

The staff motivation program has resulted in a statistically significant improvement in patient satisfaction (SND =7.22, P<0.001) compared to the pre intervention group. The intervention particularly improved the knowledge significantly on aspects such as initial management of the patients, time factors, treatment and attitudes of the staff members, tidiness and basic physical facilities of the ward, information factors, discharge and the clinic appointment system.

Another observation was that there was no significant improvement in terms of the patients' satisfaction regarding the attitudes and treatment by the doctors and the consultants. This can possibly be due to the higher initial level of patient satisfaction regarding those components.

In this study it was evident that some of the factors of patient satisfaction can be further improved to elevate the standards of management of ward patients.

Suggested modifications for further improvement of patient satisfaction are as follows.

1. There has to be a quality and structured way of information transmission from the ward staff to the patients with measurable objective indicators.
2. Bathing, washing and the toilet facilities in the wards can be improved.

Also it was evident that some factors of patient satisfaction were present in the ideal level in the study setting. They were as follows.

1. Patients were treated without any delay at all staff levels.
2. Treatment and the general surgical care were ideal at all the staff levels.
3. Attitudes and the politeness towards the patients were ideal at all staff levels.
4. Comfort level of the beds, cleanliness of the bed linen had been ideal for most patients.
5. Facilities for relaxation, meeting other patients, recreational facilities, library facilities, general security, lighting and quietness in the ward had been ideal for most of the patients.

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PEER REVIEW

Not Commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

**Table 1.** Comparison of the pre and post interventional percentages of patient satisfaction of different components of health care and their significance.

P1 -Pre Intervention percentage (%)

P2-Post Intervention percentage (%)

SD –Standard deviation SE-Standard error

SND-Standard normal deviate

Question no. and the summary.	P1	SD	P2	SD	SE	SND
1.1 Welcome by staff	72.8	0.886	99.4	0.171	3.19	8.33
1.2 Interest of nurses	71.4	0.894	98.2	0.294	3.33	8.04
1.3 Interest of doctors	84	0.837	98.6	0.264	2.72	5.36
1 On admission factors	77.8	2.39	99	0.509	3.02	7.54
2.1 Waiting for admission	82.6	0.571	98	0.338	2.68	5.74
2.2 Waiting for initial clerking	89.4	0.632	96.8	0.368	2.51	2.94
2.3 Waiting at the theatre	78.4	0.910	96	0.422	2.91	6.04
2.4 Waiting for discharge	69.2	0.641	95.4	0.422	3.59	7.29
2 Time factors	80.3	1.673	97.25	0.923	2.81	6.03
3.1 Communication by doctors	96.6	0.509	95.8	0.466	1.28	0.625
3.2 Communication by the consultants	95.4	0.549	95.8	0.424	1.41	0.28
3.3 Communication skills of the nursing staff	83.8	0.777	96.8	0.381	2.59	5.01
3.4 Communication skills of the minor staff	48.8	0.944	96.4	0.400	3.80	12.52
3.5 Communication skills of the theatre staff	79.2	0.795	99.6	0.195	2.86	7.13
3. Communication skills of the ward staff	79.24	2.594	97.04	1.568	2.86	6.22
4.1 Attitudes of the consultants	97	0.515	97.2	0.362	1.20	0.16
4.2 Attitudes of the junior doctors.	94.6	0.584	97.2	0.353	1.98	1.414
4.3 Attitudes of the nursing staff	80	0.737	97.2	0.353	3.06	5.62
4.4 Attitudes of the minor staff	44.4	0.924	96.4	0.385	3.75	13.87
4.5 Attitudes of the theatre staff	81.4	0.773	96.8	0.368	3.01	5.065
4 Attitudes of ward staff regarding patient care	77.28	2.538	96.88	1.658	3.20	6.125
5.1 Cleanliness and the adequately facilitated eating area.	67.8	1.031	78.8	0.720	4.38	2.51
5.2 Clean and well equipped bathrooms.	66.6	0.701	84.2	0.660	4.21	4.18
5.3 Clean and well equipped toilets	64.2	1.273	80.8	0.753	4.38	3.78
5.4 Clean and appropriately structured ward environment	68	0.885	98.4	0.272	3.41	5.98
5.5 Cleanliness of the bed linen and the cushions.	62.8	0.951	93.2	0.623	3.85	7.89
5.6 Quality of the drinking water.	81.2	0.854	98	0.332	2.93	5.73
5.7 Quality of the foods and the cleanliness of the containing bowl.	61.8	0.858	97.2	0.353	3.62	9.83
5 General tidiness and maintenance of hygiene	64.48	3.870	90.02	2.112	3.99	6.40
6.1 Library with adequate collection of books.	62.4	0.911	97.6	0.326	3.59	9.80
6.2 Ward is adequately equipped with facilities for personal needs	70.6	0.961	88.6	0.526	3.92	4.59
6.3 Adequate number of beds and spacing for the patients.	87.8	1.074	99.8	0.122	2.33	5.15
6 Physical structure and the facilities in general	70.46	2.204	94.87	0.768	3.62	6.74
7.1 Interest and the care shown by the ward staff at discharge.	72.2	0.807	93.6	0.481	3.60	5.94
7.2 Interest about the appointment scheduling for clinic follow ups.	62.6	0.722	100	0.071	3.42	10.93
7 Discharge factors	67.4	1.127	96.8	0.470	3.54	8.31
8 General satisfaction about the care and the treatment you received.	69	1.128	97.4	0.343	3.46	8.20
9 General satisfaction about information you received from the staff.	68.2	0.956	90.4	0.601	3.89	5.70
10 General satisfaction about the period of stay at the ENT ward.	73.6	2.054	96.2	0.397	3.13	7.22