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Abstract

The objectives of financial autonomy aimed to reduce government commitments in the financing of public hospitals, to increase efficiency in hospital operations, contain costs, and raise the quality of care. The present survey study of Allied Hospital Faisalabad explores that bureaucratic manacles in financial autonomy of these public hospitals end up in creating low job satisfaction levels among the employees of the hospitals. The dissatisfaction among Doctors, Nurses, Paramedical Staff, and Surgeons towards the management of the hospital was observed. , and irregular flows causes low levels of satisfaction in patients towards doctors, nurses and paramedical Staff.

Key words: *Public Hospital, Financial Autonomy, Bureaucratic Manacles, Irregular Inflow, Low Job Satisfaction Levels, Patient's Low Satisfaction Level*

Introduction

Almost 19 hospitals were given autonomy in the last 17 years in Punjab[1] after the commendation of *Punjab Medical and Health Institutions Act 1998, Punjab Medical and Health Institutions Ordinance 2002*, and *Punjab Medical and Health Institutions Act 2003* (Finance Department, Government of the Punjab 2008). The objectives of this hospital autonomy were to help reduce government commitments in the financing of public hospitals, to increase efficiency in hospital operations, contain costs, and raise the quality of care. Moreover the government hospitals were to retain their social mission and to continue to provide free care to those unable to pay.

The recommendations on hospital autonomy were offered in three categories: governance, management, and finance (Saeed 2013). It has been long since these hospitals are being run autonomously and a mix of appreciation and criticism is in the air about the performance of these hospitals. In so far as financial autonomy was concerned all of the hospitals were granted considerable autonomy.

Under the above mentioned Acts, financial autonomy to these hospital means that autonomous hospitals could thus construct their own internal budget without regard to the ministry or treasury controlling allocations to specific line items. All hospitals shifted from treasury accounts to commercial banking, and were no longer required to follow government accounting systems. The hospital management in all cases was encouraged to mobilize resources, though many restrictions were put on raising revenue through fee collection. Hospitals had been allowed to keep revenue raised through fee charge. But in reality, the picture is still skimpy due to several constrains in the usage of budget allocated to these autonomous hospitals. Therefore, present study addresses these constrains and the impact of these constrains on the middle consumers; *Doctors; Nurses, Paramedical Staff* and the end consumers of these hospitals; *the patients*. Before doing so, it is essential to comprehend the concepts of health planning, and autonomy in Pakistan before grasping the true picture of financial autonomy in the public hospitals.

Health Institutions in Punjab (Medical Colleges and Tertiary Care Hospitals) were given the financial autonomy; under Government of Punjab Act 1998, which was later on replaced by an Ordinance in January 2002, and further modified by Punjab Medical and Health Institution Act 2003 to increase the efficiency and effectiveness of these institutions. However, it could not bear the desired results as envisaged in the concept of financial autonomy. Financial autonomy given to these institutions had many limitations which was further curtailed by the later developments and policies of finance department. To comprehend the clear-cut understanding of financial autonomy we need to understand the concept of autonomy in public hospital.

Autonomy in Public Hospitals

Autonomy is destined as a mannerism that individuals can display comparative to any aspects of their lives, not restricted to enquiries of moral compulsion (Dworkin 1988, 34–47), and "delegation of power to lower cadres so they can take decisions independently" (Amir 2012).

[1] Finance Department, "Government of the Punjab", http://health.punjab.gov.pk/system/files/download.pdf (accessed 13 May, 2008).

Therefore, autonomy has a lot to do with power i.e. entrusting and using power. The connotation and implication of power varies from society to society and is explained by its history, social structure, relationship of government and society, view of the fellow human beings and the world view held generally by the society. With respect to power, societies vary, as was explained in the famous study of Hofstede[2]. He explains power distance as:

> the extent to which members of a society accept that power in institutions and organizations is distributed unequally. A society‘s Power Distance norm is present in the values of both the leaders and the led, and reflected in the structure and functioning of the society‘s institutions.

In local context, Zaidi identified various stakeholders of power in the health planning in Pakistan which include “international agencies, government officials, pharmaceutical companies, health personnel and community and citizen's groups”. However, after analysis, he concluded probably the most powerful factor influencing health planning is the influence of international donors, governments and agencies (Zaidi 1994). While analyzing the factors which influenced the policy process for government initiatives in Punjab health sector from 1993 to 2000, Tarin argued that the absence of clearly defined principles, the insufficient involvement of stakeholders, the lack of holistic view of contexts, focusing on the health sector, the shortcomings of policy machines and the need for a proper implementation structure and the administrative fatigue of donors are some main reasons of the implementation (Tarin 2003). Whereas, Abdullah and Shaw (2007) only cover the process of autonomy till the time when first ordinance was in force. It is sort of an evaluative study which tried to evaluate two separate attempts of autonomy in Pakistan, one in Punjab which included Sheikhupura Pilot Project and the granting of institutional autonomy to a number of public hospitals of Punjab and the other in NWFP province which included autonomy to four largest public sector, tertiary care and teaching hospitals in the NWFP which included Lady Reading Hospital (LRH); Khyber Teaching Hospital (KTH); and Hayatabad Medical Complex (HMC) in Peshawar; and the Ayub Medical Complex (AMC) Abbottabad. In more recent study, Amir studied the process of autonomy from the point of view of implementation though using interpretive approach (Seed, Amir 2012). He defines that hospital autonomy is considered by its initiators/implementers as an objective, formal and hard reality depicted by its formal proposals, rules, legislative Acts, and formal actions is indeed a subjective construct brought in existence by the interplay of various social actors involved and related to the arena of health management especially at the tertiary level. This social reality is constructed through the interaction of these stakeholders who are again influenced by its environment be it social, economic, political, geographical, historical or international. All of the formal stakeholders including politicians, federal and provincial bureaucracies, doctors (both technical/professional and administrator) etc. who were thought to have power/authority and influence in this arena had their own meaning of the term (hospital) autonomy, influenced by their interests (institution, position, objectives, expectation etc.). Apart from these, other stakeholder including employees and patients also had their own meaning of the concept.

But, none of these researches have tried to study constrains in financial autonomy of autonomous hospitals and the impact of these constrains on middle and end consumers in a systematic way.

[2] Hofstede, ‘National cultures revisited’ 1983, 285.

So, the meaning of autonomy, its giving and taking are embedded in the society of Pakistan and can be understood only its natural context. The understanding of this concept will be very helpful in understanding the social dynamics of the society in Pakistan. Apart from other reforms like privatization, deregulation, Public-private partnership etc. reforms of autonomy of teaching hospitals were also introduced in first at federal level and then on provincial levels. After experimenting them at federal level, they were introduced in couple of provinces including Punjab.

Since 1998, a significant amount of changes were introduced in different aspects of the hospital including governance mechanism, management, finance, HR, purchasing etc. These changes which incurred huge amount of costs, changed the outlook of the hospital. It made hospitals responsible for arranging for their own expenses, which forced them to introduce user charges, slash free medicine facility and increase charges of different nature. In a finance-starved country like Pakistan which only spends around 10% of its GDP on the social sector, it was a shocking jolt to its poor masses on both accounts i.e. costs of introducing reforms and withdrawing of medical facilities which were already meager and insufficient. With this context placed in perspective it becomes very essential to understand *what actually happened* with reference to the reforms of hospital autonomy and then to analyze and find out as to why and how all this happened, what were the causes of happenings, what are the results of the reforms, and what was the reality of the reforms.

Financial Autonomy of Hospital in Pakistan

Under Punjab Medical and Health Institutions Act 1998

According to this Act Chief Executive was made responsible for the efficient running of the hospital. He had to work in consultation with the Institutional Management Committee (IMC). Chief Executive was entrusted with the task of nominating members of the IMC. Here one local objective of the reform was being clearly met i.e. role of bureaucracy has been trimmed down to the lowest. However soon after the introduction of this reform, the political government in the province was dethroned by coup‘ d‘état of Gen Musharraf, which did away with the backing and support that doctors and this initiative had with the result that bureaucracy regained its lost position. It ensured that IMC were not formed which could have saved CE of all the responsibility and accountability of the process. IMCs were to make new rules to run autonomous institutions but when they were not formed there were no new rules. Now CE believed that the previous rules of the Punjab government would not be applied to the new structures and it would only be run under new rules whereas new rules could not be framed. Subsequently, the first autonomy initiative went along for around three years in this state of ambiguity. The running of the institutions needs decisions and decisions are made according to some rules, and when there are no rules, the decisions of the people at the top become rules and final words.

Under Punjab Medical & Health Institutions (PM&HI) Ord. 2002

Hospital autonomy initiative was again relaunched through (PM&HI) Ord. 2002. This ordinance was the next step in the punctuated equilibrium of the process of implementation of autonomy in the province of

Punjab. Autonomy status of the hospitals was reinstated only after a month of halting the process. This time around the role of government in the development of the structure of the management was quite prominent and imposing and bureaucracy came back strongly which in fact defeated the very spirit of autonomy, at least from the perspectives of doctors' community. The whole (previous) system was put to halt and a new scheme was designed which offered few powers to the administration of the hospital headed by Board of Governors (BOG). The administration thus made was toothless and most of the actions needed further approval of the Health Secretary. Whereas, bureaucracy never passed on the financial powers to the hospitals. Even the purchasing has to be done through the purchasing manual of the government. They wanted that hospitals earn money by themselves and spend by their standards. Hospitals were dependent on the government for the grant of the necessary resources. Referring to the powers of the BOG the clause 2(ii) of the PM&HI Rules 2002 says, "Board may request the Provincial Government to sanction additional Grant-in-aid on case to case basis". Director Finance was now to be a BPS 19/20 grade officer from Audit and Accounts Department, Government of the Punjab. He has to work on deputation in the hospital and needed recommendation of the PEO for its posting there [clause 13(3)].

Powers of varying degree have been delegated to Board of Governors, Principal Executive Officer, Deputy Dean, and MS with respect to creation and abolitions of posts, approval of development work, auctioning of surplus items, sanction of telephone, purchase and replacement of motor vehicles, their parts etc, purchase of medicine, machine and equipment, stationary, paying different utility charges and fee (PM&HI Rules 2002). This certainly appears a big, genuine improvement at least on paper but not on practical.

Under Punjab Medical & Health Institutions (PM&HI) Act 2003

Again in this Act, the previous happenings influenced the structure and its details. BOG, its unlimited powers, perks of the members etc. were done away with but what was not curtailed was the power and influence of bureaucracy which became even stronger as the official permanent members of the board. Listing, selection and nomination of the non-official members were now the sole prerogative of the Department of Health (DOH), Government of the Punjab. In the same vein, DOH had the right to appoint "Principal … among the teaching cadre who all along had been under the control of DOH (clause 7). The final selection authority of MS of the hospital was again DOH which has to select him out of the three,

Constrains in budget handlings

Before 2013, the budget of autonomous hospital was transferred as *Personal Ledger Accounts*, by which the appropriations were possible and director finance could set it according to the requirements of the hospital and for re-appropriation the approval of Secretary Finance must be granted, which took long time. But under these conditions, budget handling was not a serious problem for autonomous hospitals.

But in 2013, Personal Ledger Account was changed into *Special Drawing Accounts*, in which money was directly transferred from Government of the Punjab into hospital heads' accounts. In these conditions, appropriation and re-apparitions both were restricted which further curtailed the financial autonomy of hospitals.

Now in the current fiscal Year 2015-2016, the budget of the autonomous hospitals is *Cost Centered*, means that budget cannot be handled on horizontal level, now it has vertical utility, means if one hospital has five units, every unit can only use its own budget, if other unit needs some finance, then it is not possible to utilize it. In case one unit feels some constrains in budget, other unit cannot help it. What will be happened, at the end of fiscal year some units have no budget to use, and some have budget to no use. It is the bureaucratic style of government in the province.

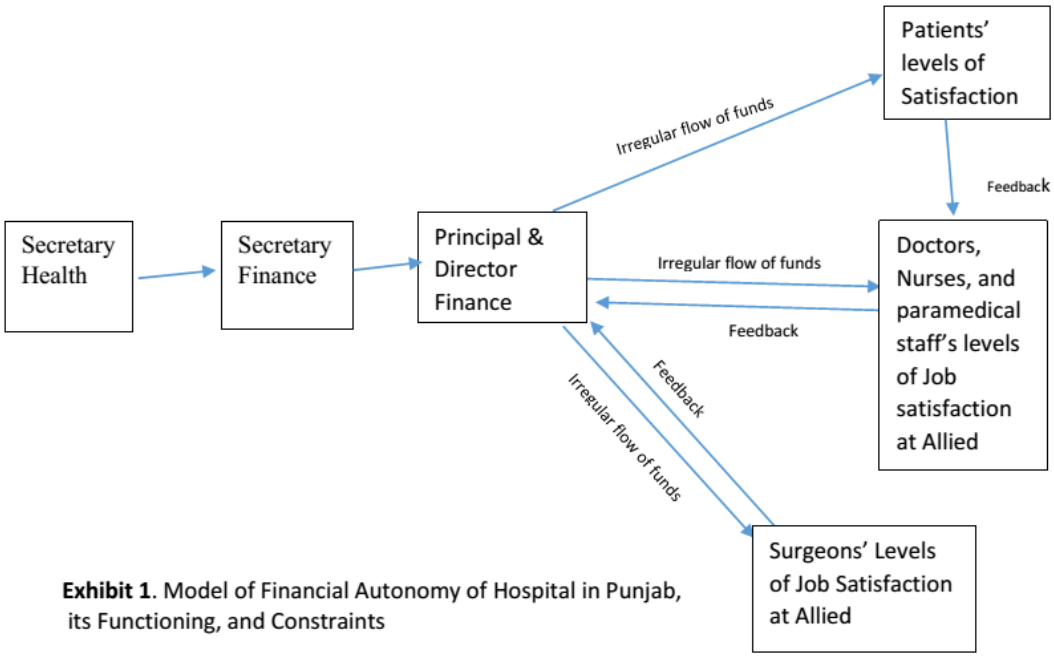

Exhibit 1. Model of Financial Autonomy of Hospital in Punjab, its Functioning, and Constraints

In all these hurdles, constrains, and hindrances, who will be the ultimate sufferers; definitely doctors, nurses, and para-medical staff are indirectly, and poor patients directly suffered. The *Exhibit 3* clearly defines it. It shows that finance is issued by the approval of health secretary, then sanctioned by Secretary Finance, then given to Principal and the director finance of the autonomous hospital. Chawl and Govindaraj (1996) devised five indicators to measure the hospital autonomy; efficiency, quality of care and public satisfaction, accountability, equity, and resource mobilization. In the study under hand the researcher used only two indicators; efficiency and quality of care and public satisfaction. If there is the constraint in inflow of finance then it can cause dissatisfaction among the patients and hospital employees; Doctors, Nurses, and Para-medical staff. Therefore, in present study to link the constraints in inflow of fiancé and level of dissatisfaction among the directly and indirectly sufferers, surveys were conducted in Allied Hospital

Faisalabad.

Research Methodology and Data

Allied Hospital is selected for present research because of its significance in the whole district of Faisalabad, it is the largest hospital having 1150 beds and it receives the highest number of patients in the district. The hospital has latest medical equipment along with surgical, medical, cardiology, ENT, pediatric, gynecology, obstetrics, labor, radiology, nephrology, dialysis, oncology, urology, plastic surgery, orthopedics, ophthalmology, and neurosurgery units. The hospital also has latest kidney transplant facilities. It also facilitates in postgraduate training in medical and surgical specialties. It also provided amenities of mortuary, and postmortem.

Exhibit 2

Particulars	**2013-14**	**2014-15**	**2015-16 upto 30 March 2016**[3]
Admission	346700	257422	194770
Gynae Major	4872	4931	4386
Gynae Minor	1512	1638	860
Over all Surgical cases	88063	88430	67110
Pneumonia cases	1635	1875	1985

Exhibit 2 shows the statistics of total admissions in hospital during the fiscal year 2013-14, 2014-15, up to March 2015-16 in the categories of Gynae Major, Gynae Minor, Overall Surgical cases and patients of Pneumonia during the time period. There is a gradual increase in the number of patients and surgeries from 2013 to March 2016.

Exhibit 3

Year	Government funds	Hospital's Generated Funds	Amount Rs. (m)[4] Total
2013-14	1559.372	118.646	1678.018
2014-15	1648.572	131.321	1779.893
2015-16	1723.966	152.806 (approx.)	1876.772

Exhibit 3 shows the gradual increment in the hospital budget during the period of the fiscal year 2013-14, 2014-15, and 2015-16.

[3] *Source: Allied Hospital Statistics Department, Faisalabad*

[4] *Source: Allied Hospital Finance Department, Faisalabad*

Research Results

Exhibit 4

Patients' Satisfaction doctors, nurses, and para-medical staff

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Patient's Satisfaction towards Doctors	Male	196	13.9694	4.45940	.31853
	Female	81	15.2716	6.13598	.68178
Patient's Satisfaction towards Nurses	Male	196	15.0663	3.55047	.25360
	Female	81	15.6667	4.40454	.48939
Patient's Satisfaction towards para-medical Staff	Male	196	19.0816	5.49158	.39226
	Female	81	20.1852	6.08505	.67612

Ten-item scale was constructed to measure the satisfaction level of Patient towards Doctors in Allied Hospital ranging from (very poor=1 …very good=5), (*N*= 272, *Cronbach Alpha*= .847, *M*=14.35, *SD*=5.031) (appendix 1). Then further ten-item scale was created to measure the satisfaction level of Patient towards Nurses in Allied Hospital ranging from (very poor=1 …very good=5), (*N*= 272, *Cronbach Alpha*= .704, *M*=15.25, *SD*=3.819) (appendix 2), whereas, 13-item scale was assembled to measure the satisfaction level of Patient towards Para-medical Staff in Allied Hospital ranging from (Strongly Disagree=1 …Strongly Agree=5), (*N*= 272, *Cronbach Alpha*= .853, *M*=19.40, *SD*=5.683) (appendix 3). The Exhibit 4 reports that female patients have more satisfaction levels towards Doctors, Nurses, and Para-medical Staff. Male patients had least satisfaction levels towards doctors, while female patients have highest levels of satisfaction towards para-medical Staff.

Exhibit 5

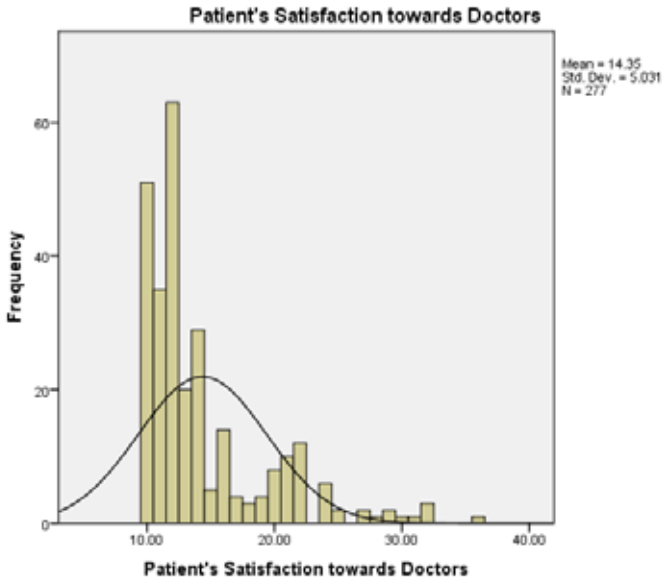

Exhibit 6

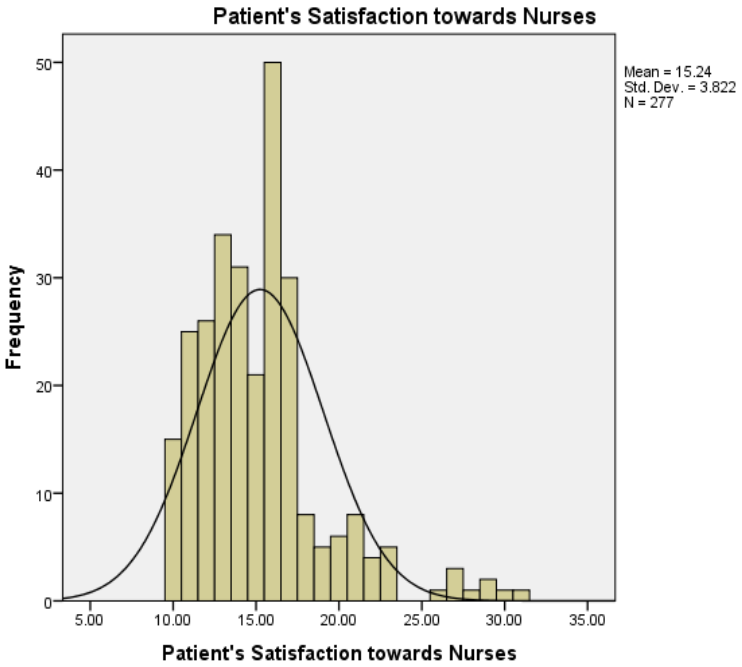

Exhibit 7

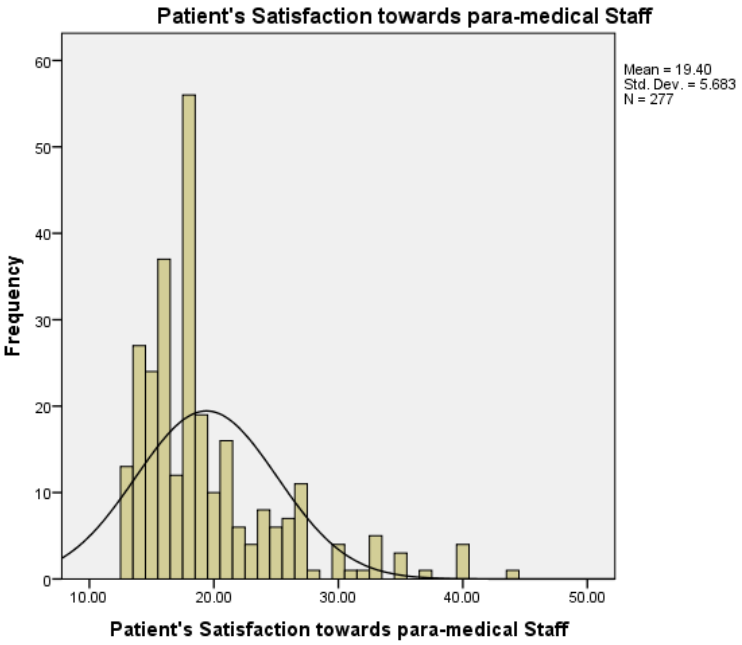

Exhibit 5 shows that most of the patients had very poor level of satisfaction towards Doctors, and same trend was observed about Nurses (Exhibit 6), and Para-medical Staff (Exhibit 7).

Exhibit 8

Surgeons' Level of Satisfaction about Management of the Hospital

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Surgeons Level of satisfaction towards Management	Male	34	6.2647	2.20617	.37836
	Female	7	6.7143	1.88982	.71429

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Difference Error	95% Confidence Interval of the Difference	
									Lower	Upper
Surgeons Level of satisfaction towards Management	Equal variances assumed	.091	.765	-.501	39	.619	-0.450	0.897	-2.263	1.364
	Equal variances not assumed			-.556	9.700	.591	-0.450	0.808	-2.258	1.359

5-items scale (ranging from Strongly disagree =1, …Strongly agree=5, Cronbach Alpha= .732, M= 6.34, SD=2.140) was constructed to measure the level of satisfaction among surgeons towards hospital management (appendix 4), Exhibit 8 reports that independent sample t-test shows there was no significant difference of level of satisfaction among male-surgeon and female surgeons toward management of the Allied Hospital. Both male and female surgeons had low levels of satisfaction (*Male*= 6.2647, *Female*=6.7143, *p*=.765).

Exhibit 9

Job Satisfaction levels of Doctors, Nurses and Paramedical Staff at Allied Hospital

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Paramedical	14	66.571	18.169	4.856	56.081	77.062	42.00	100.00
Nurse	37	76.487	17.063	2.805	70.797	82.176	42.00	109.00
Doctor	31	87.000	15.595	2.801	81.280	92.720	44.00	109.00
Total	82	78.768	18.069	1.995	74.798	82.738	42.00	109.00

ANOVA					
Total Jobs at Allied					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4375.926	2	2187.963	7.832	.001
Within Groups	22068.672	79	279.350		
Total	26444.598	81			

15-items scale (ranging from *Low* =1-3, High=8-10, Cronbach Alpha= .823, M= 28.7333, SD=4.68561) was constructed to measure the levels of satisfaction of doctors, nurses and para-medical staff towards hospital management keeping in view the irregular inflow of finance (appendix 5), *Exhibit 9* reports that independent sample t-test shows there was significant difference of levels of satisfaction among doctors, nurses and para-medical staff toward management of the Allied Hospital. All three had low levels of satisfaction (*Doctor*= 87.0000, *Nurses*=76.4865, *Nurses*=66.5714, *p*=.001). However, paramedical staff had least satisfaction levels as compared to nurses and Doctors.

Conclusion

The present study concludes that the most of the patients had very poor level of satisfaction towards Doctors, Nurses, and Para-medical Staff of Allied Hospital Faisalabad. Male patients expressed least satisfaction levels towards doctors as compared to female patients whereas, female patients have highest levels of satisfaction towards para-medical Staff as compared to male patients. On the other hand, overall doctors showed signs of dissatisfaction; there was no significant difference of level of satisfaction among male-surgeon and female surgeon toward management of the Allied Hospital. The study further concludes that there was significant difference of levels of satisfaction among doctors, nurses and Para-medical staff toward management of the Allied Hospital. Although all three had low levels of satisfaction, however, the doctors had higher satisfaction levels as compared to nurses and paramedical staff.

Recommendations

Due to restraints in financial autonomy of Allied hospital, patient's satisfaction towards doctors, nurses, and paramedical staff is so low, and same trend of low level of satisfaction is observed among the surgeons of the hospital towards management. Majority of the employees feel discomfort due to irregular inflow of funds. Therefore, present study strongly recommends that Government of the Punjab must revise their policies about financial autonomy to improve the functioning of autonomous hospital in the province; otherwise the low level of satisfaction will soon plague the system. As for the policy revision, funds should be transformed into to Personal Ledger Account rather than Cost Centered or Schedule Withdrawing Accounts for smooth and quick improvement in health sector especially in autonomous hospitals.

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Appendix 1

Reliability Statistics	
Cronbach's Alpha	N of Items
.847	10

Item Statistics			
	M	SD	N
Friendliness of the Doctor	1.47	1.020	277
Explanations the Doctor gave you about your problem or condition	1.42	.769	277
Concern the Doctor showed for your questions or worries	1.39	.794	277
Doctor's efforts to include you in decision about your treatment	1.31	.575	277
Information the Doctor gave you about medication (if any)	1.35	.754	277
Instruction the doctor gave you about follow-up care (if any)	1.66	.817	277
Degree to which doctor talked with you using words you could understand	1.62	.769	277
Amount of time the doctor spent with you	1.43	.761	277
Your confidence in the doctor	1.37	.758	277
Likelihood of your recommending this doctor to others	1.34	.671	277

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Friendliness of the Doctor	12.88	19.105	.580	.832
Explanations the Doctor gave you about your problem or condition	12.94	20.938	.538	.833
Concern the Doctor showed for your questions or worries	12.96	20.198	.629	.825
Doctor's efforts to include you in decision about your treatment	13.04	22.161	.521	.836
Information the Doctor gave you about medication (if any)	13.00	21.870	.408	.844
Instruction the doctor gave you about follow-up care (if any)	12.69	20.438	.569	.830
Degree to which doctor talked with you using words you could understand	12.73	20.763	.565	.831
Amount of time the doctor spent with you	12.92	20.602	.598	.828
Your confidence in the doctor	12.98	20.424	.630	.825
Likelihood of your recommending this doctor to others	13.01	22.047	.448	.841

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
14.35	25.315	5.031	10

Appendix 2

Reliability Statistics	
Cronbach's Alpha	N of Items
.704	10

Item Statistics			
	M	SD	N
Friendliness of the Nurse	1.40	.661	277
Explanations the Nurse gave you about your problem or condition	1.42	.765	277
Concern the Nurse showed for your questions or worries	1.65	.777	277
Nurse's efforts to include you in decision about your treatment	1.65	.689	277
Information the Nurse gave you about medication (if any)	1.40	.773	277
Instruction the Nurse gave you about follow-up care (if any)	1.40	.767	277
Degree to which Nurse talked with you using words you could understand	1.30	.626	277
Amount of time the Nurse spent with you	1.76	.580	277
Your confidence in the Nurse	1.79	.918	277
Likelihood of your recommending this Nurse to others	1.47	.694	277

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Friendliness of the Nurse	13.84	12.190	.424	.673
Explanations the Nurse gave you about your problem or condition	13.82	11.762	.426	.670
Concern the Nurse showed for your questions or worries	13.59	11.547	.461	.664
Nurse's efforts to include you in decision about your treatment	13.60	11.568	.542	.652
Information the Nurse gave you about medication (if any)	13.84	10.765	.636	.629
Instruction the Nurse gave you about follow-up care (if any)	13.84	11.777	.421	.671
Degree to which Nurse talked with you using words you could understand	13.95	12.247	.444	.671
Amount of time the Nurse spent with you	13.49	13.388	.203	.705
Your confidence in the Nurse	13.46	14.546	-.115	.777
Likelihood of your recommending this Nurse to others	13.78	12.225	.387	.678

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
15.25	14.584	3.819	10

Appendix 3

Reliability Statistics

Cronbach's Alpha	N of Items
.853	13

Item Statistics			
	M	SD	N
There are no enough para-medical staff at the hospital	1.66	.817	277
Para-medical staff listen to patients and converse with them	1.62	.769	277
Para-medical staff approach patients with gentility	1.43	.761	277
Patients requests are promptly attended to para-medical staff	1.37	.758	277
Para-medical staff promptly respond to patients call	1.34	.671	277
Para-medical staff promptly take action during emergency	1.40	.661	277
Para-medical staff controls sources of noise in the unit	1.42	.765	277
Para-medical staff dispose soiled lined promptly	1.65	.777	277
Para-medical staff attend to cleanliness of patients	1.65	.689	277
Para-medical staff attend to patients unable to care for self	1.40	.773	277
Para-medical staff conveniently place patients in bed	1.40	.767	277
Para-medical staff safely lift and move patients	1.30	.626	277
Para-medical staff give adequate explanation about their activities	1.76	.580	277

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
There are no enough para-medical staff at the hospital	17.75	26.675	.586	.837
Para-medical staff listen to patients and converse with them	17.78	27.221	.558	.839
Para-medical staff approach patients with gentility	17.97	27.438	.536	.841

Patients requests are promptly attended to para-medical staff	18.04	27.267	.563	.839
Para-medical staff promptly respond to patients call	18.06	27.960	.548	.840
Para-medical staff promptly take action during emergency	18.00	27.837	.576	.839
Para-medical staff controls sources of noise in the unit	17.98	26.706	.632	.834
Para-medical staff dispose soiled lined promptly	17.75	27.151	.560	.839
Para-medical staff attend to cleanliness of patients	17.75	28.526	.447	.846
Para-medical staff attend to patients unable to care for self	18.00	26.362	.672	.831
Para-medical staff conveniently place patients in bed	18.00	28.525	.388	.850
Para-medical staff safely lift and move patients	18.10	28.471	.513	.842
Para-medical staff give adequate explanation about their activities	17.65	31.954	.000	.868

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
19.40	32.292	5.683	13

Appendix 4

Reliability Statistics

Cronbach's Alpha	N of Items
.732	5

Item Statistics			
	Mean	SD	N
We have ability to add nonselective procedures	1.22	.419	41
We have reliable high quality equipment	1.27	.449	41
Surgeons are on time	1.24	.699	41
Anesthesiologists are on time	1.34	.728	41
We get the required instruments properly cleaned and on time	1.27	.708	41

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
We have ability to add nonselective procedures	5.12	4.110	.174	.775
We have reliable high quality equipment	5.07	4.220	.087	.797
Surgeons are on time	5.10	2.540	.696	.594
Anesthesiologists are on time	5.00	2.400	.731	.574
We get the required instruments properly cleaned and on time	5.07	2.370	.784	.548

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
6.34	4.580	2.140	5

Appendix 5

Reliability Statistics

Cronbach's Alpha	N of Items
.823	15

Item Statistics			
	M	SD	N
How would you rate your satisfaction with Allied Hospital	1.76	0.59	75
How would you rate the government's understanding of your concerns?	2.16	0.68	75
How would you rate your satisfaction with your job?	1.85	0.67	75
How would you rate your satisfaction with the Hospital's communication?	1.93	0.62	75
How would you rate the effectiveness of Hospital's vision?	1.93	0.62	75
How would you rate your understanding of the Hospital's vision?	2.00	0.40	75
How would you rate your understanding of Government's vision about Hospital?	1.93	0.62	75
How would you rate your current level of enthusiasm?	1.85	0.54	75
How would you rate government's ability to motivate you?	2.09	0.62	75
How would you rate government's understanding of your needs?	2.15	0.67	75
How would you rate your willingness to discuss concerns with your management?	1.76	0.43	75
How would you rate government's commitments to address your concerns?	1.89	0.42	75
How would you rate the level of recognition you receive when you over achieve?	1.87	0.83	75
How would you rate the level of pressure you feel to perform better?	1.85	0.36	75
How would you rate the overall leadership of the Hospital?	1.69	0.46	75

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
How would you rate your satisfaction with Allied Hospital	26.9733	17.756	.776	.789
How would you rate the government's understanding of your concerns?	26.5733	17.329	.737	.789
How would you rate your satisfaction with your job?	26.8800	17.702	.673	.794
How would you rate your satisfaction with the Hospital's communication?	26.8000	18.243	.625	.799
How would you rate the effectiveness of Hospital's vision?	26.8000	17.108	.866	.781
How would you rate your understanding of the Hospital's vision?	26.7333	19.523	.638	.805
How would you rate your understanding of Government's vision about Hospital?	26.8000	18.243	.625	.799
How would you rate your current level of enthusiasm?	26.8800	21.594	.014	.837
How would you rate government's ability to motivate you?	26.6400	18.152	.648	.797
How would you rate government's understanding of your needs?	26.5867	20.300	.199	.831
How would you rate your willingness to discuss concerns with your management?	26.9733	20.648	.287	.821
How would you rate government's commitments to address your concerns?	26.8400	20.406	.360	.817
How would you rate the level of recognition you receive when you over achieve?	26.8667	20.306	.129	.843
How would you rate the level of pressure you feel to perform better?	26.8800	21.107	.220	.823
How would you rate the overall leadership of the Hospital?	27.0400	22.093	-.081	.839