
Rasheed (Transparency International – Jordan) (TI - Jordan) is a non-for-profit civil society organization that aims to reinforce the involvement of the Jordanian citizen in anti-corruption activities, protect public, private and local governance institutions against corruption, enhance the efficiency and independence of control agencies specialized in the area of anticorruption, strengthen the integrity of the legislative and judicial authorities, and reinforce the performance of Rasheed (TI – Jordan) towards achieving its vision (A Jordan that is solid with a national integrity system) and it’s mission (to strengthen the pillars of good governance that are based on integrity and no impunity, reinforced by a social culture that is intolerant of corruption). It was established at the end of 2013, through a group of activists working in the field of anti-corruption. Rasheed is the National Chapter of Transparency International in Jordan.

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The planning of health operations must be based on sound information, based on the specific needs of health institutions, service providers and beneficiaries respectively. We hope, through the results of this study, that we have reached the desired goals, namely, to provide indicators of the reality of secondary health care service provision, and the identification of satisfaction factors, to be brought

before decision-makers.



Preface

This study was conducted in response to Rashid for Integrity and Transparency's request and that of the Ministry of Health, to evaluate and improve the quality of health care in the public sector by studying the satisfaction of the beneficiaries receiving medical services in the Ministry of Health hospitals and to obtain a deeper and more accurate understanding of the services provided; to identify, analyze and narrow the gap between what is currently applied and the level required to be reached, with proper planning, implementation, monitoring and evaluation.

Introduction

Rashid for Integrity and Transparency" is a non-profit civil society organization founded in 2013. The Alliance aims to improve integrity and fight corruption in the public and private sectors; to promote awareness among individuals in various sectors of the importance of transparency, accountability and corruption reporting, as well as strengthening the legal and operational framework of the national integrity system through communication, cooperation and exchange of experiences, with international, regional and national organizations, in addition to expanding the availability of data.

Health care planning should be based on clear information based on the needs of health institutions, service providers and beneficiaries. We hope, through the results of this study, that we have achieved the desired goal of providing indicators measuring the status of the secondary health care services and determining the satisfaction factors, in order to present to decision-makers with appropriate recommendations.

Jordan's population increased from 586,000 in 1952 to 2.1 million in 1979, then doubled in 1994 to 4.1 million, then reached 5.1 million according to 2004 statistics. Jordan's population in 2015 reached 9.5 million according to the 2015 census results. These numbers are served by 104 hospitals with 12,407 beds, of which 4693 beds belong to the Ministry of Health (37.8%). The total number of patients was 354,699, with an average length of stay of 3.1 days. The number of patients to the outpatients' clinics was 3238721. 90045 surgeries and 78823 births were conducted in The Ministry's hospitals. Although the health situation in Jordan is better than that of other countries in the Middle East, there are other issues that need to be considered other than the absolute numbers, such as, for example, rapid population growth.

This study was conducted in response to Rashid for Integrity and Transparency's request and that of the Ministry of Health, to evaluate and improve the quality of health care in the public sector by studying the satisfaction of the beneficiaries receiving medical services in the Ministry of Health hospitals and to obtain a deeper and more accurate understanding of the services provided; to identify, analyze and narrow the gap between what is currently applied and the level required to be reached, with proper planning, implementation, monitoring and evaluation.

It was implemented by Rasheed for Integrity and Transparency through the British Consulting Firm "Business Eye Consulting and Training". These phases were:

First: the evaluation of the integrity and quality of secondary health care services and the degree of satisfaction of beneficiaries in MoH hospitals.

Second: conducting focus groups

Third: Conducting Roundtable Discussions

Fourth: Building the capacity of Civil Society Organizations to implement patient satisfaction studies

Fifth: Building the capacity of Civil Society Organizations in the field of health insurance and comprehensive health coverage.

First: To study the evaluation of the integrity and quality of secondary health care services and the degree of beneficiaries' satisfaction in MoH hospitals.

Objectives of the study

The aim of the study was to evaluate the quality of secondary health care services in the Ministry of Health hospitals and to evaluate the degree of integrity and transparency in secondary health care services in MoH hospitals.

The field study was carried out through the collection of preliminary information from thirteen MoH hospitals. Eight hospitals were selected in the center, three in the north of the Kingdom and two in the south. The selection mechanism was based on the number of services provided in the hospital, the number of beds, the size of the served population and the number of clients. The following hospitals were selected: Princess Basma, Al-Iman, Jarash, Al-Bashir, Prince Hamzah, Jameel Tuttanji, New Zarqa Government, Prince Faisal, Al-Hussein Al-Salt, Prince Hussein, Nadeem, Karak, and Maan Government hospitals. Quantitative and qualitative data was collected.

A questionnaire was designed to collect the quantitative and qualitative data. It was divided into three parts: the first part discussed personal and biographic data; the second part used a guided Likert scale, containing a set of questions that assessed the quality of services and the satisfaction of the beneficiaries. The third part consisted of a set of open-ended questions to identify the most important pros and cons of health-care services and improvement opportunities from the beneficiaries' point of view.

The study sample

The study sample was calculated using the equation of Yamane, Taro (1967).

As a result of the application of this equation, the sample size was determined to be 800 individuals: 400 outpatients and 400 inpatients in the 13 hospitals. The distribution of the sample to the 13 hospitals was proportionate, and proportionate with the workload of each hospital.

The Results

The number of respondents inside the hospital and in the outpatient clinics was 800, of which there were 505 women (63.13%). According to the nationalities of respondents, 750 (93.75%) were Jordanian citizens and 31 (3.88%) were Syrians, 14 persons (1.75%) were from Gaza, and three were from other Arab and foreign nationalities.

204 people (51%) reported that the waiting time ranged from 5-30 minutes, and 85 (21.25%) reported that the waiting time was between 31-60 minutes, 21 persons (5.25%) were waiting between 61-90 minutes, while 79 people (19.75%) reported waiting for more than 90 minutes.

270 persons (33.75%) confirmed their feeling of favoritism or moderation in the hospital, and that the doctor / nurse treated others better than they treated them, while 473 people (59.13%) denied that they felt such favoritism or moderation, and that 57 persons (7.13 %) did not give a specific answer, while only 34 persons (4.25 percent) of the total number of respondents reported that "with the exception of the prescribed fees, one person asked him for money or a gift or benefits for treating them." The majority, 758 persons (94.75%) denied this.

328 respondents (82%) of hospital inpatients responded positively to the question "whether they felt privacy during the examination by the doctor (the door is closed and the curtains are locked)", while only 253 respondents (63.25%) of the outpatients confirmed their positive answers/feeling. The total inpatients and outpatients satisfaction was 72.63%.

327 respondents (81.75%) of those who were in hospital expressed their satisfaction and high satisfaction in "easy admission procedures to the hospital" compared to 73 people (18.25%) who expressed their dissatisfaction and high dissatisfaction with the ease of admission procedures.

719 (89.88%) of respondents from both hospitals and outpatient clinics expressed their satisfaction and high satisfaction with the treatment and care provided by the doctor, while 81 (10.12%) expressed dissatisfaction or high dissatisfaction with this level of treatment and care.

671 patients (83.88%) expressed their satisfaction with the level of nursing care. 662 respondents (82.76%) expressed their satisfaction with the level of non-medical staff services compared with 138 persons (17.26%) who expressed their dissatisfaction.

As for the "satisfaction of respondents with the cleanliness of hospital facilities such as rooms, curtains and corridors", 235 inpatients (58.75%) reported their satisfaction with the cleanliness of the facilities, as well as 270 (67.5%) of the outpatients; a total satisfaction level of (63.13%).

172 inpatients (43%) were satisfied with the cleanliness of the bathrooms compared to 139 (34.75%) of the outpatient respondents (a total of 38.88%).

General Satisfaction rates for respondents in both clinics and hospitals were close. 643 people (80.38%) expressed their satisfaction and high satisfaction with the services provided to them.

Upon studying whether the satisfaction rate is affected by the nationality of the respondents, it was found that 599 out of 750 Jordanians (79.87%) expressed their satisfaction with the level of the provided services, while it was (87.1%) among Syrians and 86.71% among respondents from Gaza and 100% among other Arabs and other foreign countries' citizens.

When looking for the relationship between the levels of satisfaction among those who expressed the sentiment that they had encountered wrong behavior from staff in the hospital, we found that the satisfaction rate relating to the nursing staff was only 55.1%, while it reached 69.39% with the doctors and 59.18% with non-medical staff.

While studying the satisfaction of patients with different physical disabilities, it was found that satisfaction among those with motor disabilities was 69.57%, and among those with hearing impairments was 62.5% and that all those nine with visual disabilities were satisfied with the level of services provided to them. It is noted that the general satisfaction rate of all respondents with disabilities reached 74.5%, which is less than the overall satisfaction rate of all respondents in the study of 80.38%.

On studying the different hospitals, and whether the respondent saw the doctor or nurse washing his/her hands before examining the patient, it was found that the highest rate of hand washing was in Ma'an hospital- 13 people out of 21 (61.9%), and the lowest in Prince Faisal Hospital (25.86%), while it reached (49.13%) in Al-Bashir Hospital.

The data collectors noted that complaints and suggestions boxes were available in hospitals and outpatient clinics at 82.75%. There are parking spaces for disabled vehicles in 29.25% of hospitals and 42% in outpatient clinics. Special facilities for people with disabilities, such as ramps, were available in all hospitals and clinics.

Accreditation and its relation to the study results

Six of the 13 hospitals under study were accredited hospitals. These hospitals are: Zarqa Hospital, Prince Hamza Hospital, Jerash Hospital, Prince Hussein Hospital, Karak Hospital and Ma'an Hospital. By reviewing the results of these hospitals, it was found that five of these hospitals achieved the best results with regard to: infection prevention procedures, public safety procedures, privacy, medical file and documentation, and patients satisfaction. These five hospitals are: Zarqa Hospital, Prince Hamza Hospital, Jerash Hospital, Prince Hussein Hospital, and Karak Hospital.

Second: focus groups

The qualitative research was carried out through focus groups, with the participation of Civil Society Organizations to assess the MOH hospitals' capacity in terms of the quality of maternal and child healthcare services. The results of the patient satisfaction study were presented and the groups were asked about their perceptions, opinions, beliefs, and attitudes towards hospital services.

The most important proposals were:

1. Improvement of pre-marital screening to include genetic examination in the pre-marital period.
2. Support retention of the baby's stem cells and providing the necessary awareness in this regard.
3. Distribution of a booklet for each family (or woman to be married) that contains all requisite details for the expectant parents in terms of vaccinations and services needed by the mother and children.
4. Increase maternity leave for working women.
5. Establishment of a Nursery in each institution.
6. Focusing on the mother throughout the postpartum period since this is a very crucial stage.
7. Create a system to support the provision of milk and diapers for children.
8. Activate domestic violence reporting services.

Third: Roundtable Discussions

The directors and other administrative staff of hospitals participating in the study, in addition to some senior MOH staff, were invited to the headquarters of Rasheed for Transparency International - Jordan – Sweifieh, where the results of the satisfaction study were reviewed and discussed together with the most common problems facing hospitals in dealing with patients, and methods for how to deal with them. Participants proposed some mechanisms for improving provided healthcare services as part of the project's outputs.

The consultants listened, discussed, reviewed and collected participants' opinions regarding the most important problems faced by hospitals while dealing with patients and clients, and how to solve these problems. The most important problems faced by hospitals are:

1. The queuing system: most of the patients are in a hurry to enter the doctor's office without waiting.
2. The problem of shouting and misunderstanding amongst some patients who want to get into the doctor's office first.
3. The length of waiting time and overcrowding of patients in clinics.
4. Some clients/patients do not trust the service provider very much.
5. Some patients complain about a shortage in medication supply.
6. Some patients do not respect the referral system.
7. Patients' weak commitment to hospital instructions such as smoking within hospital departments.
8. Non-compliance by clients and patients with the appointment system and instructions within the departments.
9. Disrespect of hospital regulations.
10. Huge numbers of patients versus inadequate staff numbers.

Fourth: Building the capacity of Civil Society Organizations to conduct patient satisfaction studies

The Consultants worked extensively on building the capacity of Civil Society Organizations to develop and implement patient satisfaction and hospital evaluation studies through a training course with more than 50 participants from Civil Society Organizations from different governorates all over the Kingdom. The participating organizations were selected within agreed-upon criteria. The aim of the training program was to introduce to participants the methods of data collection, how to determine the study sample, the mechanism of building the questionnaire and the methods of data analysis.

Fifth: Building the capacity of Civil Society Organizations in the field of health insurance and comprehensive health-care coverage

The Consultants worked extensively on building the capacity of Civil Society Organizations to develop and implement patient satisfaction and hospital evaluation studies through a training course with more than 50 participants from Civil Society Organizations from different governorates all over the Kingdom. The participating organizations were selected within agreed-upon criteria. The aim of the training program was to introduce to participants the methods of data collection, how to determine the study sample, the mechanism of building the questionnaire and the methods of data analysis.

Recommendations

The main recommendations that the participants suggested to help hospitals improve their services were focused on:

- a. Implementing an independent financial and administrative system, and delegating authority to hospital directors to improve the level of provided services, in addition to empowering managers through intensive training.
- b. Participants requested to send the results of the study of each hospital to the hospital directors. In addition, they requested that the researchers provide a Power-Point presentation in the presence of all stakeholders, to let them benefit from the results, in improving the services provided by the hospital.
- c. Focusing on the follow-up of the catering and cleaning companies in hospitals, to increase the satisfaction of patients on cleaning services as indicated by the clients' questionnaires. Participants also pointed out the need to directly link these companies to the hospital management, not to the Central Ministry, since they had noticed problems in bidding issues with these companies.
- d. Conduct awareness campaigns for medical staff.
- e. Focus on awareness campaigns directed towards citizens, taking into consideration the prevailing culture of citizens.
- f. Addressing the problem of the lack of commitment towards Hospital accreditation by some of the hospital staff, with efforts needing to be made to improve the quality of service provided to patients.
- g. Participants proposed the idea of motivating hospital staff that meet the accreditation requirement and standards, and distinguish them from the rest of the other hospitals.
- h. Introduce Accreditation learning into school and university curricula to create a generation acquainted with the Accreditation and continuous quality improvement in various sectors.
- i. Participants requested to have a copy of the questionnaire which was used as a tool for data collection in this study, to use it in their hospitals since it is comprehensive.
- j. Participants asked to repeat the study in the same hospitals in a specific period of time to measure the improvement in the level of services and the hospital's response to the results of the study.
- k. Motivate accredited institutions/hospitals that improved the quality of services provided to patients, whether material or moral.
- l. Link the MOH doctors' incentive system to staff performance (in the form of additional points/merits, according to the workplace hardship and the nature of work).





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