

The Effect of Primary Health Accreditation Standards on the Primary Health Care Quality and Employees Satisfaction in the Jordanian Health Care Centers

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Abstract

The purpose of this study was to see if there's an effect of Primary health accreditation standards (community integration, organization and management, patient care continuum, patient and family care education, quality improvement and patient safety, patient care support, and human resources) on the Primary health care and employees satisfaction in the Jordanian health care centers, in order to achieve this purpose, questionnaires were designed. It consists (45) clauses reflect all the variables, (5) clauses peer each dependent and independent variable the study sample (300) employee in different jobs from (20) health care center, the study concentrated on the Ministry of Health care centers. Grynback constancy coefficients reached 90%; ratios, Means, and linear regressions analysis were used to test the hypothesis. The study found that; (74%) of the study sample considered that the Total standards affecting the quality of services with (3.8) mean, (37%) of the study sample also considered that there's an affecting of HCAC standards on employees satisfaction which mean that there's no real affecting on employees satisfaction. All the Elements of HCAC standards are applied in the primary health care centers with different levels according to the mean values for each HCAC standards. The Quality improvement and patient safety standards which show (0.055 significant) and mean less than (3) didn't applied in the primary health care centers. The most applied standards are the highest mean (4.45) it's the Organization and management standards. The lowest applied standards are the Patient care support standards with mean (3.06). In light of the results of the study; the researcher suggests the following recommendations: The managers in the Jordanian primary Health care centers must give more attention to applied all the HCAC standards. Train the employees in the primary centers on HCAC standards in order to increase their knowledge about those standards and how to be applied in a suitable ways and procedures.

Key words: Primary Health Care, Accreditation Standards, Employee's Satisfaction, Jordanian.

1. Introduction

Primary health care services is considered one of the medical services that can be offered to patients, where the medical services consisted of four main components the primary health care services, which provided to patients and non-patients ,with not need to hypnosis in the hospital it's The foundation of the health service levels, the second level is secondary health care services, which comprise the major medical specialties, a general surgery and internal medicine and pediatric as well as obstetrics and gynecology, these services are often present in the hospital and need to hypnosis, the third type is the specialist medical services ,They need to hypnosis its consisted from all medical services in specialized areas minute, the fourth type of service is the rehabilitation medical services, The long-term care. It related to disabilities and diseases that require long periods of treatment. (Diab, 2010).primary health care services cover wide range of health care that provided for patient 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 diseases prevention .primary health care centers serve the health care needs of their community and thus are integral to the well-being of these communities. (HCAC, 2009) the Primary health care services slandered identify those aspects of program structure and operation that the Health Care Accreditation Council (HCAC)regards as essential to program quality and achievement of program goals. they specify the optimal requirement for programs to ensure quality services related to health promotion and diseases prevention, patient care and outcomes of care , patient satisfaction and patient safety , the standard are comprehensive and applicable to all primary health care facilities that offer comprehensive programs . (HCAC, 2009)This study was came to shed light on the effect of Primary health accreditation standards:(community integration ,organization and management ,patient care continuum ,patient and family education ,quality improvement and patient safety ,patient care support ,and human resources : there is a list of measurable elements for each standard ,the measurable elements define the requirement necessary to meet the standard these elements support self-assessment ,provide constant survey process and guide the organization towards reflective thinking about their process and outcomes) on the quality of Primary health care and employees satisfaction in the Jordanian health care centers.

2. Literature review

2.1Quality of medical services

the quality of medical services: -the intangible is considered as the basic characteristic that distinguishes the service from the goods, other features of services, are arising from own services mentioned property , fast vanishing, and that most of the services appear and disappear during a certain period is difficult for the patient to obtain in other periods, in addition to the inability to undergo services to measure, which is a big problem facing the service providers to the lack of a certain measure of service and she did not know until after the experiment. (Aldjoh Gee, 2000) the service generally means "any act or performance can make a party to another party is essentially intangible and not result in any owns and productivity." (Kotler, 1997) the medical service provided at the hospital does not depart from the content of this definition, which is essentially intangible and not owned but can be used for equipment and devices of different tools to provide the service to the patient and then cured and may take a simple or a long period of time, we can say that medical service can

provide to the market to satisfy the needs and achieving including medical things, services, and personnel, location, organization and ideas. (Tai, 1999)The definition of quality in health services is a very complicated process, because many aspects of the health service always seem unclear to some of the parties concerned and therefore attempt to define quality in services will reflect the viewpoint of the person or party-based definition.It is as clear in the definition of (Palmar) of the quality of the health service, as seen from the following angles: the patient: as what is provided by the hospital to process characterized by compassion and respect. Doctors: develop the knowledge and the most advanced medical science and skills in patient service. Owners (administrations): get the best employees and the best facilities to provide service to customers.Hospital management: achieving efficiency in the provision, intended medical quality of a medical professional perspective to provide the best services according to the latest scientific and professional developments, governed by the ethics of health practice, experience and quality of health services provided, the ideal deal with the patient and administrative,(Palmar, 1999)In general, any definition of the quality of health service must comply with the specifications, value, and alignment with the use, support, and influence the psychological, In any case, the difficulty in finding a unified concept of quality led to the difficulty of measuring quality. (Assaf, 1994) Quality of medical services as (David, 1999) defined is perceived from three views, the patients, medical groups, and I administrators. The patient looks to quality of medical care as to what extent that services provided by the hospital are meeting his required needs, medical groups look to it as the skills and experience of the individuals in the hospital; and the hospital administrators look to it as achieving efficiency and effectiveness in the provision of medical service. The quality of medical services reduces the errors, reduce patient waiting time, provide all kinds of medical services with acceptable level, in addition to ethics commitment of the medical profession (Diab, 2010) The perceived quality of medical service through a private entrance so-called the gap which it is the difference between the services provided and the expected service to be submitted or the difference between service provided and the standards set for the medical services. There are five dimensions for the quality of medical services, which are; access to services, technical competence, efficiency and effectiveness, interpersonal relationships, health safety, and amenities. (Al-Mansur, yaser, 1997) .There are simple principles by which to judge the quality of medical performance, some of which can Measured objectively and others remain subject to the views of personal and these principles to reduce the differences in medical practice and reduce medical errors, the Palace of patients waiting times, patient attitudes toward the health service, the provision of medical services is acceptable and balanced for all segments of society, (children and women the elderly and people with disabilities and people with chronic diseases, and others), and adherence to standards of medical and administrative ethics, and the existence of standards, systems and clear control of the health system.(Samarrai, 2000)

There are a number of indicators by which to infer the importance of quality in medical services are: correlation with quality of service until it became necessary to adopt a number of measures to mark the level of satisfaction among patients achieved through the link between the service provided and quality. Then that quality in health services has taken an important position in the field of research and development as it is no longer subject to considerations or personal interpretations purely in measured but the quality has become a major dimensions are adopted as the basis of the measurement and influence to mark the level of quality.The quality in the health service is an important indicator to measure the level

of satisfaction of the patient investigator for the service provided to him by the hospital. (Abu nokta, 2000)

There are several factors that affect the quality of health services and these elements are as follows: Analysis of the patient's expectations, Hospitals need to understand the trends of the patients at the determination of the health service so that this design is superior to the patient's expectations because it is the only way that enables them to achieve a high quality of service provided. (Bakri, 2005) ,The expected quality: degree of quality that sees the patient must exist, and this level of quality is often difficult to define as it varies depending on the characteristics of the patients and their condition as well as the different therapeutic services that they expect their presence in the hospital, Perceived quality: a patient's perception of the quality provided to him by the hospital and the health service, any patient's perception of the quality of health services provided to him, Quality standard: the level of service provided and which corresponds to the specific specifications basis for the service, which represent the same time, perceptions of the hospital administration, The actual quality: It is that degree of quality and that he used the hospital offered to patients. Identification of the quality of services: When the hospital understands the needs of patients, it must develop an appropriate description to help ensure that the required quality at the forefront of the health service level. This characterization is commonly associated with the performance of the hospital staff and the level and efficiency of appliances and equipment used in the completion of the medical service.

2.2 Job satisfaction :

Job satisfaction can be defined as happiness achieved by the employees work, this achieved degree of satisfaction of the needs of the individual. Satisfaction effects on many factors including: turnover, work-related injuries, productivity, and quality, in addition to other things (Ashour) see that job satisfaction is a sentimental feelings carried by the individual toward work, these feelings can be negative or positive, *Job satisfaction* associated with continuity in the work or leaving the work . *Job satisfaction* may considered as a positive feeling as a result from the individuals good work, also the satisfaction produces as a result of perception of the individuals to what extent the work provides the things that the employee considers important for them, satisfaction reflected on the individual's behavior and his actions with his colleagues and subordinates (Shaker, Garallah 0.2004)

2.3 primary health care centers in Jordan:

Jordan's health system consists of three major health sectors : the private sector, which consists of private hospitals and clinics for doctors as well as private health institutions, while the second sector is the public health sector (government), which consists of government and university hospitals, and the Jordanian armed forces hospitals , in addition to the primary ,and comprehensive health centers which follows to the Jordanian Ministry of Health, which it's the focus of this study, and the third sector is the international and the voluntary health sectors.

The number of primary health centers, which follows the Jordanian Ministry of Health according to the annual report for(2013) of the Ministry of Health, about(700) health care center, which scattered in all governorates of Jordan, , the total cases that have been treated in all primary care centers in Jordan in (2013)around (10,941,749) case in all the medical specialties market accounted for these processors accounted for (1.7) for each treatment per Jordanian citizen, note that the number of Jordan's population according to the ministry of health report in 2013 (6.5) is million.

2.4HCAC (Health Care Accreditation Council) primary health care accreditation standards

Health Care Accreditation Council in Jordan is an independent organization, it has several functions ;such as initiated accreditation slandered for all the health services level ,primary health care accreditation slandered one of them , controlling the health organizations if its applied the suitable procedure for treatments , in addition to training the employees in the field of accreditation and many other functions.

Primary health care accreditation standardsfulfills the HCAC mission to promote excellence and foster continuous quality improvement in health care services through accreditations by establishing ,revising ,classifying ,and disseminating national health care standards for health care facilities and programs which meet the requirements of the international society for quality in health care .

The HCAC primary health care accreditation standards identify that aspect of programs structure and operation that the HCAC regards as essential to program quality and achievement of program goals. The specify the optimal requirement for programs to ensure quality services related to health promotion and disease preventions ,patient care and outcomes of care ,patient satisfaction and patient safety .

The slandered are seven major slandered, which are: community integration, organization and management, patient care continuum, patient and family education, quality improvement and patient safety, patient care support, and human resources. There are (432) measurable elements for all the (7) sevens standard, the measurable elements define the requirement necessary to meet the standard. these elements support self assessment ,provide constant survey process and guide the organization towards reflective thinking about their process and outcomes.

3. Previous studies

3.1 study of , (altaweel,2009), the possibility of establishing keep the quality of health service Study reconnaissance on a Sample of workers in selected hospitals in Nineveh -Iraq, The study found that there's a discrepancy between the evaluation of workers to the dimensions of the quality of health services in hospitals in the province of Nineveh The divergence of views as well as workers in the presence of the quality of service dimensions in the same hospital, and there are differences between hospitals in the application of quality dimensions.

3.2 Study of, (Mualla and Tai, 2003), assess and measure the quality of hotel services in the service institutions in Jordan, the study found that the evaluation of the quality of hotel services in Jordan was negative, and there is no state relationship in the assessment is due to demographic factors.

3.3 study of, (Almtarad, 1999), assess the quality of health services in the investment hospitals in Maadi district in Egypt, the study found: low functional quality of health services provided ,and lack of quality ingredients, as well as the big gaps between the services provided and the actual services.

3.4 study of, (Shalabi ,1999) "The level of health services provided in Jordanian government hospitals - from the perspective of doctors working in", The study aimed to poll doctors Jordanian government hospitals working in the provincial centers and in order to stand on the evaluative trends associated with the level of health service delivery in the health sector in Jordan, whether they are related to the same buildings or human resources or medical equipment and non-medical treatments or medicines or administrative proceedings.The study concluded that the appropriate Jordanian government hospital buildings and equipment locations in provincial centers was average. And the lack of a tool for policy

coordination of information prevented the creation of effective policy-making through financing arrangements and the delivery of service.

3.4 study of, (Taamna and Harahsheh, 1995), "The effect of services level provided by health centers in the Mafraq Governorate (a city in the north of Jordan") on the beneficiary satisfaction. The study found that negative impressions of the following areas: availability and amenities in a wait-and hygiene facilities in general, the availability of medicines, for advice between doctor and patient , negative impressions among respondents indicate towards participation in health care programs and health care services provided outside health centers, while showing a positive trend towards the field of business processes and systems deal about the doctor and nursing device with the beneficiaries.

3.5 Study of, (fakhry, 2005), "patient satisfaction for the health care provided to them in the family medicine clinic at the University of Jordan Hospital Services", the study found a disparity in satisfaction and quality of health services levels and that the beneficiaries of the health services do not have the opportunity to check the quality of Services provided or found before submission.

3.6 Study of, (Kurtz R .S, Kochiro, Otani, 2004), The Effect of Provided Nursing Care in Health Institutions Care: at Patients Satisfaction and Attitudes , "The study concluded that the level of services provided by health care institutions may contribute to play an important role in increasing patient satisfaction and behavior.

3.7 study of (June Niederberg, & Carl N. Nelson, 1999) "Patients Satisfaction toward Provided Services" The study found that there is a gap between lots of unhappy about services patients and between different topics such as work output, and continuity with regard to the principle of attention to the expectations of patients for services that are given them.

4. Study Objectives:

This study aims to achieve the following:

- ❖ To identify the HCAC standards
- ❖ Find out what is the effect of the HCAC standards (primary health care standards on the quality of primary health care services and on the employees satisfaction.
- ❖ To identify if there is a differences in the degree of effecting of each standard on primary health care quality and on satisfaction among the employees in the primary heal5th care canters in Jordan.
- ❖ Make appropriate recommendations in the light of the results of this study that could help the decision-makers

5. Study Problem:

The Problem of this study Summarized in a range of questions, which are:

- What are the HCAC standards?
- Is there any effect of the HCAC standards (primary health care standards, on the quality of primary health care services?
- Is there any effect of the HCAC standards (primary health care standards, on the employee's satisfaction?
- Are there any differences in the degree of effecting of each standard on primary health care quality in the primary health care centres in Jordan?
- Are there any differences in the degree of effecting of each standard on satisfaction among the employees in the primary health care centres in Jordan?

6. Study Hypothesis:

6.1 First hypothesis:

H0: there is no effect of the HCAC standards (primary health care standards), on the quality of primary health care services.

Ha: there is an effect of the HCAC standards (primary health care standards), on the quality of primary health care services.

6.2 Second hypothesis:

H0: there are no effect of the HCAC standards (primary health care standards), on the employee's satisfaction.

Ha: there are an effect of the HCAC standards (primary health care standards), on the employee's satisfaction.

6.3 Third hypothesis:

H0: Primary health centers do not adhere to the application of the HCAC primary care standards.

Ha: Primary health centers adhere to the application of the HCAC primary care standards.

7. Methods and procedures:

7.1 Study's Methodology: to build a theoretical framework through different sources of books and scientific journals, and the Internet. The preliminary data will be obtained through a questionnaire design consists of Primary health accreditation standards: which are (community integration ,organization and management ,patient care continuum ,patient and family education ,quality improvement and patient safety ,patient care support ,and human resources :through a list of measurable elements for each standard ,the measurable elements define the requirement necessary to meet the standard ,these elements support self assessment ,provide constant survey process and guide the organization towards reflective thinking about their process and outcomes) the researcher select (65)(element) clauses reflect the variables (all the primary health care standards).

7.2 Study's sample and Population: study's population consists from all the employees in the governmental primary health care centers in Jordan, which is around (9880 employees) (according to the ministry unpublished reports), the questionnaire distributed to the study sample (300) employees.

7.3 Data Collection Methods: questionnaire the main instrument of this study, it was consisted of (65) clauses reflect the variables (all the primary health care standards). , it was designed according to likart 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, indicates to higher degree of consent on the clause.

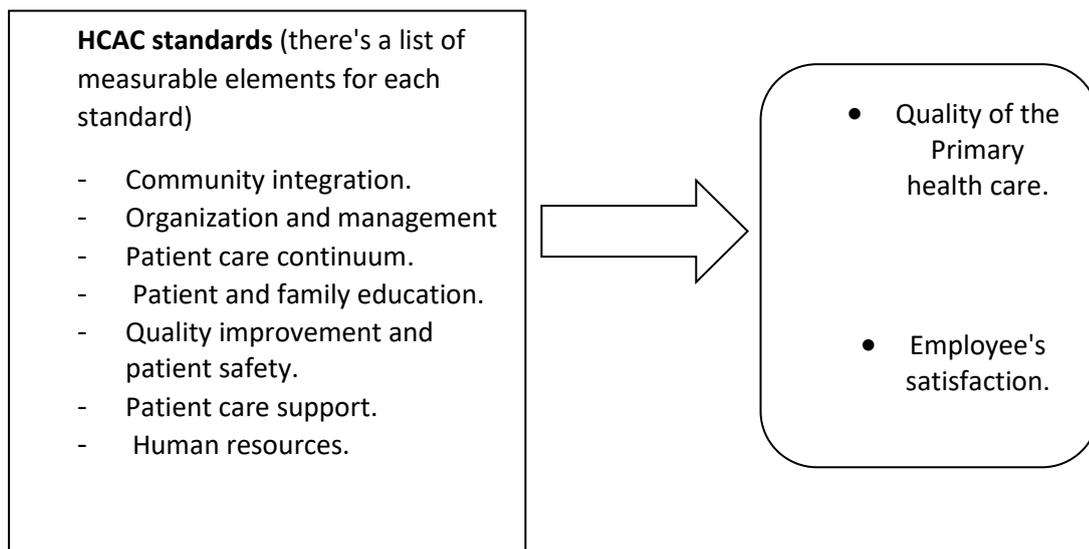
7.4 Internal Consistency :(Grynback Alpha confections) were obtained for internal consistency between the clauses attitudes scale. As (Grynback coefficients) reached 90 %, it is considered a high value indicates to the study's instrument constancy.

7.5 Statistical Methods Used: the following statistical methods were used for statement attributes of the study sample and for examining the hypotheses of the study: frequencies, percentages, means, standard deviation, and linear regression analysis.

8. The model of the study

The proposed model for this study is illustrated in figure 1. the framework shows the effect of the HCAC standards (there's a list of measurable elements for each standard)community integration, organization and management, patient care continuum, patient and family

education, quality improvement and patient safety, patient care support, and human resources, on the quality of the primary health care, and employee's satisfaction.



9. Testing Research Hypothesis:

Table No. (1) appears that (42%) are male ,(58%)are female , 27% of the study sample are physicians, (30%)are Nurses(staff and practical) (23%)are paramedical(20%) are other jobs ,(16%) of the study sample have (1-5) years' experience, notes that (44%) have (6-10) year experience, and (27%) of the study sample have (11-15) year experience, only (13%) have16 years and more .

Table (1) Show General Characteristics of the members of the study sample.

Demographic variables	Sample no. (300)	Percentage (100%)
Gender male	125	42%
Female	175	58%
Jobphysicians	82	27%
Nurses(staff and practical)	90	30%
paramedical	68	23%
Administration and clerk	25	8%
Technical and services	35	12%
Experience 1-5 Years	47	16%
6-10 Years	133	44%
11-15 year	80	27%
16 years and more	40	13%

Table (2) shows the answers of study sample about their perceptions that the standard affecting the quality of services and its effecting on satisfaction, which it's related to the

the First and second hypothesis, the result shows that (76%) of the study sample considered that the Community integration standard affecting the quality of services, (81%) of the study sample considered that the Organization and management standard affecting the quality of services,(66%) of the study sample considered that the Patient care continuum standard affecting the quality of services, 77% of the study sample considered that the Patient and family education standard affecting the quality of services, 80% of the study sample considered that the Quality improvement and patient safety standard affecting the quality of services,74%of the study sample considered that the Total standards affecting the quality of services, with (3.8) mean. (37%) of the study sample also considered that there's an affecting of HCAC standards on employees satisfaction which mean that there's no real affecting on employees satisfaction because its less than 50%, with (1.9) mean which is less than the average mean (3.0) .from this result we can accepted the alternative hypotheses; there is an effect of the HCAC standards (primary health care standards), on the quality of primary health care services. On the same time we rejected the alternative hypothesis and accept the second null hypothesis; there are no effect of the HCAC standards (primary health care standards), on the employee's satisfaction.to be sure that the results are true the researcher made linear regression analysis for both hypothesis which shows in table (3).

Table (2)

shows the answers of study sample (Percentage, mean, Standard deviation) about their

HCAC standards	Percentage		mean		Standard deviation	
	Quality service	satisfaction	Quality service	satisfaction	Quality service	satisfaction
- Community integration.	76%	33%	3.8	1.6	3.01	1.99
- Organization and management	81%	41%	4.2	2.1	1.78	1.13
- Patient care continuum.	66%	28%	3.3	1.4	2.12	2.53
- Patient and family education.	77%	30%	3.9	1.5	3.84	3.00
- Quality improvement and patient safety.	80%	40%	4.0	2.0	2.73	1.83
- Patient care support.	78%	45%	3.9	2.3	2.33	2.91`

- Human resources.	60%	41%	3.2	2.1	3.32	1.15
- Total standards	74%	37%	3.8	1.9	2.13	1.65

Perception that the standard affecting the quality of services and its affecting on employee satisfaction.

Table (3) shows the linear regression analysis for the first hypothesis, the result shows that all HCAC standards affecting on the quality of services in the primary health care centers, with significant less than (0.05), the (T) calculated results are greater than the (T) tabled values for all the standards, which mean accepted the alternative hypothesis; there is an effect of the HCAC standards (primary health care standards), on the quality of primary health care services.

Table (3)

shows the linear regression the standards affecting the quality of services

HCAC standards	R	R ²	B	T	SIG
- Community integration.	0.812	0.672	0.563	11.689	0.000
- Organization and management	0.884	0.721	0.498	12.193	0.001
- Patient care continuum.	0.767	0.587	0.511	13.481	0.000
- Patient and family education.	0.817	0.530	0.579	16.567	0.002
- Quality improvement and patient safety.	80%	0.504	0.487	12.098	0.000
- Patient care support.	0.790	0.633	0.528	12.331	0.001
- Human resources.	0.822	0.680	0.554	12.173	0.000
- Total standards	0.801	0.637	0.532	12.954	0.001

Table (4) shows the linear regression analysis for the second hypothesis, the result shows that the affecting of all HCAC standardson the employee satisfaction In the primary health care centers is very low ,with significant greater than (0.05) for all the standards, with (T) calculated results are less than the (T) tabled values for all the standards, which mean accepted the null hypothesis; there are no effect of the HCAC standards (primary health care standards), on the employee's satisfaction.

Table (4)

shows the linear regression for the standards affecting onemployee satisfaction

HCAC standards	R	R ²	B	T	SIG
- Community integration.	0.040	0.045	0.38	2.689	0.052
- Organization and management	0.012	0.120	0.65	4.601	0.058
- Patient care continuum.	0.112	0.311	0.69	3.411	0.064
- Patient and family education.	0.032	0.219	0.21	1.579	0.059
- Quality improvement and patient safety.	0.110	0.114	0.33	2.567	0.062
- Patient care support.	0.098	0,123	0.39	2.987	0.067
- Human resources.	0.107	0.092	0.92	2.110	0.054
- Total standards	0.084	0.180	0.56	1.239	0.058

The results in table (5) shows that the values of (t), and the significant (are less than 0.05) which indicated that all the Elements of HCAC standards are applied in the primary health care centers with different levels according to the mean values for each HCAC standards, except the Quality improvement and patient safety standards which show (0.055 significant) and mean less than (3). If we take the mean values we can conclude that the most applied standards are the highest mean (4.45)it's the Organization and management standards, the lowest is the Patient care support standards with mean(3.06).this result make us to accept the alternative hypothesis ;Primary health centers adhere to the application of the HCAC primary care standards except the Quality improvement and patient safety standards.

Table (5)

shows the (t) test, mean, and Standard deviation for the third hypothesis

Elements for eachHCAC standards	mean	Standard deviation	(t)values	Sig.
- Community integration.	3.32	0.305	17.76	0.003
- Organization and management	4.45	0.222	4.98	0.001
- Patient care continuum.	3.41	0.709	5.65	0.001
- Patient and family education.	3.09	0.634	11.63	0.002
- Quality improvement and patient safety.	2.11	0.432	17.43	0.055
- Patient care support.	3.06	0,434	12.87	0.001
- Human resources.	4.10	0.325	9.90	0.002
- Total standards	3.41	0.587	6.75	0.001

10. Results of the study and Recommendations:

10.1 The results of this study are the following:

- (76%) of the study sample considered that the Community integration standard affecting the quality of services.
- (81%) of the study sample considered that the Organization and management standard affecting the quality of services.
- (66%) of the study sample considered that the Patient care continuum standard affecting the quality of services.
- (77%) of the study sample considered that the Patient and family education standard affecting the quality of services.
- (80%) of the study sample considered that the Quality improvement and patient safety standard affecting the quality of services.
- (74%) of the study sample considered that the Total standards affecting the quality of services with (3.8) mean.
- (37%) of the study sample also considered that there's an affecting of HCAC standards on employees satisfaction which mean that there's no real affecting on employees satisfaction.
- All the Elements of HCAC standards are applied in the primary health care centers with different levels according to the mean values for each HCAC standards.
- The Quality improvement and patient safety standards which show (0.055 significant) and mean less than (3) didn't applied in the primary health care centers.
- The most applied standards are the highest mean (4.45) it's the Organization and management standards.
- The lowest applied standards are the Patient care support standards with mean (3.06).

10.2 Recommendations: In light of the results of the study, the researcher suggests the following recommendations :

1. The managers in the Jordanian primary Health care centers must give more attention to applied all the HCAC standards in order to increase the quality of the primary services.
2. Train the employees in the primary centers on HCAC standards in order to increase their knowledge about those standards and how to be applied in a suitable ways and procedures.
3. Convince the managers in the primary health center with the importance of the HCAC standards and its role in raising the quality of health care in the primary center .

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