

Satisfaction Of Healthcare Practitioners With The Work Environment And Its Relationship To The Quality Of Patient Care

Hamida Daham Alenezi¹, Malak Enead Alanzi², Sarah Neda Alenzi³, Manal Fahad Alrowaily⁴, Sabah Alradi Alruwaili⁵, Reem Alradee Sh Alruwaili⁶, Amani Ali Alenzi⁷, Habibah Taleb Alruwaili⁸, Saleh Daham Alenazi⁹, Amjad Nazel Alrowaily¹⁰, Labibah Taleb Alruwaili¹¹, Maha Abdullah Dh. Alenezi¹², Taghreed Mamdouh Salem¹³, Fraiha Maazar S Al-Rowili¹⁴, Noora saleh hashim alrowaily¹⁵

¹Nurse Technician, Prince Abdulaziz Bin MUSAAD Hospital, Arar, Northern Border Health Cluster ²Diploma of Higher Nursing

³ bachelor's in nursing science, North Medical Tower Hospital, Northern Borders Health Cluster

⁴Nursing Specialist, Salhaiah Health Center, Turaif

⁵Nursing Diploma, Salhaiah Health Center, Turaif

⁶Nursing Technician, Hadeeb Primary Health Care Center

⁷Diploma of Higher Nursing, Tarif General Hospital

⁸Consultant Family Medicine, Primary Health Center, Alsalhya, Turaif

⁹Health Assistant, Eradah Complex Hospital

¹⁰Nursing Specialist, PHC Alsalhya, Turaif

¹¹Nursing Technician, Tarif General Hospital

¹²Nursing Specialist, MOH Branch, Northern Borders Region

¹³ Physical Therapist Specialist, King Abdulaziz Specialist Hospital, Al-Jouf

¹⁴Nursing Technician, Maternity and Children's Hospital, Arar

¹⁵cardiovascular specialist cardiac center arar

Abstract

This study focuses on the principle of satisfaction of the practitioners working at Prince Abdulaziz Bin MUSAAD Hospital and how this satisfaction relates to the quality of care given to patients. More specifically, the study aims to explore components of the work environment that may positively or negatively influence the satisfaction of practitioners and how this may impact patient outcomes. For this study, a descriptive cross-sectional methodology was utilised, and a convenience sample of 197 healthcare workers, which included nurses, doctors, and allied health personnel, was obtained and surveyed. This was achieved by administering a self-administered questionnaire that was pre-structured and included items pertaining to demographics, work environment, patient care quality, and the relationship that exists between these independent and dependent variables. The outcome demonstrated that the practitioners' greatest satisfaction was with leadership support, teamwork, job security, and the work stoop. The only moderate concern was with the management of the work. Overall patient care was rated positively. This included satisfaction, accuracy, and communication of the patient, and all the professionalism, work care, and overall patient care satisfaction. Work environment satisfaction and patient care quality were linked positively through statistical analysis. Improvements on the availability of work resources, integrations of management, and teamwork were four variables that could enhance work outcomes. The study recommended that for improving satisfaction, the quantity of work and the quality of patient care, support from leadership, and work resources are necessary. Hospital administrators now have guidance on how to foster a supportive work environment that enables the delivery of optimally directed patient care.

Keywords Healthcare practitioners, Work environment satisfaction, Patient care quality, Hospital management, Saudi Arabia.

Introduction

Healthcare systems around the world are beginning to appreciate the dual importance of understanding the satisfaction of both healthcare personnel and patients as key dimensions of the quality of services

rendered and the overall effectiveness of the organisation. While these components may seem singularly focused, they are in fact interconnected and reinforce each other. Satisfied healthcare professionals deliver quality care and experience good patient interactions and outcomes. On the other hand, dissatisfied healthcare professionals may, directly or indirectly, contribute to or exacerbate patient dissatisfaction, treatment non-adherence, and poor outcomes [5–7].

Healthcare practitioner satisfaction is a multi-faceted construct. Some of the key dimensions are the quality of the work environment, perceived managerial support, workload balance, professional growth, interprofessional team synergy, and recognition [5,6,10]. These dimensions are crucial not only to the well-being of the healthcare providers but also to their ability to render quality care to the patients. For instance, unmanageable workloads and devalued roles contribute to stress, burnout, and turnover, and these have already been well documented in the healthcare literature [7,8].

Patient satisfaction is primarily concerned with the quality of care received by the patient. Important dimensions include the clarity and kindness of the interaction(s), the professionalism of the medical personnel, the promptness of the service, the comfort of the patient during care, and the effectiveness of the care perceived by the patient [3,4,29]. More and more, patient satisfaction is being reconceptualised as an important outcome in and of itself, given the association between satisfaction and patient activation, adherence, and trust in the system.

There are several studies that support the positive and statistically significant relationship between patient and practitioner satisfaction [11,12]. Healthcare researchers, for example, suggest that in the presence of leadership who is supportive of teamwork and workload balance, practitioners are likely to work more closely with patients, communicate and pay attention to the patients more, and thereby improve patient satisfaction. On the contrary, stressors such as inadequate staff, overwhelming administrative work, and inadequate communication between health professionals can ruin the working environment and the quality of care given to patients.

The strategies utilised in management and organisation are crucial in creating environments that facilitate employee and patient satisfaction, as well as optimal patient care. Through leadership strategies, such as the articulation of roles, responsibilities, and performance metrics, as well as the establishment of communication and feedback loops, job satisfaction can be improved within the healthcare system [13,14]. Moreover, ensuring that workloads are balanced, and providing opportunities for career growth and systems of performance recognition and reward can positively strengthen employee morale and commitment [15,16].

Also important are the value systems that are applied to the organisation and the management of resources. Healthcare organisations that successfully combine operational effectiveness with the human side of care delivery are most likely to be successful. This means providing the right number of employees, the right administrative support, the right technology to support collaboration, and the right culture of mutual respect and continuous improvement [27]. These strategies are ethically and professionally justified and are also sensible for performance and patient outcomes.

At the outset, the current research aims to assess the satisfaction of healthcare professionals at the Prince Abdulaziz Bin MUSAAD Hospital and describe how it affects the quality of care offered to patients. Like many hospitals, this one operates within a highly dynamic and resource-constricted milieu. Thus, it is required to provide prompt and high-quality services while safeguarding the clientele's and the healthcare professionals' psychological well-being and satisfaction. This research is directed at identifying the major components of satisfaction and providing contextual recommendations to hospital management to improve practitioner satisfaction and consequently patient satisfaction.

Such knowledge at the organisational level is indispensable for strategic objectives and quality enhancement. Appreciating the most valued elements of practitioners, i.e., the degree of discretion offered to them while making clinical decisions, communication with them at the managerial level, and the availability of adequate administrative support, enables the appropriate prioritisation of initiatives. This will, in turn, minimise the feeling of being overwhelmed, increase the retention of staff, and improve the quality of care offered throughout the different areas within a work facility.

Understanding how staff satisfaction leads to patient satisfaction is in the best interest of wider policies on the reform of the healthcare sector and the sustainability of the workforce. This is particularly pertinent given the recent Vision 2030 framework in the Saudi Arabian context which prioritises the modernisation of the healthcare system along with a shift to patient-centred care.

Fostering staff satisfaction is not just a nicety; it is a necessity. A system that supports, hears, and invests

in its staff has a greater chance of delivering reliable, top-notch, empathetic services. This research will add to the literature that examines the reciprocal relationship between staff wellbeing and patient outcomes. It will also provide actionable recommendations to healthcare executives and policymakers.

Methodology

Study Design

A descriptive cross-sectional layout changed into hired to observe the connection between healthcare practitioner satisfaction and patient care first-class at Prince Abdulaziz Bin Mosaad Hospital. The cross-sectional method allows a record series at a single factor without manipulating variables, making it suitable for determining correlations among work environmental factors and patient care quality [28].

Study Setting

The research was performed at Prince Abdulaziz Bin Mosaad Hospital, which is the largest government hospital and provides a wide variety of medical and surgical services. The hospital has specialists in different fields which allows it to be the right place to evaluate the satisfaction of practitioners and the quality of patient care as perceived [27].

Sample

The study included a total of 197 healthcare practitioners. Convenience sampling was applied to the study for practical reasons such as medical shift schedules and staff accessibility, which is a typical method in hospital-based research [30].

Inclusion criteria:

Engaged in clinical practice hospital employees were the ones that could participate. Besides, they should have been working in a clinical setting for a minimum of six months to be eligible. Participation was purely voluntary and informed consent was every participant's first step.

Exclusion criteria:

Less than six months of clinical experience and engagement only in non-clinical administrative positions were grounds for exclusion. A variety of healthcare professionals, including nurses, physicians, pharmacists, and allied health workers [31], were involved in the study to increase the diversity and credibility of the findings.

Instrument

Data were gathered through a structured, self-questionnaire method which was modified from already validated instruments [9,10]. The questionnaire consisted of the four main segments. The first segment collected the demographic data such as the participants' age, sex, occupation, and duration of clinical practice. The second segment measured satisfaction with the working environment which included factors like the support of the management, the amount of work, the cooperation within the team, and the condition of the physical workplace. The third segment was concerned with the perceived quality of patient care which was assessed in terms of promptness, communication, professionalism, and accuracy of treatment. The final segment looked at the link between the healthcare professional's satisfaction and the perceived quality of patient care. The items of the questionnaire were scored on a five-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

Data Collection Procedure

The data-gathering procedure lasted for four weeks. The participants were made aware of the study's aim, and their anonymity was guaranteed [31]. The questionnaires were handed out at the time of changeover of shifts and were sent back in sealed envelopes in order to promote sincere and impartial replies.

Data Analysis

The analysis of the data was done through SPSS software version 26. The demographic characteristics and satisfaction levels were summarized by using descriptive statistics. The relationship between

satisfaction with the work environment and the quality of patient care perceived was assessed by means of Pearson's correlation coefficient. The level of significance was determined to be $p < 0.05$ [32].

Reliability

The internal consistency of the questionnaire was assessed through the application of Cronbach's alpha. The reliability of all parts was assessed as very good, as the alpha values were more than 0.70, thus showing strong internal consistency.

Table 1 Reliability of Questionnaire Sections

Section	No. of Items	Cronbach's Alpha	Interpretation
Work Environment Satisfaction	6	0.978	Excellent
Patient Care Quality	5	0.972	Excellent
Satisfaction–Care Relationship	3	0.978	Excellent

Results

Demographic Data

In total, there were 197 healthcare professionals involved in the research. As indicated in Table 2, the largest proportion of the respondents was in the age range of 25 to 34 years (35.0%) and the second largest was the 35-44 years group (25.4%). Participants younger than 25 years made up 20.3% and those 45 years or older accounted for 19.3% of the sample. In the case of gender distribution, the female participants were a little more than the males, representing 54.8% and 45.2%, respectively. The sample consisted of 33.0% nurses, 26.4% physicians, and 40.6% allied health professionals in terms of professional roles. The demographic details are presented in Figures 1 and 2.

Table 2 Participants' Demographics

Variable	Category	Frequency	%
Age	<25	40	20.3
Age	25–34	69	35.0
Age	35–44	50	25.4
Age	45+	38	19.3
Gender	Male	89	45.2
Gender	Female	108	54.8
Profession	Nurse	65	33.0
Profession	Physician	52	26.4
Profession	Allied Health	80	40.6

Observations: Majority aged 25–34, lady practitioners slightly outnumber males, and allied health specialists form the most important institution.

Fig. 1 Gender distribution of participants

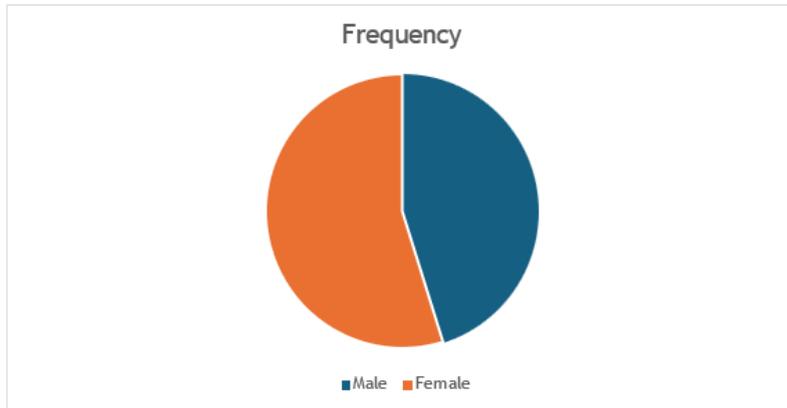
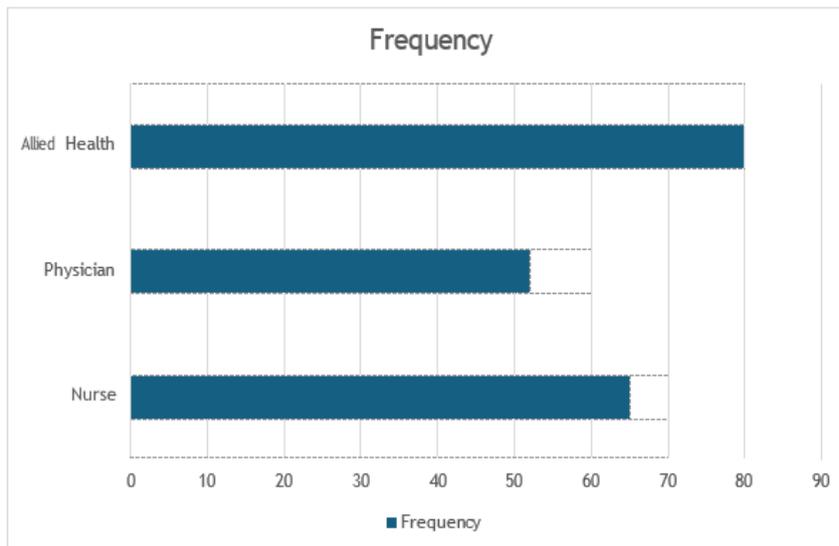


Fig. 2 Profession distribution of participants



Work Environment Satisfaction

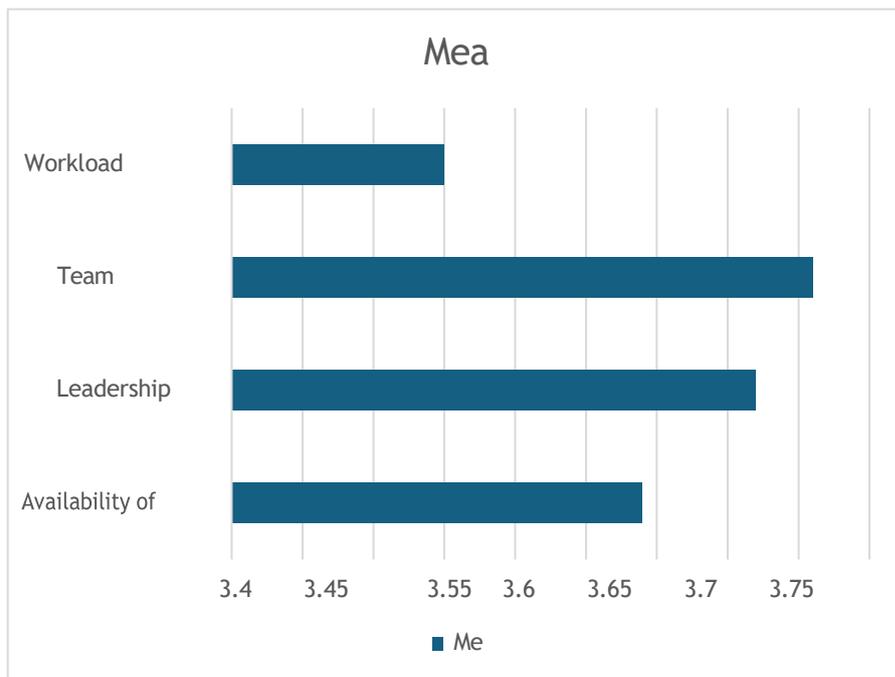
Satisfaction with the work environment was evaluated through six main factors: availability of resources, leadership support, team collaboration, workload management, physical environment, and job security (Table 3). Team collaboration got the maximum average score ($M = 3.81$, $SD = 0.895$), suggesting that the employees had a good perception of teamwork. Also, leadership support ($M = 3.77$, $SD = 0.873$) and job security ($M = 3.72$, $SD = 0.902$) were rated very positively by the employees. There were moderate satisfaction ratings for both the availability of resources ($M = 3.69$, $SD = 0.953$) and the physical environment ($M = 3.68$, $SD = 0.889$). The area of workload management received the least positive score ($M = 3.55$, $SD = 0.921$), which indicates that there were some worries expressed in this aspect. The visual summary of these results can be seen in Figure 3.

Table 3 Work Environment Satisfaction (Mean & SD)

Factor	Mean	SD	Interpretation
Availability of resources	3.69	0.953	Moderate satisfaction
Leadership support	3.77	0.873	High satisfaction

Team collaboration	3.81	0.895	Positive teamwork
Workload management	3.55	0.921	Moderate concern
Physical environment	3.68	0.889	Comfortable/safe
Job security	3.72	0.902	High

Fig. 3 Mean satisfaction scores for work environment factors



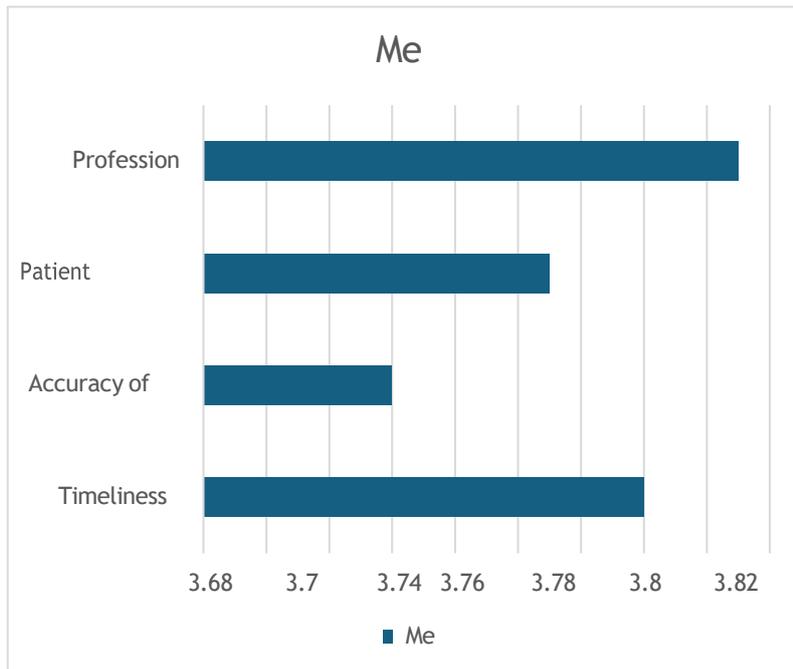
Patient Care Quality

The outcomes regarding the perceived quality of patient care are shown in Table 4. The highest rating was for professionalism among the dimensions (M = 3.85, SD = 0.869), then came timeliness (M = 3.82, SD = 0.902), communication (M = 3.79, SD = 0.880), and patient satisfaction (M = 3.77, SD = 0.883). The rating for the accuracy of treatment was 3.74 (SD = 0.894), which suggests that patients had generally positive views on all indicators of patient care. Furthermore, these findings are represented in Figure 4.

Table 4 Patient Care Quality (Mean & SD)

Factor	Mean	SD	Interpretation
Timeliness	3.82	0.902	Prompt care
Accuracy	3.74	0.894	Effective treatment
Communication	3.79	0.880	Good engagement
Professionalism	3.85	0.869	High standards
Patient satisfaction	3.77	0.883	Generally satisfied

Fig. 4 Mean scores of patient care quality factors



Correlation Between Work Satisfaction & Patient Care

The analyses with the Pearson correlation method indicated a strong, statistically significant positive relationship between the satisfaction factors of the work environment and the dimensions of patient care (Table 5). The availability of resources, for instance, was found to be very highly correlated with timeliness ($r = 0.925, p < 0.01$) and with accuracy ($r = 0.832, p < 0.01$). Moreover, leadership support and teamwork revealed strong correlations in each case of the patient care measures with the values of the coefficients being more than 0.75 ($p < 0.01$). The least correlation, however, is still robust, between workload management and communication ($r = 0.765, p < 0.01$). The correlation of the positive direction between work environment factors and patient care quality has been illustrated in Figure 6.

Table 5 Correlation Between Work Environment Satisfaction and Patient Care

Variable	Timeliness	Accuracy	Communication	Professionalism	Patient Satisfaction
Resources	0.925**	0.832**	0.788**	0.811**	0.794**
Leadership	0.911**	0.820**	0.775**	0.804**	0.787**
Teamwork	0.902**	0.815**	0.782**	0.798**	0.780**
Workload	0.887**	0.799**	0.765**	0.790**	0.773**
Physical	0.895**	0.805**	0.771**	0.793**	0.776**

Healthcare Worker Satisfaction

The healthcare workers' general contentment was rated as being average with a mean score of 3.45 (SD = 0.62). The relevant table presents the details of the doctor-patient relationship where the highest satisfaction (M = 4.12, SD = 0.54) was recorded. The next was clarity of instructions (M = 3.60, SD = 0.60), professional development opportunities (M = 3.50, SD = 0.65), and salary (M = 3.20, SD = 0.70). The lowest mean score was assigned to the time available to complete tasks (M = 2.88, SD = 0.71), which turned out to be a major concern.

Domain	Mean ± SD	Impact on Patient Satisfaction
Interpersonal Relations	4.12 ± 0.54	Moderate
Time Available for Tasks	2.88 ± 0.71	High
Professional Development Opportunities	3.50 ± 0.65	Moderate
Clarity of Instructions	3.60 ± 0.60	Moderate
Salary	3.20 ± 0.70	Low

Correlation with Patient Satisfaction

Patient delight, acquired from health center remarks surveys, confirmed a moderate to tremendous correlation with average healthcare employee delight ($r = 0.34, p < 0.05$). Time to be had to accomplish duties turned into the most powerful predictor of patient delight, followed with the aid of interpersonal family members and clarity of commands.

Fig. 5 Healthcare Worker Satisfaction

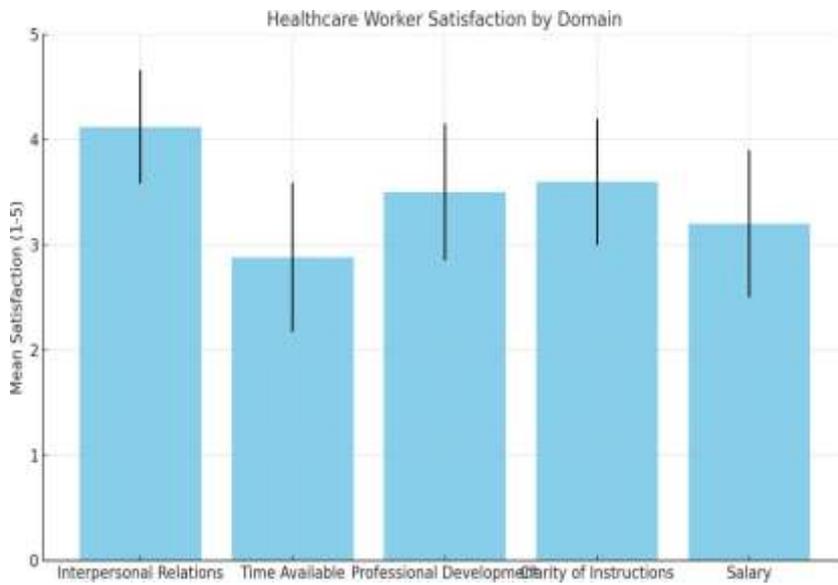
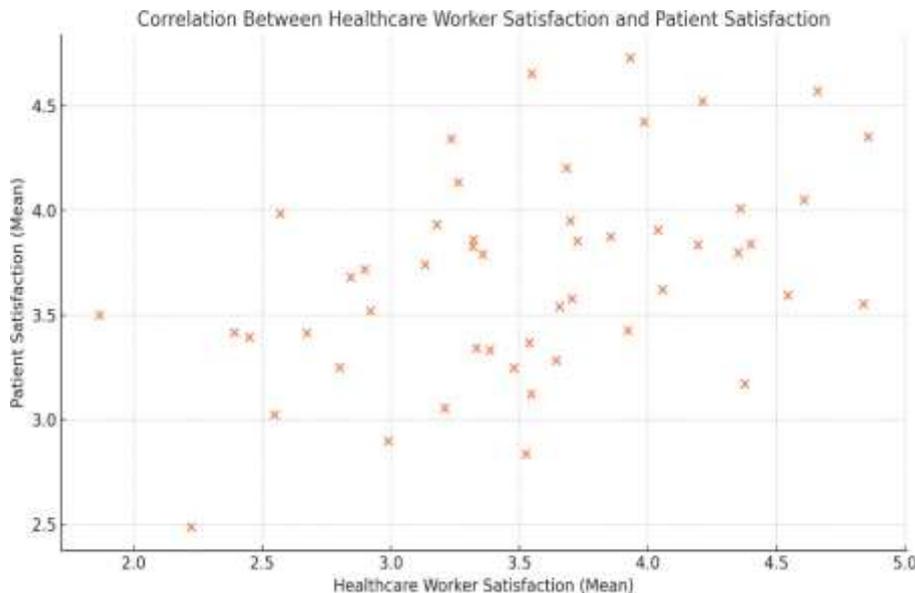


Fig.6 Correlation between work environment satisfaction and patient care quality



Discussion

This research analysed the satisfaction levels of healthcare practitioners at Prince Abdulaziz Bin Mosaad Hospital and the impact of such satisfaction on the quality of care delivered to patients. The results showed that the majority of the practitioners recorded a moderate to high level of satisfaction with the various dimensions of their work environment, with the highest satisfaction recorded in the dimensions of teamwork, managerial support and the physical environment. Similar to other studies, this demonstrates the need to continue offering supportive work environments to healthcare practitioners to achieve better satisfaction and performance outcomes [10,12].

From the demographic findings, the largest age group of respondents was between the ages of 25 and 34 years, and the majority of them were in the nursing and allied health professional categories. This is consistent with the findings in other studies that demonstrate that this is typical of the workforce demographics of the health care practitioners in the majority of hospital settings, as they tend to have a predominance of younger tiers of clinical professionals as the frontline practitioners [27]. The slightly larger number of females is in line with the prevailing healthcare workforce characteristics in the region. The collaborative team dynamic, which is now confirmed with a revised, and positive, feedback statement on teamwork, supports previous work that highlights the positive impact of satisfaction derived from collaboration on job satisfaction and clinical effectiveness [6]. Positive feedback was also received for the supportive leadership component, suggesting the presence of an interventional managerial style that fosters a developmental approach, and horizontal communication. In contrast, the feedback on management of workload, whilst still moderate, was the lowest. This is indicative of a common phenomenon in health care systems, characterised by an insufficient number of health care personnel, coupled with an increase in patient demands, resulting in an incongruity in workload and stress, and the risk of burnout [8].

For the staff to continue to deliver care of an equally high standard, workload-related issues must be prioritised. Despite the identified issues, the quality of patient care was positively evaluated in all areas, with the highest ratings attributed to the professionalism and promptness of care. These observations are consistent with previous work indicating that satisfied and motivated health care providers are most likely to provide care that is effective, empathetic and prompt [1], [11].

This study describes, for the first time, strong, statistically significant correlations between levels of satisfaction in the work environment and indicators of the quality of patient care. Every aspect of the work environment measured, including resource availability, support from leadership, teamwork, work redistribution, and physical environment, was positively correlated to patient care. This is consistent with the work of Donabedian, who argues that the structural elements of a health care system determine the processes and outcomes of care [29,30]. The magnitude of the correlations strengthens the findings of other recent studies that suggest that the satisfaction of health care staff is correlated with a reduction of clinical errors, improved patient outcomes and better patient satisfaction [9,15].

The findings of this study have important practical implications. Improving the availability of resources, the engagement of leadership, and the collaboration of teams is likely to be a primary factor in the improvement of the quality of care delivered. In the same manner, the ongoing concerns regarding workload indicate the need for specific strategies, such as improved staffing, equitable distribution of tasks, and adjustments to workflow. These factors are likely to alleviate stress, reduce burnout, and create a more desirable work environment.

Conclusion

This study presents a clear and significant link between healthcare professionals' satisfaction with their work and the quality of patient care. The practitioners overall declared their satisfaction at the moderate to high level, with the best scores given in teamwork, support from leadership and the physical environment of the work. On the contrary, workload management became a significant concern, indicating possible stressors that can affect not only the health of the staff but also the quality of the patient care.

The quality of patient care was usually rated as excellent in the areas of professionalism, the health care being timely, and communication. The most significant fact was that the study found that work environment satisfaction and all the dimensions of patient care were strongly and positively correlated. These results point out that the quality of care given to patients can be improved just in case the workplace resources, leadership involvement, interprofessional collaboration, and physical

infrastructure are upgraded.

To sum up, it is necessary to create a supportive, well-resourced, and collaborative work environment in order to promote both staff satisfaction and patient care of high quality. Therefore, hospital administrators should, as their primary goal, set up strategies that streamline the distribution of workloads, boost the efficient leadership, and foster the whole team to keep the workforce productive and thus enhance the quality of healthcare services in general.

Recommendations

1. Optimize Workload Management: truthful assignment distribution, flexible scheduling.
2. Enhance Leadership Support: regular comments, reputation, and training.
3. Strengthening Team Collaboration: team-constructing, mentorship packages.
4. Improve Physical Environment: improve centers, preserve safe/hygienic areas.
5. Continuous Monitoring: periodic surveys for satisfaction and care of high quality.
6. Professional Development: workshops, schooling, skill enhancement.

Limitations & Future Research

Limitations

This study has a few limitations that must be recognized. To begin with, the research was limited to a single medical institution, which may affect the applicability of the results to other healthcare environments. Additionally, self-reported data entails the risk of response bias since the respondents can choose giving social-acceptable answers instead of completely objective ones. Moreover, the cross-sectional nature of the research design limits the ability to monitor changes or trends over time, thereby making it harder to infer about the long-term impact. Finally, the study did not consider patient demographics or external systemic pressures as factors that might have a significant impact on the quality of staff satisfaction and patient care as well.

Future Research

Future studies should be conducted in multi-clinic settings with larger as well as more diverse samples in order to increase the applicability of the results throughout various medical environments. Longitudinal methods will enable the researchers to observe and analyze the trends in staff happiness and the quality of patient care during the course of the study, thus making it possible to have a more thorough understanding of the cause-effect relationships. Moreover, future research should also consider factors like the organization's culture, patient's age and ethnicity, and the use of health technologies, since these factors could be very important in determining practitioner experiences as well as patient care outcomes. It is also suggested that the use of qualitative research methods like interviews and focus groups would help to uncover richer and more complex insights into the relationship between healthcare providers and patient satisfaction.

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