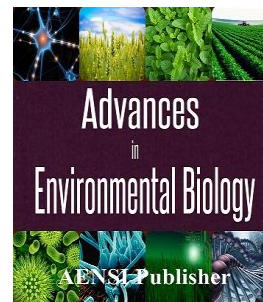




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A Study on the Relationship between Organizations' Characteristics and the Satisfaction of Patients in Selected Training Hospitals Covered by University of Medical Sciences in Tehran and Health Services of Shahid Beheshti University in 2011

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ABSTRACT

Background and objective: Patient satisfaction is an important factor in the improvement of service quality measurement. Today, the attitude of customer orientation is considered as a fundamental principle in the success of any organization. This study examines the relationship between organizations' characteristics and patient satisfaction. Methods: in this descriptive - correlation survey 156 managers and 203 patients admitted to the medical and surgical ward of selected training hospitals covered by two universities of Medical Sciences in Tehran and Health Services of Shahid Beheshti University through stratified Classification Sampling. The validity of the questionnaire was determined by content validity and face validity and reliability was evaluated by both internal consistency and test-retest methods and data were analyzed using spss software version 17. Result: 36/4 % of hospitals were small or large and 90% were also first class. Results showed that the hospitals have low formalization; centralization and complexity in terms of the structural dimensions and dominant strategy in their prospective mission of these hospitals are the dominant organizational culture. None of the hospitals in the study of organizational culture is desirable. Most patients were satisfied with the hospital environment and facilities, with a mean (4/15) and the lowest levels of satisfaction with a mean of laboratory personnel (3/98), respectively. The finding has significant correlation between structural, organizational culture, size of hospital patient satisfaction scores. But strategy and the proportion of staff with patient satisfaction were significantly associated ($P < 0/05$). **Conclusion:** Based on these findings we can say that there is a correlation between some dimensions of patient satisfaction and the need for more research in the future and it also requires that hospital administrators in all categories of property management organizations to improve their knowledge and the content and structural aspects of their organization.

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INTRODUCTION

Today's world is the world of organizations. In fact, the organizations that currently constitutes the main pillars of society [9]. Hospitals as a major health organizations - healthcare in the country, and a major provider of health services and the first leg of the jurisdiction and responsibilities specified reference level, were built far more complex because of the need to meet the sanitary duties - treatments that are dealing with the health and lives of people in society.

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Today, changes in the perceptions of patients and the hospital are due. More patients expect more than ever official medical centers, doctors and nurses on how to treat and care for their own rights [1]. The Patient's Charter is reasonable and well justified and required hospitals to improve the quality of their services [12].

Shirt and Grady (2009) also believe examining patient satisfaction with the care provided can be how to provide patient care and efficiency and how to achieve the goals of the organization. So that patient satisfaction had a positive impact on the recovery and the reduction of inappropriate responses, their ability to raise problems and increase their confidence and community care system.

In 1980 Donabdin quality dimensions: structure, process and outcome are described. Donabdin perspective on the process affects the structure and processes, in turn, will lead to favorable or unfavorable outcomes. The property has the same structure, where care is received. Processes in the health-care system, method and amount of staff and the results or outcomes of care providers, patients and their satisfaction is the result of changes [13,4].

Bacon and Mark [11] in their study showed that nursing support services sector, high levels of participation in nursing care, better disease management, and organizational structure is effective on patient satisfaction ($p = 0.014$). Among the important factors involved in this organization as hospitals, specialty hospitals, medical standards, rather than personal, academic and professional level staff, equipment, hospital type, goals and strategies [14]. Based on studies of patient satisfaction in most major hospitals are small hospitals and patients in hospitals have reported more problems [22,14]. Delgoshaei and Akbarian (2007) in their study in Yazd province showed that only 47/9 % of patients from state hospitals and 52/1% of patients from private hospitals are satisfied. The measurement of patient satisfaction can be used as a tool not only for evaluating employees' performance, it is useful to evaluate all aspects of hospital and health - care can improve design and quality of the results compared to other centers, as well as their accrediting organization. Because they offer quality services, an important goal of any society and the health care system variable is directly related to community health as far as being inferior service, would threaten public health [12].

Since the health care provider organizations - based therapeutic activities according to the needs, wants, desires and opinions to be patient, so it is more accurate and more fundamental review of factors affecting satisfaction should be performed in patients and ideas were considered to discover defects and deficiencies in patients [15]. Lack of attention to these issues and defects may weaken the quality of care, patient dissatisfaction and negative attitudes to the cortex of the servants of the medical team. Long-term outcome of the waste costs reduced level of public health and would be a barrier to social and economic progress [18].

So the question in mind is that the researcher suggests that the link between dissatisfaction with the characteristics of the patients is there? Until now, few studies on the effects on patient satisfaction in an organization and its features have been conducted, and the management systems and organizational characteristics of medical universities is somewhat different, by comparing two great organizations, but different organizational characteristics and its relationship to patient satisfaction can be more transparent and clearer answers to this question and it's important to do research in this area shows. because it may be necessary when a process is redesigned so that maintaining a non-effective or even more effective in an organization's value but also to meet the needs and expectations of the client / patient [21].

According to the nurse's role as a leader in health care - health care and an integral part of the group care providers, the quality of care and patient satisfaction is largely dependent on them [17], It is hoped this research opportunities to enhance nursing knowledge and patient satisfaction in relation to the features provided and also hospital administrators, as well as tips to improve your organization's customer focus and continuous improvement in quality.

MATERIALS AND METHODS

1. The cross correlation properties of the most important aspects of organizational structure (formalization, centralization and complexity) and dimensions (size, organization, objectives and strategy of the organization and culture of the organization) and patient satisfaction were evaluated. Environmental research in selected teaching hospitals under the supervision of Shahid Beheshti University of Medical Sciences and Health Services, Tehran are based on a flat Based on purposively selected teaching hospitals under the supervision of Medical Sciences and Health Services Shahid Beheshti, from small to large and from each of the two hospitals (Tarfah, Mahdie Labbafinejad, Modares, Tajrish and Taleqani) were selected. Among the selected teaching hospitals and hospitals under the supervision of Tehran University of Medical Sciences and Health Services, as before, in terms of size, from small to large and from each of the two hospitals (Amir Alam Ziaieian, Valiasr, Firoozgar Shariati and Rasool Akram) were selected. The study population was all patients admitted to the surgical wards of two university affiliated hospitals eligible for the study (Being admitted to the surgical ward for at least 48 hours, the ability to read and write or speak Persian, having a minimum age of 18 years, are close to discharge (day of discharge data are collected) and the doctors and nurses from the perspective of mental health have) and senior executives (Chairman, Hospital Manager, Director of Nursing), middle managers

(supervisors) and all operational managers (supervisors and head of departments and heads of administrative units and paramedics) supervised by two university teaching hospitals that participated in the study and were eligible for the study (bachelor's degree or higher, and having the time of completing the questionnaire, organizational, managerial (at least one year of the organization or the). The sample of 203 patients and 156 managers who were the characteristics, constitute the consent participated in the study. The data collected in this study were the following instruments:

1. The three dimensional structure of the questionnaire contains 17 questions divided into three sections of focus (1 to 9), recognition (10 to 13) and complexity (14 to 17) is. Likert scale (low, medium and high) is graded.

2. Organizational Strategies Questionnaire in four (analytical, prospective, defensive, passive) Snow and Miles, which includes 10 questions, each question represents one of multiple strategies (analytical, prospective, defensive, passive).

3. Inventory organizational culture based on Dennison includes 30 questions, questions 1 to 9 elements of culture participation (empowerment, team building, development potential), 10 to 15 cultural component compatibility (fundamental values, agreement, harmony), 16 to 24 culture of compliance accountability (creating change, customer orientation, organizational learning) and 25 to 30 culture mission (strategic direction, goals and objectives, vision) will be assessed in the form of a Likert scale (totally disagree, moderately agree and strongly agree).

4. Patient satisfaction questionnaire survey of hospital services, which is comprised of two parts. The first part and the second part with respect to the goals of patient demographics, patient satisfaction and quality of services in eight areas, nurses, doctors, hospital admission, hospital environment and facilities, other employees, clearance and accounting measures that the second part of the answer to the Likert method (completely satisfied, satisfied, dissatisfied, I am quite satisfied and I did not encounter).

5. And checklist of Information collected included hospital size, hospital-grade hospital personnel regarding the education level of the employees.

Validity and reliability of the questionnaire for content validity, respectively (reviewed books, articles, studies and expert opinion) and Cronbach's alpha and test-retest reliability coefficient was used with 90/0 reliability and validity were confirmed.

In order to gather data after the consent of the respective shift of the questionnaires were completed by individuals to analyze the data were analyzed SPSS statistical software.

Results:

Based on these findings, 90 percent of hospitals covered by both the University Health Services - Health martyr Beheshti University in Tehran and classy , and the average number of staff in treatment at this hospital, including doctors 79/36, a nurse 223/55, midwife 11/09, technician, Anesthesiology 20/45, operating room technicians, 24 assistant 82/14 helping assistant 41/09, lab 45/73, Radiology 22/18 and other paramedical staff (audiometry, Physio therapy, Health and Nutrition) 18/41 and the average non- management staff, including administrative staff, 56/09 technical 13/36, box of 116/27 and the other staff (patient, secretary) 55/69, respectively. 8 % of nurses with associate's degree, 89 percent had a master's degree and 3 percent. 40% of the patients aged 60-40 and 49/8 percent female and 46/8 percent were married.

72% of patients, length of stay less than 10 days and pay 85% of hospital patients as part of the free and partially by insurance.

55/2 % of patients were hospitalized in rooms over 4 boards and much desired by the patient's choice of hospitals (84/43%) has been ordered by the doctor. Also, 74/8% of patients in the hospitals if necessary desire readmission were 66/8% of these hospitals were advised to stay acquaintances.

The findings suggest that the structural dimensions of 61/22 percent of hospitals have recognized the bottom, 53/64 percent lower complexity and 24/68 percent have a lower concentration (Table 1). Size 36/4 percent of hospitals under 200 beds (small) and more than 400 beds (large), respectively. Based on these findings, the dominant strategy covers two hospitals Shahid Beheshti University of Tehran, including 30/4 % of prospective analytic strategy with a 26/67 percent in the second position, a defensive strategy with a 49/22 percent in the third position and strategy reactive with a 20/43 percent was in fourth place (Table 2). The cultural mission with mean 1/93 culture prevailing in these hospitals and collaborative culture mean 1/90 in the second place, the culture of adaptability with an average of 1/89 third place and culture fit with a small mean difference (1/86) was placed in the fourth position (Table 3). At the highest levels of patient satisfaction in two university hospitals covered health services - Therapeutic Shahid Beheshti and Tehran, with a mean of 15 quarters environment, facilities and hospitals (Table 4). The finding is significant correlation between structural, organizational culture, size of hospital patient satisfaction scores. But between strategy and the proportion of staff with patient satisfaction was significantly associated ($P < 0/05$).

Table 1: Frequency of mean Structural dimensions of selected teaching hospitals

Frequency& Percent Structural Dimensions	Low	medium	high	Total
Formality	90 22/61%	53 05/36%	4 72/2%	147 100%
Complexity	81 64/53%	57 74/37%	13 60/8%	151 100%
Centralization	101 24/68%	44 73/29%	3 03/2%	148 100%

Table 2: Frequency of Types of strategies in selected teaching hospitals

Types of strategies	Analytical	Prospective	Passive	Defensive	Total
Frequency	402	458	308	339	1507
Percent	67/26%	4/30%	43/20%	49/22%	100%

Table 3: Frequency of Mean Organizational Culture in selected teaching hospitals

ComponentS Organizational Culture	Mean	Standard deviation
Participatory Culture	90/1	41/0
Compatibility Culture	86/1	36/0
Adaptability Culture	89/1	40/0
Mission Culture	93/1	48/0

Table 4: Frequency of Mean Satisfaction of Patients in Selected Training Hospitals

Satisfaction of Patients	Mean	Standard deviation
The Emergency	4.04	.275
The Clinic	4.07	.250
The Reception	4.07	.363
Medical Staff	4.04	.355
Nursing staff	4.08	.369
Hospital environment and facilities	4.15	.479
Enforcement staff	4.10	.359
Services staff	4.08	.391
Nutrition staff	4.08	.426
Laboratory staff	3.98	.316
Radiology and Ultrasound staff	3.99	.245
Pharmacy staff	4.03	.270
The discharge	4.02	.199
The accounting	4.02	.199
Hospital	4.06	.400

Discussion and Conclusion:

Organizations in today's rapidly changing storm continued its corporate existence and to realize its mission, structure and process of forced assimilation and transformation environmental needs of their own [9]. This research studied the structural dimensions of formalization, centralization and complexity were down. In this Alizadeh (2010) State Hospital 92/6 of a high official, 81/5% of high complexity and 85/2 of a high concentration. The research result shows that the job description for the jobs in government hospitals, regulations, standards and guidelines for hospital staff to be fully documented and rules by the staff will be smaller. In these hospitals, nurses and hospital administrators are able to act independently of the rules. In hospitals that have lower complexity, while the number of job titles, specializing in the high level of trained staff (horizontal complexity), in terms of geographical and organizational levels (vertical complexity) do not have much complexity. And managers at government hospitals in the hiring and firing of staff, set budgets, in awarding bonuses to employees, purchase materials and equipment, plan and carry out new projects and determine how exceptional and unprecedented authority to an acceptable level requirements.

The results showed that the dominant strategy covers two hospitals Shahid Beheshti University of Tehran, including 30/4 percent is prospective. Kordnayeche (2003) research shows that when organizations operate in a dynamic environment to maintain its viability and effectiveness of an invasive strategy (prospective) or analytical uses and But when the institutional environment is stable and stationary uses passive defensive strategy. Also Alizadeh (2010) showed in their study on the strategy of most public hospitals (51/9%) which is analytic findings contradict the results of this study. This difference is probably due to the organizational structure of the hospital, time and promotion agencies and the research community to increase the sample is more the findings can be generalized for has been achieved. The findings also showed that two of the subjects covered in the hospital Shahid Beheshti University in Tehran and the desired state of organizational culture in hospitals were not assessed. These results Beigay (2004) as organizational culture Afzalipour hospitals are in

agreement. Because he found in his research concluded that the majority of the subjects in the hospital (67 %) had a positive view about the organizational culture of the hospital .toward the organization and its goals. The level of satisfaction, the data showed that the highest levels of patient satisfaction in hospitals with an average of 15 quarters in the hospital environment and facilities. Saadati in his study showed that most patients were satisfied with the nursing staff and physical environment was the lowest levels of satisfaction and security. The reason for the difference with our findings in several studies (satisfaction) could be due to differences in the quantity and quality of services in the two regions due to differences in patients' expectations of service or due to differences in patient education. The results showed no significant correlation between patient satisfaction and the structural aspects of the content and patient satisfaction and significant correlation was found only between strategy and there was no relationship between other aspects of content perhaps one reason for the lack of specificity associated with patients' satisfaction with their lack of knowledge or lack of knowledge about the managerial characteristics of the patients of their rights.

Therefore, it is recommended to increase awareness of the characteristics and hospital administrators to establish management training in order to familiarize the patients of their rights, more advertising is done by the Department of Health and Hospitals.

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REFERENCES

- [1] Ansari, H., F. Ebadi Fard, 2001. Principles of Hospital Administration and Planning. Printing. Tehran.1 ed.Esharat Publications.[persian]
- [2] Khazae pool, M., D. Rajabzade, 2007. Organizational structure, Indicators and Functions. 1 ed. Tehran. Ebadi far publications.[persian]
- [3] Delgoshaei, B., M. Akbarian, 2007. Patient satisfaction and Its role in the productivity of resources for hospital. Book Summary of The First National Congress of Hospital Administration (Date: 26/11/2007). available addresses. {library Ali hospital in Semnan}.[persian]
- [4] Zaghry Tafresh, M., 2007. Design of quality assurance in nursing care in Iran: nursing doctoral thesis to obtain. Shahid Beheshti Nursing and Midwifery collage. Shahid Beheshti University of Medical Sciences. [persian]
- [5] Saadati, Z., 2007. Assessment of patient satisfaction in the emergency department of a teaching hospital in Mashhad. FREE Index of Publications (SID). 16(52): 40-47. {<http://www.sid.ir>}.[persian]
- [6] Sadeghiani, A., 2004. Organization and management of the hospital. 2 ed. Volume I and II. Jahan rayaneh Publications. [persian]
- [7] Alizadeh, S., 2010. The organizational structure of public and private hospital coverage Iran University of Medical Sciences with Mains and Snow strategy. Thesis for a master's degree in healthcare management services. collage of Management and Medical Information Science, Tehran. Tehran University of Medical Sciences. [persian]
- [8] Kordnaiyche, A., 2002. Interactive model designed to explain the strategy, corporate culture and environment, industrial organizations. PhD thesis, University of Tarbiat Modarres. collage of Humanities. [persian]
- [9] Lamei, A., 2003. Total Quality Management. 1 ed. Tehran. Publication of Tebe Modern. [persian]
- [10] Najaf Beigay, R., 2004. Organization and management. 3 ed. Tehran. Publication of Islamic Azad University . [persian]
- [11] Bacon, C.T., B. Mark, 2009. Organizational effects on patient satisfaction in hospital medical surgical units. Journal of Nursing Administration. 39(5): 220-227.
- [12] Ernest, R. et al., 2009. Relationship between organizational factors & performance among pay for performance hospital. International Journal of Nursing Studies. 24(7): 833-840.
- [13] James, S. et al., 2006. Patient satisfaction an increasingly important measure of quality. Annals of Surgical Oncology, 13(6):764-765
- [14] Janssen, M. et al., 2008. Organizational characteristics as predictors of work disability. Journal of Occupational Rehabilitation., 15(3): 435-444.
- [15] Jha, A. et al., 2008. Patient perception of hospital care in United States. The New England Journal of Medicine. 359(18): 1921-1931
- [16] Kerry, N. et al., 2006. Satisfaction with care an independent outcome measure in surgical oncology. Annals of Surgical Oncology, 13(6): 817-822.

- [17] Leach, S., 2005. Nurse executive transformation leadership and organizational commitment. *Journal of Nursing Administration(JONA)*. 32(2): 228-237.
- [18] Meeboon, S., 2006. The effect of patient & nursing unit characteristics on outcomes among hospitalized patients with chronic illness. Thesis the University of Arizona Graduate College.
- [19] Sheard Ch. P. Garrud, 2006. Evaluation of generic patient information: Effects on health outcomes, knowledge and satisfaction. *Patient Education and Counseling*, 61(1): 43-47.
- [20] Vijay, S., 1993. Some action implication of corporate culture, a management guide to action. *Organizational Dynamics*, 12(2): 5-23.
- [21] Wensing, M., H. Hub wollersheim, R. Grol, 2005. Organizational interventions to implement improvements in patient care. *Implementation Science*, 1(2): 1-9.
- [22] Young, G., M. Meterko, K. Desai, 2000. Patient satisfaction with hospital care: Effects of demographic and institutional characteristics. *Medicine Care.*, 38(1): 325-334.