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Nork Marash Medical Center

**PERFORMANCE NEEDS ASSESSMENT:
FACTORS AFFECTING PROVIDER
PERFORMANCE AT NORK MARASH MEDICAL
CENTER**

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Executive Summary

Introduction. Health care facilities seek to improve the performance of their organizations, teams, and individuals. However, some interventions aimed to improve personnel performance have failed due to selecting inappropriate specific interventions without deep understanding of causes of existing gap between desired and actual performance and whether the intervention is likely to make any change. Identifying factors affecting provider performance will facilitate focusing on absent or utmost weak factors, selecting needed and designing cost-effective interventions.

Performance Needs Assessment Survey was conducted at NMMC under the aegis of American University of Armenia (AUA) and Nork Marash Medical Center (NMMC) (ANP) among medical staff members to reveal factors that promote/hinder provider performance and personnel satisfaction with current work. Based on the study findings appropriate recommendations could be drawn to implement performance improvement (PI) interventions and promote provider performance.

Methods. The instrument was developed based on Performance Needs Assessment (PNA) tool used by IntraHealth, Yerevan, Armenia, 2002, to identify factors influencing provider performance in rural health care facilities. Some items regarding providers' satisfaction with current position, salary, and plans to leave current job were taken from Nurse Performance and Work Environment questionnaire to have comparable data between nurses and other clinical staff members at NMMC. The assessment team used self-administered mode of data collection. All medical staff members (60) permanently working at NMMC participated in the study.

Ethical considerations. The study was considered as an internal evaluation process, which did not require obtaining an informed consent from participants. However, staff members were informed about voluntary participation in the study and measures were taken to assure confidentiality of provided information.

Results. Clear job expectations. Out of 60, 43 staff members participated in the study. The response rate was 71.7%. About two-thirds of respondents had no written job description. Clinical staff members knew about their responsibilities and tasks mainly (88.1%) through verbal explanations on spot. Among other sources of information about responsibilities, the most frequently mentioned were professional literature, discussion among colleagues and/or own decision-making, and daily work. Only a little more than a half of medical personnel (54.8%) had written standards, guidelines or other materials that could facilitate execution of responsibilities and tasks.

Motivation and feedback. Data analysis indicated that 59.5% of medical staff members were satisfied with current salary. Overwhelming majority of respondents agreed that financial awards are not practiced at NMMC. A strong motivation, opportunities for career development at least to some extent, was reported by 79% of participants. Among other factors that motivate providers' performance the most frequently used was oral praising for a job well done, which was followed by written praising/award. Other means of recognition of a good performance were assignment of another work and non-verbal praising, but about one third of clinical staff members have not received any motivation at all. The survey revealed that 63.4% of medical staff received feedback on the quality of work done in an appropriate way (the feedback was related to the process and outcome rather than personalized, it was clear and precise, and was conveyed in an informal way).

Organizational support and working environment. Organizational support and working environment are important factors affecting provider performance. More than half of surveyed staff members stated that they could participate in decision-making with regard to health care organization in the hospital. Obstacles created by supervisory staff hindered employee's performance in 28.6% of cases. Inadequate quality and quantity of medical equipment and tools were mentioned most frequently among inappropriate characteristics of environment.

Knowledge and skills. The mean time elapsed since the last training was 23.4 months. Majority of surveyed staff members stated that they apply gained knowledge in daily practice and were confident in having necessary knowledge and skills to carry out their responsibilities. Some staff members expressed eagerness to study invasive and interventional cardiology, transesophageal EChO and other advanced diagnostic methods in cardiology.

Satisfaction with current job and plans to leave current position. Most staff members were somewhat satisfied or dissatisfied with current salary, but the proportion of very dissatisfied was lower than that of very satisfied. Further, the percentage of staff members considering that losing their work during the next 12 months is very or fairly likely was rather low, but higher than among NMMC nurses. Most of them had no plans to leave NMMC within the next year or in general, which could be related to difficulties to find another acceptable job in Armenia.

Conclusions. The survey conducted at NMMC provided baseline data on factors influencing provider performance at NMMC. These findings can be used in planning future activities aiming to improve provider performance and care provided at NMMC. Data collected post-intervention can be used to evaluate its effectiveness. The survey made possible the comparison of attitudes and perceptions of nurses and other medical personnel with regard to some job related issues.

An important lesson was learned during the implementation phase of this research. A bias of hospital staff members toward expressing their job related thoughts and feelings, coming from the Soviet period, when employees were penalized for criticizing supervisory staff or expressing their work-related negative thoughts was suspected. This factors could still exist at NMMC and should be considered while interpreting the results of this investigation and conducting similar surveys in future.

1. Background

Health care facilities and other organizations seek to improve the performance of their organizations, teams, and individuals. Performance can be described as the way people do their jobs and the outcome of their work [1]. According to data on productivity and performance of companies in the US and Europe in 1994, only 2% of them reported not having problems personnel performance, whereas 55% of them had gaps between desired and actual performance and 43% of them had serious problems [2]. However, some interventions aimed to improve personnel performance have failed due to selecting interventions without understanding whether they are likely to make changes [1]. To introduce and maintain Performance Improvement (PI) activities one must obtain organizational support, actively involve staff in PI program, define gap between desired and actual performance, and determine factors that affect provider performance in a particular organization [1]. According to the IntraHealth Performance Improvement Approach (PIA), which can be used separately or in combination with other interventions to improve quality of health care services, factors affecting performance are divided into six groups: clear job expectations, feedback on performance, motivation, knowledge and skills, organizational support, and environment [1]. If a performance factor is missing or weak, it results in impeding of provider performance; consequently, the quality of care may suffer. Analysis of root causes of performance gap, so called Performance Needs Assessment, allows identifying missing performance factors and designing appropriate interventions to minimize existing gap between desired and actual performance. This cause analysis may facilitate focusing on lacking or utmost weak factors, selecting needed measures, and designing cost-effective interventions.

A Quality Assurance Project has been implemented by the Center for Health Services Research and Development (CHSR) at the American University of Armenia (AUA) and Nork Marash Medical Center (NMMC) since November 2001. Various interventions were undertaken to improve quality of care provided at the hospital, including developing policies and procedures in different areas of hospital functioning, technical interventions, monitoring selected indicators, and other activities. However, integrated interventions are more likely to result in gradual and sustained improvements in a health care organization rather than isolated interventions, though individually strong [3]. Considering above mentioned, a Performance Needs Assessment Survey was conducted at NMMC among clinical^a staff members to indicate factors that promote/hinder provider performance and personnel satisfaction with current work. Based on the study findings appropriate recommendations can be drawn to implement PI interventions and promote provider performance. In combination with other quality assurance activities that are in process at NMMC, this may contribute to sustainable changes in various aspects of hospital functioning. On of the expressions implied that if you put a good performer against a bad system, the system will win almost every time [4].

2. Methods

The instrument was developed based on Performance Needs Assessment (PNA) tool used by IntraHealth to identify factors influencing provider performance in rural health care facilities of Lori Marz, Armenia [5]. The questionnaire was adapted for a use in a hospital providing

^a Clinical staff – staff members directly (e.g. surgeons, cardiologists, fellows, residents, etc) or indirectly (e.g. lab technicians, bioengineers, etc) involved in patient care.

tertiary care in cardiology and cardiac surgery. In addition, some items from the Nursing Survey questionnaire were added to the PNA questionnaire to have comparable data between nurses and other clinical staff members at NMMC [6-7].

All staff members, besides nurses, involved in provision of medical care and permanently working at NMMC participated in the study. This included independently practicing physicians, residents and fellows, technicians, laboratory assistants, bioengineers, personnel of diagnostic services, except for cleaning ladies, electricians, and other supportive staff. A total of sixty self-administered questionnaires were distributed.

3. Ethical considerations

The study was considered as an internal evaluation process, which did not require obtaining informed consent from participants. However, the staff members were informed that the participation in this study is voluntary and that their responses will be kept confidential and will not be linked to individuals. They could skip answering a question which was perceived to be sensitive. Completed questionnaires were collected by the assessment team itself or were brought to the ANP office by employees themselves. No other NNMC employee was involved in data collection process.

4. Results

Data analysis was carried out by SPSS 11.0 statistical software. Prior to conducting the analysis, data cleaning was performed to ensure accuracy of entered information.

4.1. Administrative data

A total of sixty questionnaires were distributed among NMMC clinical staff members. Forty-three completed questionnaires were returned. Five staff members among remaining 17 participants directly refused to participate in the survey, however, the reasons for refusal were not explained. The survey was completely self-administered and participants were assured in confidentiality of provided information, so that nobody could have access to data and link responses with any individual. Study participants were given one week to fill in the questionnaire, so that regardless of high workload of clinical staff members at NMMC, the time to complete questionnaire could not be considered as a reason for non-participation. The response rate was 71.7%.

Table 1. Number and percentage of respondents from each unit

Hospital unit	Number of participants	Percentage of participants
Outpatient clinics	13	30.2
Intensive Care Unit (ICU) and Anesthesiology service	3	7.0
Surgical Department	7	16.3
Laboratories*	17	39.5
Others	3	7.0

* Laboratories unit included Express laboratory, Biochemical laboratory, Immunology and Blood Bank laboratory, Cardiac Catheterization Lab, and Perfusiology Lab.

To assure confidentiality of data the position at work was collapsed into three groups: “residents and/or fellows”, “physicians”, meaning permanent NMMC clinicians, and “others”, which included technicians, bioengineers, and other para-clinical staff members (Table 2).

Table 2. Number and percentage of respondents’ position at work

Hospital unit	Number of participants	Percentage of participants
Residents/fellow	9	21.4
Physicians permanently working at NMMC	22	52.4
Others	11	26.2
Total	43*	100

* In one case position at work was left unanswered

Study population consisted of 22 females (51.2%) and 19 males (44.2%). In certain cases the respondents’ personal information that could identify an individual, such as gender (2), the unit (1), position (1), age (5), was left missing. The mean age was 36.5 (sd=8.5, ranging from 24 to 51 years). The mean age of surveyed employees was not significantly different across clinical services at NMMC. The mean work experience in health care sphere was 13.1 years (sd: 8.1, range: 0.5- 35 years), while the mean experience of working at NMMC was 7.9 (sd: 4.4, range: 0.5 months – 17 years). The mean number of family members of the participants was 4.45 ranging from 2 to 9 (sd=1.40), while the mean number of people working in a family was 1.73 (1-4, sd=.83).

The length of regular working day at NMMC was 8 hours for 32.6% of respondents. Some 41.9% chose the option “other” (Table 3). Selection of “others” option was mostly explained by having flexible working hours ranging from 8-24 depending on daily workload.

Table 3. Length of regularly working day at NMMC*

8 hours	12 hours	24 hours	Other
32.6	14.0	11.6	41.9

* Data is presented in percentages

4.2. Clear job expectations

Clinical staff members were asked about having written job description. In those cases when participants did not know whether they have a written job description, the response was considered as negative. The reasoning that underlies such an approach is that having written job description without conveying clear job expectations to an employee would not facilitate/promote his performance (Table 4).

About two-thirds of respondents had no written job description. Most (88.1%) clinical staff members knew about their responsibilities and tasks through verbal explanations on spot and during daily work. It was possible that the concept of job description itself is unclear for some employees. Among other sources of information about responsibilities most frequently mentioned were professional literature, discussion among colleagues and/or own decision-making, and daily work. Only a little more than a half of medical personnel (54.8%) had written standards, guidelines or other materials that could facilitate execution of responsibilities and tasks.

Table 4: Ways to convey clear job expectations to clinical staff members at NMMC

Item	Yes (%)
Do you have a written job description?	38.1
How do you know about your responsibilities and tasks:	
Written job description	31.0
Verbal explanations	88.1
Other means of communication	31.0
Are you involved in any way in developing your responsibilities and tasks?	71.4
Do you have any written standards, guidelines, or other materials that facilitate you to execute your responsibilities?	54.8
Do you face obstacles created by your supervision that hinders to perform your tasks?	28.6

Further, obstacles created by a supervision hindered employee’s performance in 28.6% of cases. In this particular question the answer “don’t know” could happen in those cases, when an employee did not experience problems in a daily work due to obstacles by their supervisory staff, otherwise the consequences would be visible for him/her. On the other hand, this response could be treated as unwillingness to express negative feelings/attitude toward hospital management. This could result in an increase of having problems by 9.5%. However, the difference in approaches was only 9.5% and statistically insignificant, though it could be due to small sample size as well. It is possible that respondents understood the question differently meaning that the supervision could be treated as an employee’s direct supervisor and/or administration. However, the survey intended to reveal employee-management relationships in general rather than to pinpoint weaknesses at different management levels.

4.3. Motivation and feedback on the quality of work done

Considering that various factors may influence provider’s performance the survey included some questions about financial and non-financial motivation existing at NMMC, if any. Data analysis indicated that 59.5% of medical staff members were satisfied with current salary, and overwhelming majority of respondents agreed that financial awards are not practiced at NMMC regardless of the quality and amount of work done (Table 5).

Table 5. Data on motivation factors influencing provider performance at NMMC

Motivation factors	Yes (%)
Satisfactory salary	40.5
Financial awards or salary increase	19.5
Opportunities for career development	79.0

A valuable finding is that 79% of participants confirmed having opportunities for career development, which can serve as a strong motivating factor, especially for younger generation. Among other factors that motivate provider’s performance the most frequently used was oral praising for a job well done (Table 6). This was followed by written praising/award. Other means of recognition of a good performance, described by respondents in “others” option, was the assignment of another work and a non-verbal praising. However, about one third of clinical staff members have not received any motivation at all.

Table 6. Motivation factors other than financial

Factor	Yes (%)
Oral praising	61.0
Written praising/award	24.4
Medical uniform	4.9
Medication free of charge/discounted	0
Equipment	4.9
Education/training materials	9.8
Other means	5.0
Did not receive any	28.6

The survey revealed that 63.4% of medical staff received feedback on the quality of work done. “Don’t know” for this item was considered as not getting feedback on provider performance.

It is difficult to judge how candid the participants were in answering these questions regardless of efforts to assure them in confidentiality of the information. The interesting finding was that only half of the respondents evaluated the feedback information as educational, which did not correspond to the proportions indicated by previous questions about characteristics of the feedback (Table 7). This inconsistency can be explained by unwillingness of participants to share their real impressions about the feedback they receive from supervisory staff. Another possible explanation is a specific attitude toward training and education in Armenia, which is considered to be more appropriate for younger generation rather than for those staff members who have significant work experience.

Table 7. Characteristics of feedback and information about the quality of work done*

Characteristics of feedback from supervisory staff	Yes (%)
Related to the process rather than persons	90.0
Related to outcome rather than personal characteristics	87.5
Clear and precise rather than general and vague	73.3
Discussion is informal	88.9
Discussion has educational purposes	52.9

* Data is presented in percentages (all cases having missing values are excluded)

Data analysis was carried out to indicate whether the staff gets inappropriate feedback from supervisory staff and how frequently this happens. Inappropriate feedback from supervisory staff happened rarely or never at NMMC. The interpretation of “don’t know” option could be of interest. It may mean that 12.2% of surveyed staff members did not get any feedback at all. This did not correspond to the proportions in previous questions about the characteristics of the feedback. Another explanation is that respondents could have difficulties assessing the appropriateness of the feedback. Unfortunately, this questionnaire did not allow determining which explanation better reflects the reality.

Table 8. Frequency (%) of getting inappropriate feedback on the quality of work done from supervisory staff

	Frequently	Sometime	Rarely	Never	Don’t know
The feedback of supervisory staff is inappropriate	7.3	19.5	24.4	36.6	12.2

Other sources of feedback on the quality of work done were clients and colleagues (Table 9). Although 10% of participants selected “other sources” option, they did not indicate what these sources were.

Table 9. Other sources of feedback on the quality of work done

Sources of feedback	Yes (%)
Clients	50.0
Colleagues	60.0
Others	10.0
None	20.0

Although a formal quality assurance program has existed at NMMC for more than a year, the quality of work was evaluated in an informal way during daily work. However, 14.3% and 21.4% of the respondents mentioned that there is no evaluation of the work done or they were unaware of it respectively.

4.4. Organizational support and environment

Data analysis was carried out to detect the status of environmental factors and availability of tools that could affect providers’ performance. Environment was meant as convenience of unit location, its size, lightness, comfort, and other characteristics (Table 10).

Table 10. Staff satisfaction with environment and availability of tools at NMMC

Environment characteristic	Yes (%)
Convenience of unit location	53.8
Convenience of unit size	41.0
Lightness of the unit	66.7
Comfort in the unit	46.2
Other characteristics	22.2
Availability of necessary equipment	67.4

Among other characteristics of environment in the unit most frequently participants mentioned inappropriate quality and quantity of medications and tools, as well as inconvenient connection between operation room (OR) and other units.

The survey aimed to assess factors reflecting organizational support at NMMC, including the supervision system. More than one-third of respondents disagreed that supervision responds to employee concerns or that they can participate in decision-making (Table 11).

Table 11. Components of organizational support at NMMC

Components	Agree (%)
Participation in decision-making regarding health care organization in the hospital	65.8
Supervision responds to employees’ concerns and problems	65.7
Good working relationships between supervisory and subordinate staff	90.2
Team work between physicians and nurses	84.6

More than two-thirds of participants were completely or somewhat satisfied with organizational aspects of work in the hospital (Table 12).

Table 12. Satisfaction with logistic at work

	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
Satisfaction with work organization/logistic	22.0	53.7	14.6	9.8

Supervision was defined in this survey as staff management at different levels rather than the administration only. Depending on respondent’s position at NMMC, this can be the supervisor responsible for a unit or someone from management/administration leadership. The survey intended to describe the organizational support in the hospital in general rather than make difference between clinical and administrative leadership. In addition, it is impossible to verify how critical the collected information was, but it is believed to reflect the reality at the hospital. It also provides a basis for comparison among different factors influencing provider performance.

4.5. Skills and knowledge

The mean time elapsed since the last training received was 23.4 months ranging from 0-168 months (sd=35.5). Majority of surveyed staff members (89.2%) stated that they applied gained knowledge in daily practice. The reasons for not using this knowledge were absence of appropriate medical equipment, poor collaboration with other health care providers/services, and uselessness of gained information.

Nearly three-fourths of medical personnel (74.4%) were confident in having necessary knowledge and skills to carry out their daily responsibilities. Participants were asked to describe the knowledge and skills they would like to obtain. Four out of 9 respondents, who expressed willingness to gain specific knowledge and skills, mentioned the necessity of continuous professional education and evidence-based medicine corresponding to current scientific achievements and technologies. A desire was expressed to learn invasive and interventional cardiology, transesophageal EChO and other advanced diagnostic methods in cardiology.

4.6. Satisfaction with current job and plans to leave current position

Satisfaction with current job mostly fell into “somewhat satisfied” or “somewhat dissatisfied” categories and the proportion of very dissatisfied employees was by 7.3% lower than that of very satisfied personnel (Table 13).

Table 13. Job satisfaction among clinical personnel at NMMC*

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
Job dissatisfaction	7.3%	39.0%	39.0%	14.6%

* Cases containing missing values were excluded from analysis

To compare findings of this survey with that of Nursing Survey, Job Satisfaction variable (Q.31) was recoded into a new dichotomous variable, named Job Dissatisfaction [7]. While creating Job Dissatisfaction variable, all the cases of Job satisfaction that had dissatisfied or a little dissatisfied value were assigned the value of 1, whereas all the cases that had moderately satisfied and very satisfied value were assigned 0 value. Thus, the higher score indicated higher dissatisfaction with present job. About half of surveyed staff members were somewhat or very dissatisfied with their current job. The data were compared with job dissatisfaction among nurses at NMMC (Table 14). Nurses' job dissatisfaction was only marginally different (lower) from that of other medical personnel ($p=.05$), but failure to detect difference could be due to small sample size.

Table 14. Comparison of job dissatisfaction between nurses and clinical personnel other than nurses at NMMC

	Clinical personnel other than nurses (n=43)	Nurses (n=45)
Job dissatisfaction	46.3%	33.3%*

* $p=0.05$ (z-test comparing proportions of dissatisfaction among nurses and other clinical staff members at NMMC)

The proportion of staff members considering that they will lose their job during the next 12 months is very or fairly likely was 24.4% (higher than among NMMC nurses) (Table 15). Further, 14.6% of NMMC clinical staff members stated that they plan to leave current job in coming 6-12 months, although most of them had no plans to leave NMMC within the next year or in general. The proportion of surveyed staff that intended to leave the current job in 6-12 months was higher than that among nurses. Both nurses and other medical staff members agreed that it is fairly or very difficult to find another acceptable job.

Table 15. Plans of surveyed clinical staff members to leave their current jobs at NMMC

Item	Hospital	Response options (%)			
		Very likely	Fairly likely	Not too likely	Not at all likely
Likelihood of losing job during the next 12 months	Nurses	4.4	4.4	51.1	40.0
	Other clinical staff	14.6	9.8	46.3	29.3
Plans to leave present position	Nurses	<i>Within next 6 months</i> 0	<i>Within next 12 months</i> 4.4	<i>No plans within next year</i> 22.2	<i>No plans at all</i> 73.3
	Other clinical staff	12.2	2.4	39.0	46.3
How easy or difficult would be finding an acceptable job	Nurses	<i>Very easy</i> 4.7	<i>Fairly easy</i> 14.0	<i>Fairly difficult</i> 48.8	<i>Very difficult</i> 32.6
	Other clinical staff	0	17.1	34.3	48.6

* Percentage is calculated excluding missing cases

Plans to leave current position variable was recoded into dichotomous one to compare findings of this study with that of Nursing Survey at NMMC. "Yes, within the next 12 months" and "Yes, within the next 6 months" answers were collapsed into one option and "No plans within the next year" and "No plans at all" responses were recoded into the other option in the newly created variable, named "Plans to leave". The same procedure was used while recoding Difficulties with finding another acceptable job variable. "Very easy" and

“fairly easy” responses were recoded into one option and “fairly difficult” and “very difficult” responses were collapsed into the other option in the newly created variable. The proportion of medical staff members having plans to leave their current job was statistically different from that of nurses (Table 16).

Table 16. Plans of leaving their present position among nurses and other medical staff at NMMC *

	Nurses	Other medical staff
Plans to leave the present position	4.4%	14.6% [†]

* *z-test comparing proportions between nurses and other medical staff*

[†] *Significant difference p<0.001*

Analysis revealed that 75.9% of those staff members, who think that it is fairly or very difficult to find another acceptable job, had no plans to leave their current position. However, the association between these two variables was not statistically significant (Fisher exact test, p=0.5), whereas it was found to be statistically significant in Nursing Survey at NMMC (Table 17).

Table 17. Plans to leave the job and perceived difficulties to find another acceptable job among surveyed medical staff at NMMC

		Plan to leave job		Total
		<i>No plans within the next year</i>	<i>Plans within the next 6-12 months</i>	
Difficulty with finding another acceptable job	<i>Very or fairly easy</i>	24.1% (5)	0 (0)	34.9% (5)
	<i>Fairly or very difficult</i>	75.9% (22)	100% (6)	65.1% (28)
	Total	67.4% (27)	32.6% (6)	100% (43)

Among surveyed staff members, 55.3% would recommend the same professional career to their friend and/or relative. Nursing Survey conducted at NMMC revealed that nurses’ satisfaction with being nurse is positively correlated with recommending a nursing career to a family member. Fisher exact test was performed to test the association with recommending the same career to a family member and satisfaction with current job among medical personnel. The degree of satisfaction with current job and recommending the same professional career to a family member or friend was not statistically significant. Nevertheless, the concepts underlying satisfaction with being nurse and satisfaction with current position may differ. With this regard, it would be better to ask medical staff members about their satisfaction with their profession rather than current position.

5. Discussion

The survey was conducted to assess factors influencing provider performance at NMMC. The participation rate among clinical staff members in this survey was higher than that among nurses (71.7% and 64% respectively). It is possible that clinical staff members were more confident and independent than nurses, which could increase the response rate. Nevertheless, during distribution and collection of questionnaires the assessment team encountered

personnel's concerns related to the survey. It seemed that the staff members were anxious about anonymity and confidentiality issues, as the questionnaire included some items on demographic characteristics and their status at the hospital, which could be linked to individuals. Regardless of attempts to explain differences in anonymity and confidentiality issues, as well as assuring staff members in confidentiality of information provided, it could affect staff participation rate and frankness of information provided.

This observation is not solely typical for NMMC, but also for other health care organizations in Armenia, where a system protecting employees' rights does not exist. During the Soviet times, these responsibilities were carried out by professional unions. However, these unions were not really functional even in the Soviet times

One of the important factors influencing provider performance is a clear job description. If workers lack information about what is expected from them, obviously they would not be able to carry out their responsibilities in an effective way. Thus, development and implementation of written job descriptions for every single employee; policies and procedures related to staff hiring, firing, and working hours; and other related issues can be a proper intervention to improve performance in an organization. Though only 61.9% of staff members stated that they have written job descriptions, majority was informed about job expectations either verbally (88.1%) or via other means of communication (31%). It should be noted that written job descriptions for almost all types of employees were developed under the aegis of the ANP. They should be reviewed by NMMC staff members and implemented as soon as possible.

Other important components of PRIME II PIA are the motivation to perform tasks as expected and proper feedback on work done. Though more than half of clinical personnel were somewhat or very dissatisfied with their current salary, financial awards and/or salary increase happened only in less than 20% cases. Considering the financial constrains of NMMC, which is under renovation currently, practicing financial incentives may not be applicable. However, other non-financial means of motivating employees can be practiced regularly to improve provider performance and job satisfaction, such as written awards, verbal praising, providing with opportunity to publicize work well done, delegating more responsibilities, and other means of motivation.

Though feedback on work was provided only to 63.4% of staff, the positive finding was that it was related to the processes and outcomes and was informal. Moreover, receiving inappropriate feedback on the quality of work done from supervisor was infrequently encountered by staff members. In such situations it is more likely that employees feel comfortable and react positively, which in turn may improve performance. Other sources of feedback mentioned by survey participants were clients and colleagues. However, it is necessary to interpret these findings with caution considering existing concerns of staff related to confidentiality of responses and lower than expected response rate, which can be explained by reluctance of staff members to express their true feelings and opinion about the characteristics of the feedback.

To provide high quality health care, it is essential to have all items needed to do job and an environment contributing to the desired performance. The availability of necessary equipment and other medical supplies at NMMC was rather low (67.4%). Most equipment was outdated, did not correspond to international standards, thus the provider performance and quality of care might suffer. Unit size and comfort were less favorable than other

characteristics of working environment. The inconvenience of connection between the OR and other units was specially stressed by some respondents.

To improve provider performance and create effective system of health care delivery in a hospital, it is important for staff members to have organizational support. People working on the first front and facing daily problems that hinder their good performance should be able to raise their concerns, participate in decision-making regarding health care organization in a facility, and receive response to issues of concern. The survey indicated that about one third of surveyed staff members were empowered to raise a problem and participate in decision making at the hospital. This percentage was similar when comparing with the results of the survey on Reproductive Health Care at the Primary Level in Armenia: Assessment of Providers, Services, and the Factors Affecting Performance, conducted by PRIME II in 2003 [8]. The latter indicated that 40% of providers had authority to participate in decision making with regard to changing physical environment in a health care facility, organizing services, or making changes in the clinical practice [8]. It is clear that the organizational system is conducive to good performance, but considering the degree of respondents' openness while answering to such questions, the conclusion should be drawn with caution. Further, the positive finding revealed in this survey is that overwhelming majority of respondents (84.6%) agreed that a lot of teamwork exists between physicians and nurses, which may promote high quality care. Similar finding (77.7%) was indicated in the study of Evaluation of Nursing Quality of Care at NMMC conducted prior to this survey.

Continuous education program for staff plays an important role in providing care of high quality, especially in Armenia, where language can be an obstacle for using up-to-date international literature. According to the survey results, most staff felt confident in having enough knowledge and skills to carry out daily responsibilities. Nonetheless, the average time elapsed since receiving the last training was about two years. Indeed, there were employees who never had training since graduating from university. This should attract the attention of clinical and administrative leadership to support staff members to obtain up-to-date knowledge and improve skills in their professional sphere. Although some steps were undertaken with this regard, namely US \$5,000 annually were allocated for funding physicians' continuous education outside Armenia, it is desirable to encourage also other staff members to seek and participate in training/re-training programs.

About half of medical personnel were dissatisfied with their current job. Moreover, the difference of dissatisfaction among clinical staff members was statistically higher than among NMMC nurses. Planning to leave the current position at NMMC was also higher among other medical personnel than among nurses, but both target groups agreed that it is fairly or very difficult to find another acceptable job. The latter was an expected finding when considering the current status of unemployment in Armenia. The survey revealed also that the proportion of medical personnel recommending the same professional career to a family member or friend was lower than among nurses. It could be reversibly correlated to the degree of dissatisfaction with current job among medical staff members, but correlation was statistically insignificant.

In conclusion, the key messages that this survey revealed.

- The survey conducted at NMMC provided baseline data on factors influencing provider performance at NMMC.

- The findings of this survey can be used in planning future activities aiming to enhance provider performance and to improve quality of care provided at NMMC. Data collected post-intervention can be used to evaluate the effectiveness of these measures.
- The survey provided with an opportunity to make a comparison between attitude and perception of nurses and other medical personnel with regard to some job related issues.
- The findings of this survey should be used with caution because of some reluctance of respondents to answer the questions critically due to concerns regarding the confidentiality of their responses.

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Appendix 1. Instrument for the performance needs assessment (Arm.)

ԱՇԽԱՏԱՆՔԻ ԿԱԶՄԱԿԵՐՊՄԱՆ ՈՒՍՈՒՄՆԱՍԻՐՈՒԹՅՈՒՆ

Յարգելի աշխատակից,

Նորը Մարաշ բժշկական կենտրոնում իրականացվում է Բուժօգնության որակի բարելավման ծրագիր, որի նպատակների թվում է աշխատանքի կազմակերպման բարելավումը: Աշխատանքի կազմակերպման առնչվող խնդիրները պարզաբանելու և դրանց կարևորության մասին պատկերացում կազմելու համար մենք Ձեր օգնության կարիք ունենք:

Դուք ազատ եք հրաժարվել այս ուսումնասիրությանը մասնակցելուց, սակայն Ձեր կարծիքը շատ կարևոր է մեզ համար:

Խնդրում ենք հարցերին պատասխանել անկեղծ և անկաշկանդ: Չավատացնում ենք, որ Ձեր պատասխանները կպահվեն լիովին գաղտնի և անանուն: Ձեր անունը ոչ մի կերպ չի կապակցվի Ձեր պատասխանների հետ, ուստի և՛ որևէ ձևով չի ազդի Ձեր աշխատանքային փոխհարաբերությունների վրա:

Աշխատեք պատասխանել բոլոր հարցերին: Եթե դուք չգիտեք տվյալ հարցի ճշգրիտ պատասխանը, ընտրեք պատասխանի այն տարբերակը, որը համարում եք ամենահավանականը:

Ա. ԸՆԴՀԱՆՈՒՐ ՀԱՐՑԵՐ ՁԵՐ ԱՇԽԱՆԱՏՔԻ ՎԵՐԱԲԵՐՅԱԼ

Խնդրում ենք պատասխանել հարցերին՝ շրջանակի մեջ վերցնելով Ձեր ընտրած պատասխանի համարը, կամ, որտեղ անհրաժեշտ է, գրելով պատասխանը տրված տողի վրա:

1. Հիվանդանոցի ո՞ր բաժանմունքում եք աշխատում.

1. Ամբուլատոր կլինիկա (մեծահասակների, մանկական, առիթմոլոգ իական)
2. Ինտենսիվ թերապիայի բաժանմունք և անեսթեզիոլոգ իական ծառայություն
3. Վիրաբուժական ծառայություն
4. Լաբորատորիա
5. Այլ (նշել բաժանմունքը) _____

2. Դուք աշխատում եք որպես.

1. Ֆելոու
2. ռեզիդենտ
3. բժիշկ
4. այլ (նշել) _____

3. Քանի՞ տարի է, ինչ աշխատում եք առողջապահության ոլորտում:

_____ տարի _____ ամիս

4. Քանի՞ տարի է, ինչ աշխատում եք ՆՄԲԿ-ում: _____ տարի _____ ամիս

5. Որքա՞ն է Ձեր աշխատանքային օրվա տևողությունը սովորաբար:

1. 8 ժամ
2. 12 ժամ
3. 24 ժամ
4. Այլ (նշել) _____

Բ. ՍՊԱՍՈՒՄՆԵՐԸ ԱՇԽԱՏԱՆՔԻՑ

6. Դուք ունե՞ք Ձեր աշխատանքի գրավոր նկարագրությունը:

1. ԱՅՈ 2. ՈՉ 3. ՉԳԻՏԵՄ

7. Ինչպե՞ս եք իմանում Ձեր պարտականությունների և առաջադրանքների մասին: (Հնարավոր է մեկից ավելի պատասխան)

1. Աշխատանքի գրավոր նկարագրությամբ
2. Բանավոր բացատրությամբ ղեկավարի կամ այլ անձի կողմից
3. Այլ միջոցներով (խնդրում ենք նշել) _____

8. Որևէ ձևով Դուք ներգրավվա՞ծ եք Ձեր պարտականությունների և առաջադրանքների մշակման մեջ:

1. ԱՅՈ 2. ՈՉ 3. ՉԳԻՏԵՄ

9. Դուք ունե՞ք չափանիշներ, ուղեցույցներ, գ րավոր այլ նյութեր, որոնք կօգ անն Ձեր պարտականությունները կատարելիս:

1. ԱՅՈ

2. ՈՉ

3. ՉԳԻՏԵՄ

10. Դուք հանդիպու՞մ եք Ձեր ղեկավարության կողմից ստեղծված խոչընդոտների, որոնք խանգ արում են Ձեզ լավ կատարել Ձեր պարտականությունները:

1. ԱՅՈ

2. ՈՉ

3. ՉԳԻՏԵՄ

Գ. ՇԱՐԺԱՌԻԹՆԵՐ/ԽՁԱՆՆԵՐ

11. Ձեր աշխատավարձը բավարա՞ր է:

1. Լիովին բավարար է
2. Մասամբ բավարար է
3. Մասամբ բավարար չէ
4. Ամենևին բավարար չէ

12. Լինում են արդյո՞ք Ձեր աշխատանքը լավ կատարելու հետ կապված պարզ կավճարներ կամ աշխատավարձի բարձրացում:

1. ԱՅՈ

2. ՈՉ

13. Ինչպիսի՞ ոչ դրամական խրախուսանքներ եք ստացել Ձեր ղեկավարի կողմից աշխատանքը լավ կատարելու համար (Զնարավոր է մեկից ավելի պատասխան).

1. բանավոր գ ովասանք
2. գ րավոր գ ովասանք
3. բուժհամազգ Եստ
4. անվճար/զեղչով դեղորայք
5. սարքավորում
6. ուսումնական/վերապատրաստողական նյութեր
7. այլ միջոցներ (խնդրում ենք նշել) _____
8. չեն ստացել

14. Արդյո՞ք Ձեր աշխատանքում առկա են մասնագ իտական աճի հնարավորություններ:

1. Այո
2. Որոշ չափով
3. Ոչ
4. Չգ իտենմ

15. Դուք ստանու՞մ եք որևէ կարծիք կամ տեղեկություն Ձեր գ ործատուի կամ ղեկավարի կողմից՝ Ձեր կատարած աշխատանքի որակի վերաբերյալ.

1. ԱՅՈ
2. ՈՉ → Անցեք 17-րդ հարցին
3. ՉԳԻՏԵՄ →

28. Դուք կիրառում եք այն գ իտեղիքները, որ ձեռք եք բերել վերապատրաստվելու ընթացքում:

1. ԱՅՈ

2. ՈՉ

3. ՉԳԻՏԵՄ

Եթե ՈՉ, խնդրում ենք նշել, թե ի՞նչն է դրա պատճառը:

29. Ըստ Ձեզ, Դուք ունե՞ք արդյոք բոլոր անհրաժեշտ գ իտեղիքները և հմտությունները Ձեր ներկայիս աշխատանքը կատարելու համար:

1. ԱՅՈ

2. ՈՉ

3. ՉԳԻՏԵՄ

30. Եթե ՈՉ, ինչպիսի՞ գ իտեղիքներ և հմտություններ կցանկանայիք ձեռք բերել:

31. Ընդհանուր առմամբ, որքանո՞վ եք Դուք բավարարված Ձեր ներկայիս աշխատանքով:

1. Ամենևին բավարարված չեմ
2. Մասամբ բավարարված չեմ
3. Բավականին բավարարված եմ
4. Լիովին բավարարված եմ

32. Ըստ Ձեզ, որքանո՞վ է հավանական, որ առաջիկա 12 ամիսների ընթացքում Դուք կկորցնեք Ձեր աշխատանքը:

1. Շատ հավանական է
2. Բավականին հավանական է
3. Այնքան էլ հավանական չէ
4. Բոլորովին հավանական չէ

33. Դուք պլաններ ունե՞ք թողնելու Ձեր ներկայիս աշխատանքը:

1. Այո, առաջիկա 6 ամսվա ընթացքում
2. Այո, առաջիկա 12 ամսվա ընթացքում
3. Առաջիկա մեկ տարվա համար այդպիսի պլաններ չունեմ
4. Ընդհանրապես այդպիսի պլաններ չունեմ

34. Եթե այլ աշխատանք փնտրելիս լինեիք, ըստ Ձեզ, որքանո՞վ հեշտ կլիներ գ տնել ընդունելի աշխատանք Ձեր մասնագ իտությամբ:

1. Շատ հեշտ
2. Բավականին հեշտ
3. Բավականին դժվար
4. Շատ դժվար

35. Խորհուրդ կտայի՞ք Ձեր ընկերոջը/ազգ ականին նույնպես ընտրել Ձեր մասնագ իտությունը:

1. ԱՅՈ

2. ՈՉ

36. Ձեր սեռը՝

1. Իգ ական

2. Արական

37. Ձեր տարիքը՝ _____ տարեկան

38. Ձեր ընտանիքի անդամների թիվը (ներառյալ Դուք)՝ _____

39. Ձեր ընտանիքի անդամներից քանիսն են աշխատում (ներառյալ Դուք)՝ _____

ՇՆՈՐՀԱԿԱԼՈՒԹՅՈՒՆ ՀԱՐՑԱԹԵՐԹԻԿԸ ԼՐԱՑՆԵԼՈՒ ՀԱՄԱՐ