

Research Paper

Exploring the factors that influence healthcare providers care quality in Jordanian hospitals: the perspectives of nurses, pharmacists and physicians

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Abstract

Objectives The key point of this investigation is to explore factors that influence healthcare providers' quality care in government hospitals in Jordan, from the perspective of nurses, pharmacists and physicians.

Method A qualitative technique (case study) was executed in this project. Semi-structured interviews (face-to-face) were used. The thematic analysis was applied in this study. The interviews were conducted with five physicians, five pharmacists and five nurses at different levels, including different specialists from Jordanian government hospitals.

Key findings Four vital factor influencing of nu healthcare providers' quality care were recognised in the sampled hospitals: manager ability and leadership support of staff, adequate and qualified hospital nurses and physicians, building a trusting work environment and good salaries and incentive.

Conclusions This examination attempted to offer an in-depth comprehending factor that impacts healthcare providers' quality care. Furthermore, it contributes to healthcare theory and practice by developing a conceptual framework that offers policymakers and managers a practical understanding of factors that influence healthcare providers' quality care.

Keywords: quality improvement; Jordan; hospitals; quality of care; nursing; physicians and pharmacists

Introduction

Quality of care is increasingly becoming a major public health concern,^[1] as the social, medical and economic consequences of healthcare quality incur considerable direct and indirect costs each year.^[2] However, good quality care is considered to be the right of all patients, whereby the responsibility of the hospital staff is particularly focused on nursing (Algunmeeyn *et al.* 2020).

Numerous research studies have been conducted on service quality over the past two decades^[2] and many attempts have been made to comprehend its nature and how it should be assessed. Moreover, a traditional approach has been adopted to evaluate healthcare quality from the perspective of healthcare providers, care-takers and governments^[3] and to gather perceptions of patient satisfaction with healthcare quality.^[2] In particular, it has been deduced

that patients' perceptions tend to affect healthcare uptake and consumers' future purchases.^[3]

Healthcare quality refers to patients' need for excellent care provision and comfortable and competent treatment.^[4] Moreover, nurse–physician and nurse–manager relationships affect and contribute to nursing care in hospitals.^[5, 6] Ultimately, patient satisfaction is the most important indicator of nursing care quality.^[7] Good nurse–patient relations, as well as the care that is directly provided to patients, are likely to be reflected primarily in patients' expectations of nursing quality in hospitals.^[2]

Patient satisfaction is produced by a combination of responses to patients' views and needs, as well as through continuous improvement to the patient–healthcare providers' relationship.^[8] Furthermore, Rafi *et al.*^[9] propose an increased focus on the quality of nursing care and its contribution to improving the level of patient satisfaction and quality in nursing care, but this is rarely considered in Jordanian hospitals. This study aimed to explore factors that influence healthcare providers' quality care in government hospitals in Jordan, from the perspective of nurses, pharmacists and physicians.

Methods

Research methodology

In this current project, the research design was a case study, as it was deemed to be the most suitable method of achieving the study aims and objectives. Hence, it provided an in-depth understanding of the factors associated with patient satisfaction and the quality of care in Jordanian hospitals. A case study is the favoured approach when 'How?' or 'What?' questions are presented.^[10] The data was collected over the period of 2 months from healthcare providers from two hospitals.

The study respondents

The participants in this current qualitative investigation comprised nurses, pharmacists and physicians in state-sector hospitals located in Jordan, whereupon a total of 15 participants were selected for interview for deep understanding of the issues under investigation and to recruit and select them in such a way as to give credibility to the results and potentially generalised to another context or a larger population.

These respondents included nurses, pharmacists and physicians with different tasks such as general directors, medical directors, staff and quality directors and directors. The choice of hospital pharmacists, physicians and nurses for interview was founded by a convenience sampling approach.

The study instrument

A guide was developed for face-to-face semi-structured interviews, as a means of gathering data, in accordance with the aim of the present project. The interviews were conducted with relevant respondents, namely nurses, pharmacists and physicians. The questions were

concentrated on the background and practice of these interviewees and their point of view concerning the barriers and facilitators affecting nursing care and patient satisfaction, as observed in their hospitals. The interview questions were centred on what hospitals could achieve in relation to patient safety and satisfaction, cost and quality improvement.

Data gathering

Ethical approval was obtained before data collection from Ethics Committees at two Jordanian hospitals (Hospital A ethical approval number, PHH 1545, and Hospital B ethical approval number, UOJH 6031). Consent Forms and Information Sheets were given to the potential respondents. The participants' Information Sheet contained details of the study and the procedures that would be utilised to gather and analyse the pertinent information, followed by the purposes for which these data would be employed. Contributors were told they might leave the research at any time. In addition, on the day of the interview, the examiner asked the interviewees to sign a consent form highlighting that their necessities came first. Their consent was also acquired for the interview to be audio-recorded and for the transcripts to be used in the future. Following that, each interview was digitally recorded with notes taken as well. The interview started with welcoming and an introduction, followed by the interviewees reading the information sheet and signing the consent form. After collecting the participant's background data and demographic information, the prepared interview questions and prompts were administered.

The duration of interviews varied between 25 and 50 min. The research background was outlined at the beginning of each interview, the study themes were shown, research importance was stressed and research gaps were explained and the objective and goals of the research were demonstrated. Before each interview, an audio recording of the interviews was obtained with the consent of the interviewee.

Data analysis

QSR International Pty Ltd. (2018) NVivo (Version 12) was used in this study to assist researchers to organize, analyze, and uncover insights from the collected qualitative data (face to face interview). The audio-recorded interviews were transcribed and the transcripts checked before the data analysis using NVivo, which linked the concepts incorporated in the data. Thematic analysis was selected as the means of data analysis since it was deemed to be the most suitable technique for this research.

Results

Characteristics of the interviewees

As mentioned previously, the sample interviewed consisted of 15 male and female healthcare providers from selected Jordanian hospitals (five nurses, five pharmacists and five physicians). The age range of these staff was 27–55 years, and the majority were aged

Table 1 Participant profiles, nurses

No.	Position of interviewee	Gender	Age (years)	Qualifications	Years of experience
1	Intensive care unit nurse	Female	27	Bachelor	5
2	Oncology department	Female	29	Diploma	7
3	Paediatrics department nurse	Male	55	Master	22
4	Surgery department nurse	Male	27	Bachelor	8
5	Emergency department nurse	Male	29	Bachelor	7

Table 2 Participant profiles, pharmacists

No.	Position of interviewee	Gender	Age (years)	Qualifications	Years of experience
1	Pharmacist	Male	46	Bachelor	23
2	Pharmacist	Female	37	Bachelor	14
3	Pharmacist	Male	45	Bachelor	20
4	Clinical pharmacist	Female	39	Master	15
5	Clinical pharmacist	Male	52	Master	25

Table 3 Participant profiles, physicians

No.	Position of interviewee	Gender	Age (years)	Qualifications	Years of experience
1	Surgeon	Male	57	Bachelor	20
2	Surgeon	Male	43	Bachelor	12
3	Anaesthetist	Male	45	Bachelor	14
4	Paediatrician	Male	55	Master	27
5	Gynaecologist and obstetrician	Female	52	Master	25

over 43 years. However, only five of the interviewees were female (see Tables 1–3). Male and female respondents held different positions in their hospitals. The interviewees' qualifications were also found to vary, with 1 holding a college diploma, 9 holding a bachelor's degree and 5 holding a Master's degree. Moreover, while they all worked at different levels within their hospitals, they had more than 5 years' work experience.

Themes related to the factors influencing the quality of nursing care in hospitals

The data analysis explored the following key themes, which related to the factors influencing healthcare providers' quality in hospitals in Jordan, as described by the respondents during the interviews.

Management ability and leadership support for healthcare providers

The first factor to emerge as a theme, in its effect on care quality, was support from the top management. In this regard, most of the interviewees (13 out of 15) referred to a hospital professional in a management position, such as a nurse manager, supervisor or executive. Moreover, the respondents stated that management support for nurses promoted job satisfaction among nursing staff and enabled staff to participate in decision-making processes that affected their practice, the work environment, professional development and self-fulfilment. Management support for staff likewise gave nurses responsibility for goal setting; ensured efficient use of hospital resources, encouraged and facilitated effective patient care and enhanced compliance with institutional, professional and measurable care quality in the hospital. Most of the responses echoed the following interview extracts:

...the managers and heads of department should support nurses by allowing them to participate in management decisions, in order to promote nurses' job satisfaction... this is my view. (Interviewee P1)

I think all nurses in their departments should share the decision-making with their heads of department, as regards departmental issues and patients, in order to achieve job satisfaction and ensure the best quality of care in their departments. (Interviewee P4)

For my part, when I see that my managers acknowledge my efforts, I do my utmost to give of my best. Otherwise, I just do my usual job. In my opinion, the support we get as physicians from our managers in this hospital unintentionally affects our work and the quality of care provided to patients [...] This leads to increased job satisfaction. (Interviewee P6)

Hmmm... I think that the support we get from our heads of department, such as being able to participate in the decision-making, even a 'Thank you' at the end of the day, affects the quality of care that we provide, because personally, this motivates me to do my job better. (Interviewee P12)

As far as I'm concerned, I see that our staff like to be acknowledged and to receive some encouraging words from their managers. For example, I think staff sometimes like to hear things like, 'Thank you for your efforts,' so that they are motivated to provide care, and to work to the best of their ability. (Interviewee P7)

Adequate numbers of appropriately qualified nurses, physicians and physicians

The majority of the interviewees were of the view that the management in their hospitals needed to recruit sufficient numbers of adequately trained nurses to fulfil the hospitals' purposes and adapt to the increasing number of patients, especially patients with chronic diseases. The interviewees also stated that the presence of adequate numbers of appropriately qualified staff is usually linked to high-quality patient outcomes. This was exemplified in the following quotations from interviewees working as either nurses or managers at the sampled hospitals:

In my view, it is difficult for nursing staff to provide high levels of care quality if [...] there is a shortage of staff [and so] the risk of offensive behaviour and violence from dissatisfied patients increases. (Interviewee P3)

There is a high demand for clinical pharmacist in Jordanian hospitals; therefore, this group of employees is usually overloaded and has higher turnover rates, which affects the quality of patients' care. (Interviewee P9)

I am convinced that adequate staffing reduces the frequency of medical error. (Interviewee P8)

Sufficient nursing staff in each department surely decreases the workload... [and] reduces or eliminates medical error. (Interviewee P5)

We need sufficient nursing staff to increase patient safety, in order to attain staff satisfaction, meet patients' requirements, and ensure their satisfaction. (Interviewee P4)

A relationship of trust

Most of the participants mentioned that the trust relationship between healthcare providers' enhanced the quality of nursing care, as illuminated in the following interview responses:

I see that when I respect a patient's beliefs, values and culture, this helps build a trust relationship between me as the physicians and that patient; it encourages physicians to give better care to their patients... (Interviewee P11)

In my experience, building a trust relationship and loyalty during a patient's treatment enables us to improve the quality of patients care and avoid any harm that might come to the patient or nurse. (Interviewee P12)

When nurses sincerely believe that their hospital management is trustworthy, they will be willing to do their jobs better and work harder to attain the hospital's objectives. (Interviewee P3)

[If the management are perceived as] more trustworthy, the nurses become more willing to contribute effectively to their patient's well-being. (Interviewee P5)

Good salaries and incentives

The data analysis in this study highlighted that most of the participants cited good wages and incentives as the factors influencing care quality in Jordanian hospitals. Thus, the interviewees emphasised the need for hospitals to offer their staff good salaries and other incentives. They consequently stressed the significance of a system that could motivate staff, consisting of specific compensation for especially talented and high-performing nurses, pharmacists and physicians. The majority of the participants declared that rewards and incentives enhanced the performance of nursing, pharmacists and physician staff, raised health care providers' morale and increased productivity. The following quotes reflect the respondents' opinions in relation to these findings (themes):

...and our hospital has excellent and experienced staff... [it] pays high wages and we have incentives and bonuses for distinguished pharmacists every month... the hospital (top management) recognises and acknowledges the talent and efforts of nurses. (Interviewee P7)

In my point of view, yes, because of high wages, and the hospital offers benefits and compensation; compared to other hospitals in Jordan, we do everything in our power to provide patients with high quality care. (Interviewee P13)

As for me, I believe that our hospital offers good salaries and incentives; this encourages healthcare providers to [put in] more effort and do their jobs better, namely, to provide better care. (Interviewee P14)

Discussion

This study, aimed at exploring the factors influencing healthcare providers' quality in the Jordanian hospital context, has shown that a

manager's ability and leadership support of healthcare providers, the presence of adequate numbers of qualified hospital staff, the creation of a trusting work environment and attractive salaries and incentives are likely to have a positive influence on the quality of care provided by healthcare providers.

The findings show that management support for nurses promotes healthcare providers' job satisfaction and enables them to participate in decision-making processes that impact their practice, working environment and professional and personal development. It was also found that the hospital managers had witnessed enhanced health service quality and motivation amongst hospital staff, especially nursing, physicians and pharmacists as a result. This finding corroborates those of other studies, such as research conducted by A'aqoulah *et al.*^[11] and Algunmeeyn *et al.* (2020)^[12], indicating that the manager has the potential to stimulate and guide a care team towards achieving common goals. Additionally, the manager is responsible for goal setting, efficient use of hospital resources, delivery of effective patient care and compliance with institutional, professional and measured hospital care quality.^[13] This means helping to improve teamwork and determining responsibilities and tasks for pharmacists, physicians and nurses.^[14] However, while every manager is challenged with problems in his or her department, there are very few available tools to support their decision-making. Therefore, all healthcare providers in a department need to be able to perform tasks and responsibilities fully and properly, while sharing management decisions to achieve the best quality care.^[15]

In the current investigation, there was agreement amongst the participants that adequate staffing could positively affect the quality of healthcare providers' care. This finding is supported in the literature, with one study indicating that adequate numbers of staff helps reduce individual workload and increases vigilance and alertness, thereby potentially decreasing medical and medication errors.^[12] Furthermore, adequate staff can lead to patients receiving high-quality care. These findings are in parallel with those of other studies that have found that sufficient hospital staff can reduce the risk of offensive behaviour and violence from dissatisfied patients.^[12, 16] The participants in this study also stressed the importance of building healthy trust relationships between healthcare providers and their patients. This is further supported by study by Effken *et al.*,^[15] which highlighted that the level of trust between patients and nurses should be strong because of the direct caring relationship between them. Additionally, one study found that a trust relationship could be formed to promote successful patient outcomes.^[12] When trust is developed in the healthcare providers-patient relationship, job satisfaction increases. In turn, this enhances confidence in nurses' ability to promote nursing care quality.^[17]

Finally, the present findings reveal that good salaries and incentives represent the chief factor that enhances healthcare providers' care quality in Jordanian hospitals. This result reflects that of other studies,^[18, 19] where it was confirmed that a hospital system of staff motivation requires commitment from the hospital's top management (e.g. senior doctors), who need to concentrate on both intrinsically satisfying and extrinsically encouraging factors (good wages and incentives, job satisfaction and job security).

The limitation of the this investigation is that it recruited two government hospitals. Moreover, the sample only included five pharmacists, five physicians and five nurses, which possibly may affect the generalisability of the findings.

Conclusion

A qualitative method was used in this paper, with semi-structured interviews (face-to-face interviews) with staff and managers in Jordanian hospitals. From the viewpoint of nurses and pharmacists and physicians, this study looked into the factors that affect hospitals quality of care in Jordan. As a result, several factors were identified, including manager ability and nurse leadership support, adequate and qualified hospital nurses, building a trusting work environment and good salaries and incentives.

However, this study's exclusively qualitative design and the inclusion of just one government hospital, with a sample of 15 respondents (comprising 10 nurses, 5 pharmacists and 5 physicians), may be considered as research limitations. As a result, the investigators highly recommend a further examination of the topic, recruiting participants from other governmental-sectors and private hospitals. Besides, respondents from different fields and professional levels, such as policymakers, other healthcare providers and patients, need to be sampled using different methodological techniques that are intended at exploring the factors that influence healthcare providers' quality care in hospitals.

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Author Contributions

F.D. conceptualized the project with A.A. and M.H. A.A. contributed with data collection. A.A. and F.D. contributed to data analysis, interpretation. A.A., F.D. and M.H. contributed with manuscript development. The final version was approved by all authors.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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