

The effects of enhanced primary healthcare on primary care providers' job satisfaction at Makkah Al Mukarramah in Saudi Arabia 2024

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Abstract

Background

The demand for primary care is expected to grow significantly due to the aging population living with chronic diseases. The projected supply of primary care providers' may not be able to meet the growing demand for primary care sufficiently, with experts predicting an impending shortage of approximately 17,800 to 48,000 primary care physicians by 2034. In response to the rising burden of cardiovascular risk factors, the Saudi Arabia government has implemented Enhanced Primary Healthcare interventions at public clinic level to improve management and clinical outcomes of type 2 diabetes and hypertensive patients. Healthcare providers (HCPs) play crucial roles in healthcare service delivery and health system reform can influence HCPs' job satisfaction. However, studies evaluating HCPs' job satisfaction following primary care transformation remain scarce in low- and middle-income countries. **Aim of study:** To evaluate the effects of enhanced primary healthcare interventions on HCPs' job satisfaction in the Makkah Saudi Arabia 2024. **Methods:** This cross sectional study included (205) health care professionals we surveyed all HCPs who were directly involved in patient management in Makkah City in primary healthcare services at Saudi Arabia 2024. Self-administrated questionnaire was constructed by the researcher and was used for data collection. **Results:** shows there were 205 participants, we demonstrates the nature of work of the participants involved in the study show that most of them nurse were (25.4%) followed other technical (radiology, laboratory, etc.) were (23.4%) while administrative were (19.0%) regarding the doctor were (18.0%) while other were (8.3%), regarding the Leadership or supervisory position were (5.9%) **Conclusion:** The overall job satisfaction of essential that enhanced primary healthcare interventions had resulted in some untoward effect on HCPs' job satisfaction. primary care providers' managers should focus on improving job satisfaction among healthcare workers in low-resource settings. Establishing scientific and reasonable research on the incentive mechanism at grassroots

medical institutions can help stabilize the team, enhance staff satisfaction and work performance, and optimize human resource utilization.

Keywords: Effects, enhanced, primary healthcare, providers, job, satisfaction, Makkah, Saudi Arabia .

Introduction.

Background

Job satisfaction, a psychological management category, refers to an individual's positive and subjective evaluation of all aspects of the work environment [1]. It depends on a complex interaction of factors, such as the individual characteristics, context of work and the environment, interaction with co-workers, job promotion, salary, as well as socioeconomic factors [2,3]. Primary care providers' satisfaction has been defined as the degree of congruency between a patient's expectations of ideal care and his/her perception of the real care(s) he receives.[4] A component of effective health care services is the measurement of primary care providers' satisfaction. [5] primary care providers' satisfaction assists in the evaluation of health care services from the patients' point of view. It also facilitates the identification of problem areas and generates ideas for resolving these problems.[6] Monitoring primary care providers' satisfaction is an important and useful quality improvement tool for clinical in particular and healthcare organizations in general. [7] Most clinical in the Saudi Arabia are required to assess their primary care providers' satisfaction in order to maintain their accreditations.[8]

Also Job satisfaction is defined as a set of favorable or unfavorable feelings and emotions of employees towards their work [9]. It can be used as an indicator of working life quality and a reflection of organizational performance [10]. Job satisfaction among healthcare providers (HCPs) has been identified as an important parameter that influences productivity, their commitment to the organization and patients' satisfaction [11]. Studies have shown that job satisfaction is influenced by several factors including professional accomplishment [12], interpersonal relationship at workplace [13], working conditions, work stress, workload and adequate staffing [14]. Additionally, the increasing expectations and growing demands for primary care services to improve healthcare delivery due to the rising burden of non-communicable diseases (NCDs) and multi morbidity has placed additional pressures on HCPs [15]. Most studies show that job satisfaction among community workers is influenced by multiple factors across different dimensions. International studies, have linked job satisfaction to well-being, job stress, work schedules, work-family interactions, and working conditions [16]. Collectively, these studies suggest that enhancing incentive factors can significantly boost job satisfaction and produce a noticeable motivational effect. Incentive factors are crucial in understanding job satisfaction among primary care providers'. Incentive is an iterative process that influences individuals' intrinsic needs or motivations, guiding or altering behavior to achieve specific goals. Herzberg's "two-factor theory" posits that incentive factors, closely related to the work itself or the content of the work, including achievement, appreciation, work meaning and challenge, responsibility, promotion, and development, are dedicated to improving employee satisfaction. Wong's survey of novice and experienced nurses identified four main themes related to job satisfaction: "supportive working environment," "autonomy in practice," "professional training for competence enhancement," and "heavy workload and insufficient manpower" [17].

Literature review

Sangoni conducted a job satisfaction questionnaire on 1304 nurses in Italian public hospitals, emphasizing autonomy and salary as two important factors affecting job

satisfaction [20] In China, since the 1980s, studies have gradually begun to explore factors affecting job satisfaction. A study revealed that social workers in Shenzhen reported low satisfaction, especially concerning institutional management, social recognition, and remuneration, yet were satisfied with supervisory support and colleague support [21]. Numerous studies have shown that changes in the work condition following health system reform can influence primary care providers' job satisfaction and work experiences [22]. In fact, adopting new practice models requires changing existing practices and also organizational change which can create undue stress to primary care providers' [23]. Job dissatisfaction can have detrimental effects on an organization and a healthcare system where poor job satisfaction is associated with higher level of stress, high staff turnover and poor clinical outcomes [2]. In addition, dissatisfied primary care providers may contribute to higher prescribing and medication errors which can jeopardize patient safety [23]. Investigated 750 grassroots medical staff in Nantong, and showed that work intensity and low return overloaded work is the main reasons under the job satisfaction of community health workers [24]. Another study suggested that decision-makers should focus on internal incentives, strengthen autonomy motivation, and foster a supportive working atmosphere and mode of independent support [25]

Abate's study among health extension workers (HEWs) and healthcare professionals in Ethiopia found associations between workload, leave, and job satisfaction with motivation [26]. However, few studies have concentrated on incentive factors and their effects on job satisfaction among Chinese community health workers posts the new health system reform policy, the lack of theoretical guidance in some studies may lead to one-sided understanding of the revealed factors. Some studies claimed that care generated a negative influence on the job satisfaction of primary care providers' because of the extra workload and job stress [27,28]. Due to the inconsistency of findings across studies, little seems known about how the care impacts the job satisfaction of primary care providers. Identifying job satisfaction and associated determinants of primary care providers will help address major questions regarding the job satisfaction of primary care providers who work in integrated care. However, to the best of our knowledge, the influence of care on the job satisfaction of primary care providers has yet to be the topic of any systematic review. To facilitate the care from the primary care perspective and to support evidence based healthcare decisions, consolidating the literature to systematically explore the correlation between the care and the job satisfaction of primary care providers' is of crucial importance.[18]

Rationale

The aging population and the growing prevalence of chronic diseases posed a great challenge to healthcare systems worldwide, especially in countries, where healthcare was fragmented. To improve the quality and accessibility of healthcare while reducing the general cost, many countries initiated reforms to enhanced primary healthcare on primary care providers' job satisfaction. Primary healthcare providers (PCPs) played an essential role in promoting the care, especially concerning the continuity and coordination of healthcare. The job satisfaction of PCPs is recognized as an essential pillar of healthcare systems worldwide, which is known to be associated with several factors .Many factors have been well-explored by the literature including systematic reviews . Along with the care reform, there was a growing evidence base for the correlation between the care and the job satisfaction of PCPs. On one hand, studies reported that the job satisfaction of PCPs affected the

quality and coordination of healthcare by influencing their job performance, job stability, and teamwork.

Aim of the study

To evaluate the effects of enhanced primary healthcare interventions on HCPs' job satisfaction in the Makah Saudi Arabia 2024

General objective:

To evaluate the effects of enhanced primary healthcare interventions on HCPs' job satisfaction in the Makah Saudi Arabia 2024.

Materials and methods .

Study design:

This study is descriptive cross-sectional study

Study sitting:

The study has been carried out in primary healthcare the city of the Makah Saudi Arabia. There are primary health care centers belonging to Ministry of health (MOH) distributed as North (20) and South (19)

Study population:

Primary healthcare centers in the Makah Saudi Arabia health care professionals (n=205) Study duration: February to April 2024 .

Sample size:

Sample size was calculated using open Epi online sample size calculator at 95% confidence level with bound on error of 5% regarding standard infection control precautions max sample size required is 205 participants.

Sample technique:

Sample technique was two stages.

At first stage: simple random sampling method will be collecting from Primary healthcare centers the Makah Saudi Arabia.

Inclusion criteria:

Primary healthcare centers the Makah Saudi Arabia, male and female, Saudi and non-Saudi, all ages, those who agreed to participate in the research .

Exclusion criteria:

No specific exclusion criteria.

Data collection tool and technique:

Data were collected by self-administrated questionnaire.

First part of the questionnaire includes questions about Demographic data of the (Nature of Work , Years of Service, job title)

Second part about knowledge what is the center's place in my myself and What does my work mean to me.

Data analysis:

Data were entered and analyzed using Statistical Package for Social Sciences (SPSS) software, version 24. Descriptive analysis was carried out as the mean and standard deviation (SD) were calculated for quantitative variables, frequency and proportion were calculated for categorical variables.

For comparisons, chi-square and t-test was used for categorical and quantitative variables respectively. p –value ≤ 0.05 was considered significant for all inferential analysis.

Ethical approval:

- The ethical approval was taken from the Regional Research Ethics committee. A permission letter was obtained from the regional director of the city of Makah Al-Mokarramah Makkah MOH before starting the data collection.

- A written Informed consent was obtained from each participant from commencing the data collection.
- The researcher preserved the confidentiality of the participants at all steps of the study for the data collection, analysis and result.

Budget: Self-funded.

Result

Table 1: The Nature of Work of the participants involved in the study

Nature of Work		
	N	%
Doctor	37	18.0
Nurse	52	25.4
Leadership or supervisory position	12	5.9
Administrative	39	19.0
Other technical (radiology, laboratory, etc.)	48	23.4
Other	17	8.3
Total	205	100.0

Table 1 demonstrates the nature of work of the participants involved in the study show that most of them nurse were (25.4%) followed other technical (radiology, laboratory, etc.) were (23.4%) while administrative were (19.0%) regarding the doctor were (18.0%) while other were (8.3%), regarding the Leadership or supervisory position were (5.9%)

Figure (1): The Nature of Work of the participants involved in the study

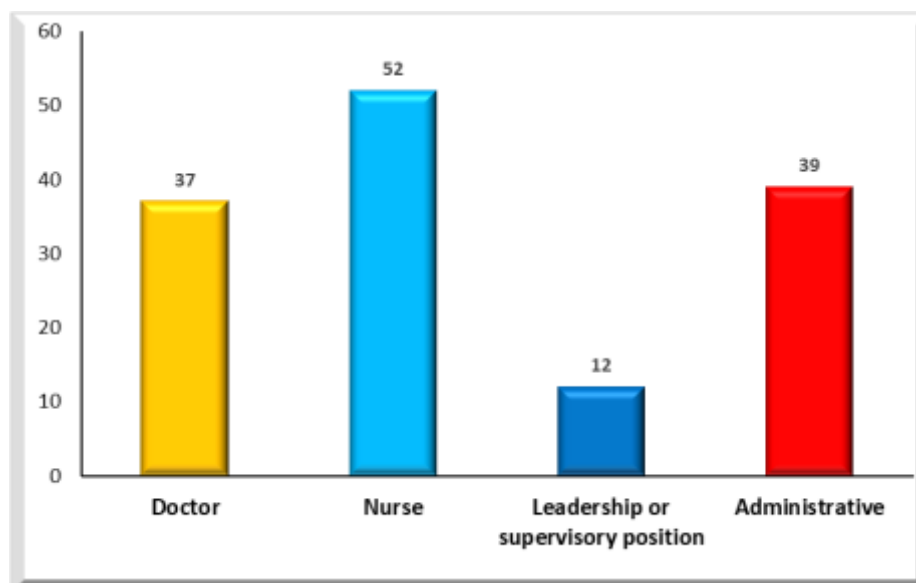


Table 2: Distribution of the Years of Service of the participants involved in the study

Years of Service		
	N	%
1-7.	51	24.9
8-14.	67	32.7
15-21.	45	22.0
>22	42	20.5
Total	205	100.0

Table 2 demonstrates the Years of Service of the participants involved in the study show that most of them in years 8-14 were (32.7%) followed by 1-7 years were (24.9%) while 15-21 years were (22.0%) regarding the >22 years were (20.5%) .

Figure 2: Distribution of the Years of Service of the participants involved in the study

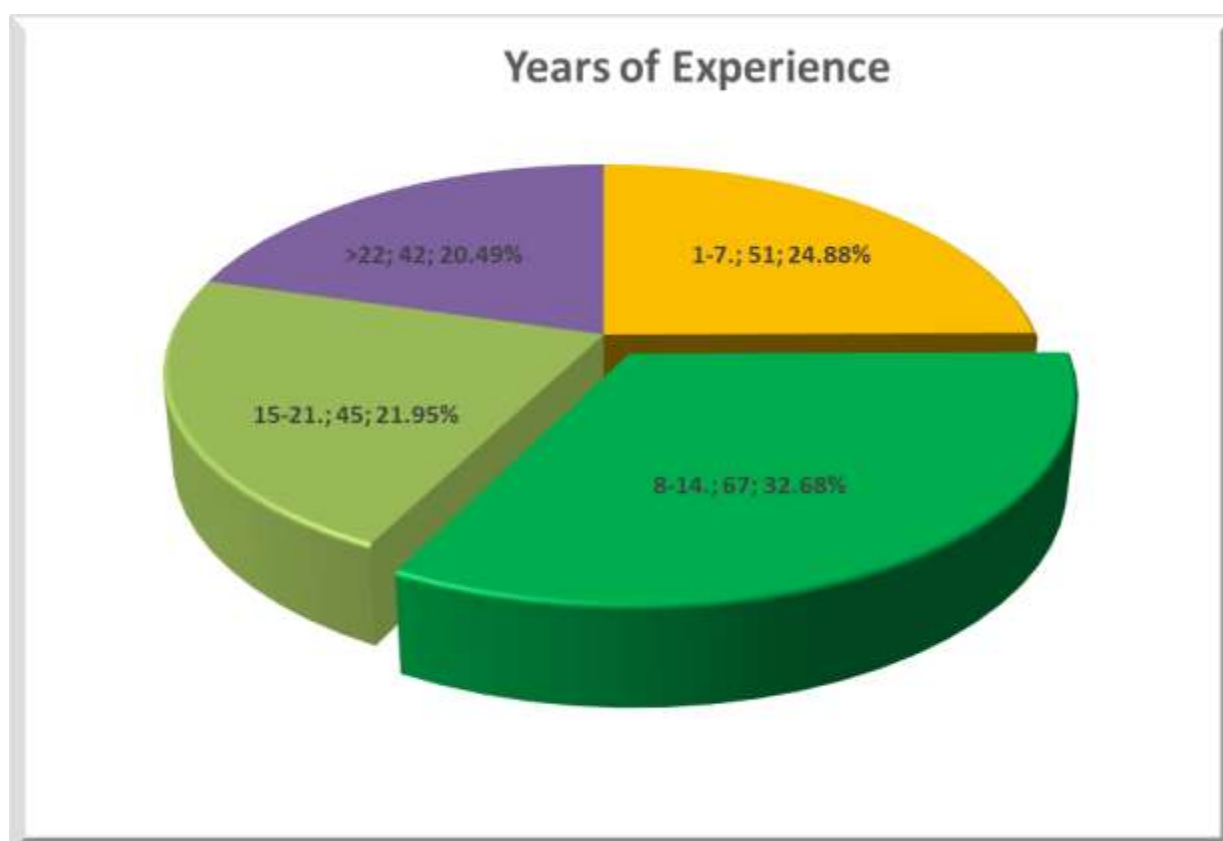


Table 3 demonstrates the primary care provider's satisfaction in center's place in my myself.

Items			What is the center's place in my myself?			%	Chi-square	
			Never	Somewhat	Always		X ²	P-value
1	I feel happy to be affiliated with the center.	N	17	46	142	86.992	125.278	0.000
		%	8.3%	22.4%	69.3%			
2	I find the center's goals aligned with my career aspirations.	N	27	78	100	78.537	41.044	0.000
		%	13.2%	38.0%	48.8%			
3	My affiliation with the center is a motivating factor in accomplishing my job duties.	N	19	47	139	86.179	115.356	0.000
		%	9.3%	22.9%	67.8%			
4	I interact with the center's activities and events.	N	16	53	136	86.179	110.527	0.000
		%	7.8%	25.9%	66.3%			
5	I recommend the center as the best place to work.	N	22	40	143	86.341	124.751	0.000
		%	10.7%	19.5%	69.8%			

Table 3 Demonstrates the primary care providers satisfaction in center's place in my myself show regarding feel happy to be affiliated with the center.while a significant relation were (P-value =0.000) and X² (125.278) while % of agreement were (86.992) the majority of participant always were (69.3%) but Somewhat were (22.4%) but never were (8.3%), regarding find the center's goals aligned with my career aspirations while a significant relation were (P-value =0.000) and X² (41.044) while % of agreement were (78.537%) the majority of participant always were (48.8%) but the somewhat were (38.0%) but never were (13.2%), regarding my affiliation with the center is a motivating factor in accomplishing my job duties while a significant relation were (P-value =0.000) the majority of participant always were (67.8%) but the somewhat were (22.9%) but never were (9.3%), regarding interact with the center's activities and events while a significant relation were (P-value =0.000) and X² (110.527) while % of agreement were (86.179%) the majority of participant always were (66.3%) but the somewhat were (25.9%) but never were (7.9%), regarding recommend the center as the best were (P-value =0.000) and X² (124.751) while % of agreement were (86.341%) the majority of participant always were (69.8%) but the somewhat were (19.5%) but never were (10.7%),

Table 4 Demonstrates the primary care provider's satisfaction in does my work mean to me

Items			What does my work mean to me?			%	Chi-square	
			Never	Somewhat	Always		X ²	P-value
6	The tasks I am required to accomplish are clear. (This refers to the job or job duties performed by the employee.)	N	9	39	157	90.732	179.161	0.000
		%	4.4%	19.0%	76.6%			
7	My work provides me with opportunities to develop my skills.	N	26	69	110	80.325	51.639	0.000
		%	12.7%	33.7%	53.7%			
8	My work provides me with balance in other aspects of my life. (This refers to the extent to which the job requirements affect my personal life.)	N	25	72	108	80.163	50.702	0.000
		%	12.2%	35.1%	52.7%			
9	My work tasks motivate me to learn and innovate to overcome challenges.	N	21	65	119	82.602	70.517	0.000
		%	10.2%	31.7%	58.0%			
10	My job gives me the opportunity to learn about the experiences of others.	N	15	49	141	87.154	124.371	0.000
		%	7.3%	23.9%	68.8%			

Table 4 Demonstrates the primary care provider's satisfaction in does my work mean to me show regarding The tasks I am required to accomplish are clear. (This refers to the job or job duties performed by the employee) while a significant relation were (P-value =0.000) and X² (179.161) while % of agreement were (90.732) the majority of participant always were (76.6%) but Somewhat were (19.0%) but never were (4.4%), regarding my work provides me with opportunities to develop my skills while a significant relation were (P-value =0.000) and X² (51.639) while % of agreement were (80.325%) the majority of participant always were (53.7%) but the somewhat were (33.7%) but never were (12.7%), regarding my work provides me with balance in other aspects of my life. (This refers to the extent to which the job requirements affect my personal life) while a significant relation were (P-value =0.000) and X² (50.702) while % of agreement were (80.163%) the majority of participant always were (52.7%) but the somewhat were (35.1%) but never were (12.2%), regarding my work tasks motivate me to learn and innovate to overcome challenges while a significant relation were (P-value =0.000) and X² (70.517) while % of agreement were (82.602%) the majority of participant always were (58.0%) but the somewhat were (31.7%) but never were (10.2%), regarding my job gives me the opportunity to learn about the experiences of others while (P-value =0.000) and X² (124.371) while % of agreement were (87.154%) the majority of participant always were (68.8%) but the somewhat were (23.9%) but never were (7.3%),

Table 5 Demonstrates the primary care provider's my view of the internal work environment and its impact on my work

Items			What is my view of the internal work environment and its impact on my work?			%	Chi-square	
			Never	Somewhat	Always		X ²	P-value
11	I find the administrative services provided to me at the center satisfactory.	N	23	47	135	84.878	101.776	0.000
		%	11.2%	22.9%	65.9%			
12	The center's management strives to provide offers and facilities for its employees.	N	28	46	131	83.415	88.576	0.000
		%	13.7%	22.4%	63.9%			
13	The center provides me with the necessary tools to help me perform my work.	N	22	69	114	81.626	61.941	0.000
		%	10.7%	33.7%	55.6%			
14	I find the administrative procedures at the center clear.	N	27	41	137	84.553	104.937	0.000
		%	13.2%	20.0%	66.8%			
15	The center has the learning resources I need for work.	N	33	75	97	77.073	30.946	0.000
		%	16.1%	36.6%	47.3%			
16	My supervisor at the center cares about meeting my needs.	N	27	39	139	84.878	110.673	0.000
		%	13.2%	19.0%	67.8%			
17	I consider my supervisor a role model in carrying out my job duties.	N	28	36	141	85.041	116.380	0.000
		%	13.7%	17.6%	68.8%			
18	There is regular, two-way communication between the staff and the center's management through meetings, parties, gatherings, etc.	N	31	49	125	81.951	72.859	0.000
		%	15.1%	23.9%	61.0%			
19	The supervisor is keen to keep me informed of developments related to my work.	N	26	35	144	85.854	126.273	0.000
		%	12.7%	17.1%	70.2%			
20	The supervisors listen to the employees' opinions and appreciate their excuses.	N	26	37	142	85.528	120.010	0.000
		%	12.7%	18.0%	69.3%			
21	My supervisor welcomes my suggestions and ideas for improvement.	N	26	40	139	85.041	111.054	0.000
		%	12.7%	19.5%	67.8%			
22	I meet with the center's supervisors when needed.	N	21	26	158	88.943	176.673	0.000
		%	10.2%	12.7%	77.1%			

23	My workplace (e.g., the office) positively impacts my job performance and provides me with complete comfort while performing my duties.	N	22	49	134	84.878	99.990	0.000
		%	10.7%	23.9%	65.4%			
24	The work environment at the center is healthy and comfortable.	N	26	43	136	84.553	102.624	0.000
		%	12.7%	21.0%	66.3%			

Table 5: Demonstrates the primary care provider's my view of the internal work environment and its impact on my work show regarding all items a significant relation were (P-value =0.000) and the majority of participant in always followed by Somewhat followed by never .

Table 6: Distribution the primary healthcare on primary care providers' job satisfaction

Satisfaction			score	
	N	%	Range	Mesn±SD
Weak	18	8.8	24-72	60.702±13.697
Average	32	15.6		
High	155	75.6		
Total	205	100.0		
X²	166.312			
P-value	<0.001			

Table 6: Distribution the primary healthcare on primary care providers' job satisfaction show regarding Satisfaction while a significant relation were (P-value =0.001) and X² (166.312) the majority of participant in High were (75.6%) but average were (15.6%) but weak were (8.8%) while range 24-72 but **Mean** ± SD were (60.702±13.697)

Figure 3: Distribution the primary healthcare on primary care providers' job satisfaction

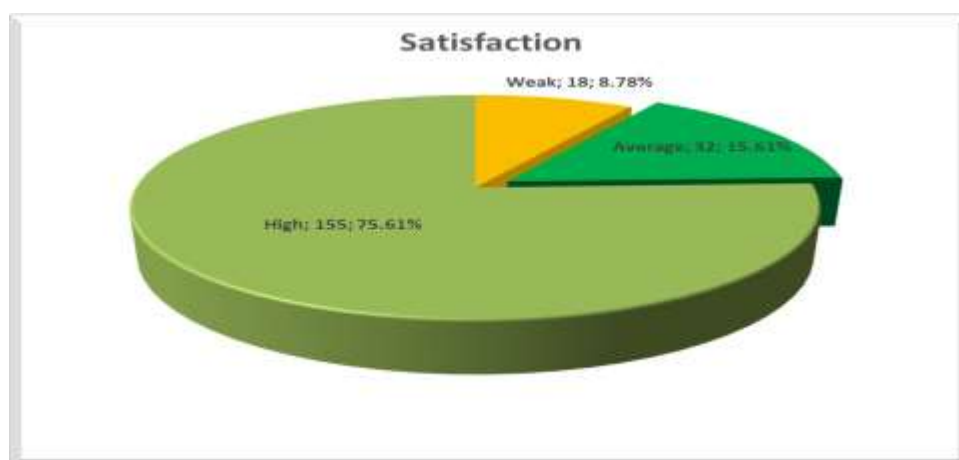


Table 7: Demonstrates the primary healthcare on primary care providers' job satisfaction according to Nature of Work

Nature of Work	N	Satisfaction			ANOVA	
		Mean	±	SD	F	P-value
Doctor	37	59.270	±	12.745	1.021	0.407
Nurse	52	59.500	±	15.394		
Leadership or supervisory position	12	65.500	±	7.634		
Administrative	39	60.590	±	15.437		
Other technical (radiology, laboratory, etc.)	48	60.063	±	13.520		
Other	17	66.176	±	8.271		

Table 7: Demonstrates the primary healthcare on primary care providers' job satisfaction according to Nature of Work show regarding Satisfaction while no significant relation were (P-value =0.407) and F (1.021) the majority of participant in other were Mean ± SD were (66.176 ±8.271) followed by Leadership or supervisory position were Mean ± SD (65.500 ±7.634) but administrative Mean ± SD (60.590 ±15.437) followed by Other technical (radiology, laboratory, etc.) were Mean ± SD (60.063 ±13.520) but doctor and nurse were Mean ± SD (59.270 ±12.745 , 59.500 ±15.394)

Figure 4: Demonstrates the primary healthcare on primary care providers' job satisfaction according to Nature of Work

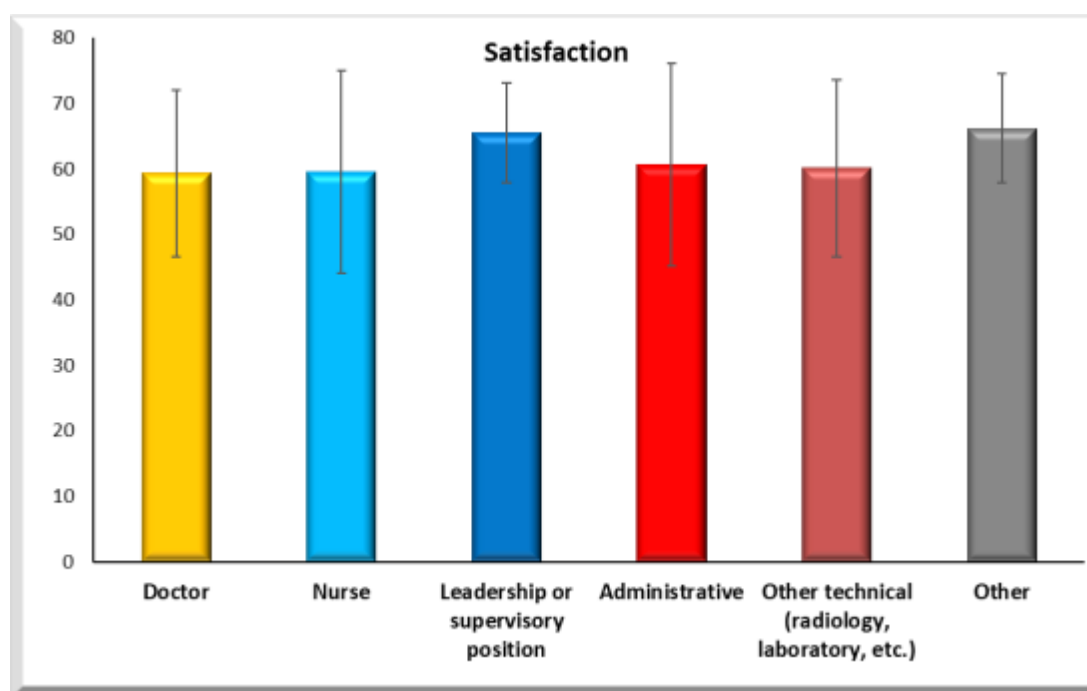
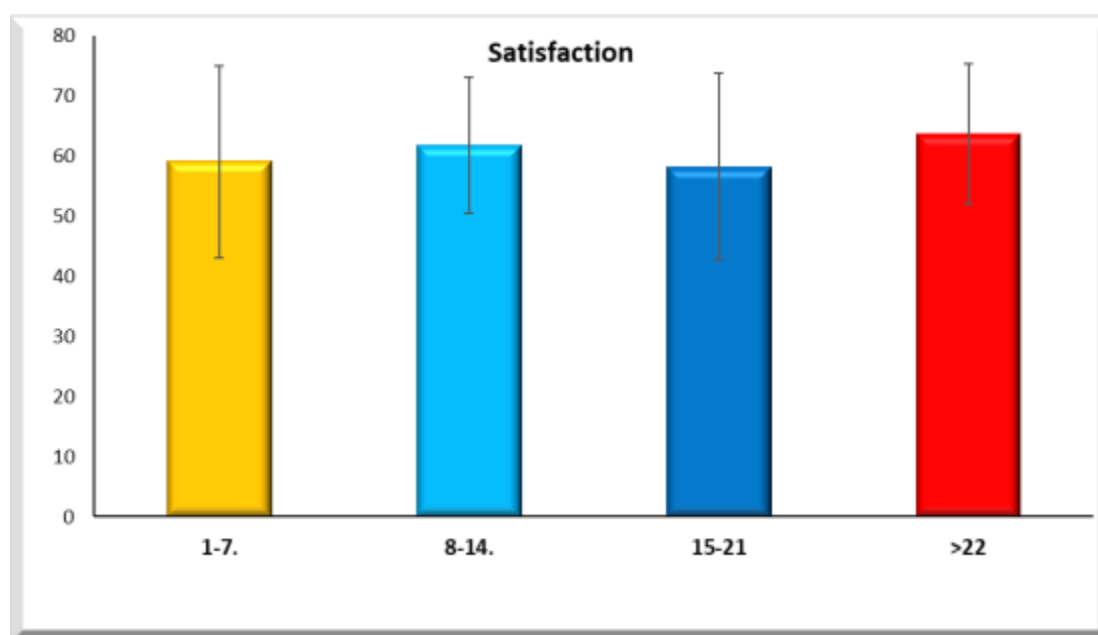


Table 8: Demonstrates the primary healthcare on primary care providers' job satisfaction according to Years of Experience

Years of Experience	N	Satisfaction			ANOVA	
		Mean	±	SD	F	P-value
1-7	51	59.059	±	15.940	1.578	0.196
8-14.	67	61.761	±	11.358		
15-21	45	58.178	±	15.536		
>22	42	63.714	±	11.635		

Table 8: Demonstrates the primary healthcare on primary care providers' job satisfaction according to Years of Experience show regarding Satisfaction while no significant relation were (P-value =0.196) and F (1.578) the majority of participant in >22 were Mean \pm SD were (63. 714 \pm 11.635) followed by 8-14 were Mean \pm SD (61.761 \pm 11.358) but 1-7 Mean \pm SD (59.059 \pm 15.940) followed by 15-21were Mean \pm SD (58.178 \pm 15.536)

Figure 5 : Demonstrates the primary healthcare on primary care providers' job satisfaction according to Years of Experience



Discussion .

The best of our knowledge, this is the first study conducted in which assess the enhanced primary healthcare on primary care providers' job satisfaction. These interventions introduced changes in clinic workflow and delegation of new responsibilities to doctor and nurses in order to achieve greater coordination and continuity of care. Following implementation of enhanced primary healthcare our study demonstrates that primary healthcare from intervention group were more likely to report of having too much stress compared to their. These changes were attributed to nurses being the largest group of health care providers in the primary care clinics which was demonstrated in the subgroup analysis. These findings may reflect the

growing workload on health care providers following initiation of enhanced primary healthcare.

Internal factors that affect satisfaction the study identified work arrangements, interpersonal relationships, systems and policies and professional identity are important factors influencing satisfaction of primary care providers. Notably, our findings regarding interpersonal relationships contrast with those of Zhang et al., who suggested that such relationships seldom emerge as predictors of overall job satisfaction and are less critical than economic rewards [29]

Importance of effects of enhanced primary healthcare on primary care providers' job satisfaction according to Nature of Work factors the results of the Table 1 demonstrates the nature of work of the participants involved in the study show that most of them nurse were (25.4%) followed other technical (radiology, laboratory, etc.) were (23.4%) while administrative were (19.0%) regarding the doctor were (18.0%) while other were (8.3%), regarding the Leadership or supervisory position were (5.9%) (see table 1).

All these new changes in the workplace confer higher stress levels to HCPs. Similarly, studies conducted in the United States of America [30],

Indicated that HCPs perceived their jobs to be more stressful . This may indicate the presence of change fatigue whereby an individual perceived that too much change is taking place after enhanced primary healthcare [31]. change fatigue is still a possible consequence because new staff are gradually recruited during this period to cope with increasing workload and this can have negative implications such as [26] exhaustion, burnout and high turnover intentions [30]. Moreover, it can potentially jeopardize team commitment and quality of patient care [23]

In addition another study reported that we postulate that the slight increase in score among could be due to low staff turnover comparing to intervention group. Due to a possible lower turnover rate, HCPs in control group would have better interpersonal relationship at workplace and they will be getting more familiar with their job scopes and working conditions. Hence, they might be more satisfied with their jobs in the long run. Our findings also showed that nurses are more dissatisfied following implementation of enhanced primary healthcare compared to other healthcare professionals.[20]

Regarding the distribution the primary healthcare on primary care providers' job satisfaction in table 6 a significant relation were (P-value =0.001) and X² (166.312) the majority of participant in High were (75.6%) but average were (15.6%) but weak were (8.8%) while range 24-72 but Mean \pm SD were (60.702 \pm 13.697)(see table 6) Regarding the demonstrates the primary healthcare on primary care providers' job satisfaction according to Years of Experience show regarding Satisfaction while no significant relation were (P-value =0.196) and F (1.578) the majority of participant in >22 were Mean \pm SD were (63. 714 \pm 11.635) followed by 8-14 were Mean \pm SD (61.761 \pm 11.358) but 1-7 Mean \pm SD (59.059 \pm 15.940) followed by 15-21were Mean \pm SD (58.178 \pm 15.536) (see table 8)

Conclusion

Research shows that implementation of enhanced primary healthcare interventions creates both positive and negative impacts on the job satisfaction of HCPs which vary by their professional roles and additional tasks to be conducted. HCPs which provide specialized services reported higher job satisfaction while doctor and nurses conversely reported higher stress levels and being "under-respected". Our study highlights the importance of evaluating the impact of introducing healthcare delivery reforms on the job satisfaction of HCPs. Therefore, in order to optimize healthcare

system performance, provider experience and well-being should be considered when designing health interventions. Primary care managers should pay attention to the job satisfaction status of health workers. First of all, appropriately reduce the intensity of health workers work, actively promote the information integration of primary medical and health services, so that health workers from the complex document work, second, improve the status of health workers, strengthen professional identity.

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