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Problems Affecting Work Performance of Healthcare Practitioners in Jazan, Kingdom Of Saudi Arabia

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Abstract: *This Study Aims To Provide Human Resource Management Framework To Address The Need Of Improving Delivery Of Leadership And Management Skills To Promote The Quality Of Healthcare Practitioners In Health Facilities In Jazan, Kingdom Of Saudi Arabia.*
This Is A Cross-Sectional Study Involving 60 Health Workers And 40 Health Managers In Health Facilities Operated By Moh. Questionnaire Was Used Supported By Unstructured Interview To Gather Data Which Were Statistically Treated Through The Percentage And Weighted Mean.
Results Showed That A Typical Healthcare Practitioner In Jazan, Ksa Has A Mean Age Of 31.17 For Health Workers And 28 For Health Managers; Mostly Females From Asian Countries With Diploma In Nursing/Midwifery As Educational Qualification. Most Of The Health Workers Are Charge Nurses (41.67%). Average Years Of Work Experience Are 6.92 Years For The Health Workers And 12.63 Years For The Health Managers. The Health Workers Showed Agreement On The Utilization Of Performance Appraisal In Their Unit (Mw=3.66). However, They Were Uncertain On Their Appraisal Regarding Remuneration, Benefits And Recognition (Mw=3.30) As Well As On Staffing And Work Schedules (Mw=3.01) And Staff Development (Mw=3.31). Problems Affecting Their Performance Was Generally Moderately Serious (Mw=2.39) But Shortage Of Staff Specifically Was Very Serious (Mw=3.27). They Perceived The Strategies To Improve And Maintain Excellent Performance As Moderately Needed (Mw-2.23). Health Managers Were Often Involved In Management Tasks (Mw=2.89) And They Assessed Their Skills As Good (Mw=3.63).
In Conclusion, Many Of The Healthcare Practitioners Are Dominantly Female Expatriates From Asian Countries Who Do Not Have The Current Educational Qualification Required In The Job. As A Consequence, They Encounter Problems In Their Job Ad Management Affecting Their Work Performance. Addressing These Problems Is Necessary To Improve The Work Performance And Management Skills Of The Healthcare Practitioners.
Keywords: *Expatriates, Health Managers, Health Workers, Management Skills, Work Performance*

I. Introduction

A Healthy Population Is One Among The Concern Of Any Government. Their Participation In The Development And Growth Of The Nation Is Dependent On The Capabilities Of Its Population. This Is Why The People Must Be Safeguarded From Any Form Of Disease Or Injuries.

In Saudi Arabia, The Ministry Of Health (MOH) Is The Primary Agency Responsible For The Provision Of Preventive, Curative And Rehabilitative Health Care For The Population Of The Kingdom. As Such, It Provides Primary Healthcare (PHC) Services Through A Network Of Health Care Centers In The Entire Kingdom Aside From The Broad Base Of General And Specialist Hospitals That It Supports And Supervises [1]. In Addition, The MOH Also Supervises Private Health Care And Hospitals.

The Structure Of The Healthcare System In Saudi Arabia Has Two Tiers. The First Tier Is A Network Of Primary Healthcare Centers And Clinics As Well As Mobile Clinics For Remote Rural Areas. They Provide Preventive, Prenatal, Emergency And Basic Services In Those Areas. The Second Tier Is Composed Of Hospitals And Specialized Treatment Facilities Usually Found In The Urban Areas. As Far As Operation Is Concerned, The MOH Operates 62% Of The Hospitals And 53% Of The Clinics And Centers. The Rest Are Under Other Government Agencies Like The Ministry Of Defense And Aviation, The National Guard, Ministry Of Interior And Other Ministries (Who Cater To The Health Needs Of Their Staffs And Families) As Well As Private Companies [2]. There Are Also Teaching Hospitals Attached To The Medical Faculties Of Universities In The Kingdom [3].

The Population Of Saudi Arabia Based On July 2013 Estimate Is Already 29,939,583. This Includes The 5,576,076 Non-Nationals [4]. In That Same Year, The Population Growth Rate Is 1.51% [5]. With These

Demographics, It Implies The Need Of More Healthcare Workers To Provide Health Services To The Growing Population.

Almalki, Fitzgerald And Clark [6] Stated That The Government Of Saudi Arabia Has Given High Priority To The Development Of Healthcare Services At All Levels. Consequently, The Health Of The Saudi Population Has Improved Much. However, They Also Underscored Many Issues In The Healthcare System In The Kingdom. These Are Shortage Of Saudi Health Professionals, The Health Ministry's Multiple Roles, Limited Financial Resources, Changing Patterns Of Disease, High Demand As A Result Of Free Services, An Absence Of A National Management Crisis Policy, Poor Accessibility To Some Healthcare Facilities, Lack Of National Health Information System And Thee Underutilization Of The Potential Of Electronic Health Strategies.

These Issues Are Addressed Following A Program Or Strategic Plans. Above All, The Shortage Of Saudi Healthcare Professionals Is Overcome By The Recruitment Of Foreign Workers. As A Matter Of Fact, Pallot [7] Observed That The Kingdom's Top Hospitals Are Staffed Largely By Expatriates And These Hospitals Use High Quality, Imported Surgical And Diagnostic Gear And Follow The Protocol Used In Leading American Hospitals.

As Expatriates Dominate The Number Of Staff In A Hospital Or Even In Any Healthcare Facility, There Can Still Be Factors That May Affect Them In Their Work Performance. Although Continuing Education (CME) Is Very Important To Improve Competencies Of Medical Practitioners, The Study By Alkhazim And Althubaiti [8] Showed That Opinions Related To CME Varied Among Different Disciplines And Nationalities. This Implies That The Variations Can Be Attributed To Education, Training And Practice In Their Country Of Origin. They Stated Further That The Healthcare Practitioners Acknowledged The Importance Of CME In Improving Knowledge, Attitudes And Clinical And Academic Skills As Well As Improve Their Clinical Practice Outcome. However, They Raised The Question Regarding The System Of Selecting Participants To Attend CME Events And Its Consideration To Ethical Issues.

A Similar Condition Was By Given Al-Khasman [9] In His Study Entitled "Assessing The Knowledge, Attitudes And Practice Of Primary Health Care Physicians In Riyadh, Saudi Arabia. He Found Out That These Physicians Have Poor Knowledge In Screening Hypertension And Favorable Attitudes Towards Screening People For Hypertension.

Another Study On Knowledge, Attitude And Practice (KAP) Of MOH Primary Healthcare Physicians In The Management Of Type DM In Al-Has District, Saudi Arabia In 2010 Was Made By Khan, Al Abdul Lateef, Khamseen, Aithan, Khan And Al Ibrahim [10]. They Found Out That The Mean Of Overall KAP Score For All The Respondents Was 66.59 With A Standard Deviation Of 8.82.The Mean Overall KAP Score Was Significantly Higher For Physicians With 1-5 Years Of Experience Compare To Those With More Than 5 Years Of Experience. They Said That This Difference Was Found In All Segments Of KAP. Male Physicians Scored Better Than Their Female Counterparts. The Same Was True With The Rural Physicians Who Scored Better Than The Urban Physicians. Their Main Weakness Was On The Epidemiology Of DM. With These Results, They Recommended The Need For Improving The Knowledge, Attitudes And Practices In Treating Type 2 DM Patients.

Eventhough Saudi Arabia Is A Rapidly Developing Country In The Middle East, There Are Still Many Who Practice Traditional Medicine. This Prompted Bakhashwain [11] To Study The Acceptance And Utilization Of Primary Health Care In Jeddah. His Study Revealed That No Single Patter Of Attitude Or Behavior Was Found To Be Consistently Related To Socio-Economic Or Demographic Characteristics. However, There Was An Indication That Education Of Clients Is Significant. He Stated Further That The Nature Of Service Provided Affect Satisfaction. He Also Said That Though Many Aspects Of PHC Are Successfully Implemented, There Is Evidence Of Misunderstanding The Approach By Both Consumers And Providers, Thus Limiting Both Satisfaction And Utilization. Providers And Users Still Prioritize Curative Above Preventive Medicine; Health Education Is Still Neglected And That The Potential Of Media In This Regard Is Not Used Much.

Recently, The Kingdom Has Expanded Its Policy For The Education And Employment Of Saudi Women. This Is Not Only In Accordance With The Saudization Policy But One Way Of Addressing Unemployment Among The Nationals. As Mentioned Earlier, The Population Of The Kingdom Grows About 1.51% Annually. Simpson [12] Cited In Her Dissertation That The Rise In Population Of Saudi Arabia Has Implications For The Healthcare Industry Of Which Expatriates Make Up More Than 85% Of The Country's Healthcare System. With The Education Of Saudi Women Where Some Of Them Go To Allied Health Like Nursing, She Developed Critical Thinking Skills Framework As A Significant Contribution To Nursing Education In Saudi Arabia. She Found Out That The Model Was Effective For The Program. She Said That If Duplicated By Other Programs, It Could Create Learning Environment That Would Allow The Effective Development And Evaluation Of Critical Thinking. Ultimately, It Will Improve Their Work Performance.

II. Objective

This Study Aims To Provide Human Resources Management Framework That Would Address The Need To Improve Delivery Of Leadership And Management Skills In Order To Promote The Quality Of Health Workers In Health Facilities In Jazan, Kingdom Of Saudi Arabia.

Specifically, The Following Were Considered:

To Look Into The Profile Of Healthcare Practitioners And Its Implication To The Delivery Of Healthcare Services.

A. To Determine The Factors Affecting The Work Performance Of Healthcare Practitioners As Well As Their Needs To Improve The Same.
B. To Lay Down Strategic Plans To Address The Factors Affecting Work Performance Thereby Providing Quality Healthcare Practitioners To Deliver Quality Healthcare Services.

III. Methodology

This Is A Cross-Sectional Study Involving 60 Health Workers And 40 Health Managers Employed Under Healthcare Facilities Operated By The Ministry Of Health In Jazan Region. A Self-Administered Questionnaire Was Distributed To The Respondents Who Were Selected Through Purposive Sampling. This Was Supported Through The Use Of Unstructured Interview. Data Provided By Them Were Statistically Treated Through The Percentage And Weighted Mean.

IV. Results

The Results Of The Survey Were Quantified And Were Treated Statistically. They Were Place In Tabular Forms To Facilitate Analysis And Discussion. Some Results Were Presented In A Comparative Table To Enable A Better And Clearer Understanding About The Conditions Of The Respondents.

1.1 Profile Of The Respondents. There Were Seven Characteristics Used To Describe The Respondents. These Were Age, Nationality, Gender, Highest Educational Attainment, Number Of Years As Health Workers And Present Designation.

Table 1: Age Of Health Practitioners

Age Group (Years)	Health Workers		Health Managers	
	Frequency	%	Frequency	%
20 – 29	34	56.67	28	70
30 – 39	15	25.00	8	20
40 – 49	6	10.00	4	10
50 – 59	4	6.67		
60 – Over	1	1.66		
Total	60	100.00	40	100
Mean	31.17 Years Old		28 Years Old	

Table 1 Shows That The Ages Of The Health Practitioners Range From 20 To More Than 60 Years Old. Both The Health Workers (34 Or 56.67%) And Health Managers (28 Or 70%) Are Mostly In The Youngest Age Group (20-29 Years Old). Their Oldest Age, However, Varies. Among The Health Workers, One Or 1.66% Was Noted To Be In The Age Bracket Of 60-Over While The Health Managers' Oldest Age S Are Between 40-49 Years Old Where There Are 4 Or 10% Of Them. When Their Mean Age Was Determined, It Was Found Out That The Mean Age Of The Health Workers Is 31.17 Years Old While The Health Managers Is 28 Years Old.

It Can Be Noticed That The Health Managers Are Younger Compared To The Health Workers. This Can Be Brought About By The Recent Developments In Saudi Arabia Of Encouraging Health Professionals To Pursue Professional Growth In Terms Of Education. Hence, When They Go Back To Work, They Usually Are Designated As Managers.

Table 2: Nationality Of Health Practitioners

Nationality	Health Workers		Health Managers	
	Frequency	%	Frequency	%
Asian	29	48.34	24	60
Saudi	27	45.00	15	38
Other Arabs	2	3.33	1	2
African	2	3.33		
Total	60	100.00	40	100

As To The Nationality Of The Health Practitioners, It Can Be Seen In Table 2 That Both Groups Are Composed Mostly Of Asians. There Are 29 Or 48.34% Of Them As Health Workers While 24 Or 60% Are Health Managers. Saudis Compose The Next Group Where Their Number (27 Or 45%) Is Slightly Lower Compared To Asians Who Are Health Workers. As To The Health Managers, 15 Or 8% Are Saudis. There Are Also Others Who Come From Other Arab Countries And Africa But Their Number Is Very Insignificant

Compare To Their Asian And Saudi Counterparts. It Ca Also Be Noticed From The Data That The Number Of Saudi Health Workers Is Very Close In Number With Their Asian Counterparts. This Can Be Attributable To The Expansion Of Women Given The Privilege Of Getting Higher Education.

Table 3: Gender Of Health Practitioners

Gender	Health Workers		Health Managers	
	Frequency	%	Frequency	%
Male	19	31.67	6	15
Female	41	68.33	34	85
Total	60	100.00	40	100

Table 3, Which Is About The Gender Of The Respondents, Show That Both Health Workers And Health Managers Are Mostly Female. The Former Is Composed Of 41 Or 68.33% Females While The Males Are 19 Or 31.67%. The Latter Is Composed Of 34 Or 85% Females While There Are Only 6 Or 15% Males. This Implies That There Are Few Males Who Are Health Practitioners In Jazan, Saudi Arabia.

Table 4: Highest Educational Qualification

Educational Qualification	Health Workers		Health Managers	
	Frequency	%	Frequency	%
Diploma In Nursing/ Midwifery	28	46.67	22	55
BS In Nursing/ Midwifery	6	10.00	6	15
Other Bachelor's Degree Program	13	21.67	10	25
Master's Degree	2	3.33	2	5
Medical Degree	6	18.33		
Others				
Total	60	100.00	40	100

Table 4 Shows The Highest Educational Qualification Of The Respondents. It Can Be Noticed That Most Of The Respondents In Both Groups Are Graduates In The Diploma Program In Nursing And Midwifery. Those Who Finished Bachelor's Program In Nursing And Midwifery Is Between 10% To 15% Of The Total Respondents. Among The Health Workers, It Could Be Seen That There Are 6 Or 18.33% Who Has A Degree In Medical Courses. Only 2 In Both Groups Posses A Master's Degree. Nobody Among Them Has Finished A Doctoral Degree.

Table 5: Present Designation Of Health Practitioners

Designation	Frequency	%
A. Nursing Category:		
Charge Nurse	25	41.67
Head Nurse	6	10.00
Nurse Supervisor	9	15.00
Nurse Manager	1	1.67
Nursing Deputy Director	1	1.66
Others: (Department Manager)	5	8.33
B. Medical Category:		
Resident	3	5.00
Specialist	3	5.00
Consultant	7	11.67
Total	60	100.00

Table 5, It Can Be Noticed That Among The Health Workers, Most Of Them Are Charge Nurses (25 Or 41.67%) For Those In The Nursing Category. In The Medical Category, Most Of Them Are Consultants (7 Or 11.67%). There Are Equal Number Of Specialists And Residents Where There Are 3 Or 5% Each.

Table 6: Number Of Years As Health Practitioner

Number Of Years	Health Workers		Health Managers	
	Frequency	%	Frequency	%
0-5	27	45.00	5	12.5
6-10	24	40.00	13	32.5
11-15	5	8.33	9	22.5
16-20	3	5.00	6	15.0
21-Above	1	1.67	7	17.5
Total	60	100	40	100
Mean	6.92 Years		12.63 Years	

As To The Number Of Years The Health Practitioners Have Been In The Service, Table 6 Shows That Most Of The Health Workers Seem To Be New For They Have Been Health Practitioner Between 0-5 Years (27

Or 45%). In Contrast The Health Managers Indicated That Most Of Them Have Been In The Service Between 6-10 Years (13 Or 32.5%). There Were Those Who Have Served For 21-Above Years. This Was Signified By 1 Or 1.67% Among The Health Workers While There Were 7 Or 17.5% Among The Health Managers. The Average Number Of Years These Health Practitioners Have Been In The Service Shows That It Is 6.92 Years For The Health Workers And 12.63 Years Among The Health Managers.Apparently, The Health Managers Have Longer Number Of Years As Health Practitioners Compared To The Health Workers. The Difference Of Which Is More Than 50%.

1.2. Assessment Of Health Practitioners On Workplace And Incentives. The Results Of The Survey On This Section Are Separate Between The Health Workers And Health Managers. It Is Because Of The Difference In The Nature Of Their Jobs Functions And Responsibilities.

1.2.1. Utilization Of Performance Appraisal. Table 7 Shows That All The Statements Regarding Performance Appraisal And Utilization In Their Organization Or Unit Were All Agreeable To Them. The Overall Mean Is 3.66. Highest Value Was On Objectives To Be Achieved Are Known By Individuals To Be Assessed (Mw=3.92). This Was Followed By Allowing Employees To Review Their Own Performance (Mw=3.78). The Lowest Value Was On Providing Constructive Feedback On Performance Appraisal Regularly (Mw=3.48). This Was Followed By Giving Opportunity To Employees To Comment On The Results Of Their Own Performance (Mw=3.50).

1.2.2. Remuneration, Benefits And Recognition. As To Their Assessment Regarding Their Remuneration, Benefits And Recognition Which Are Shown In Table 8, It Turned Out That Generally, They Were Uncertain As Evidenced By The Overall Mean Of 3.30. There Were Three Statements, However, Which They Were Agreeable. These Were: A) Remuneration Is Competitive Compared To Other Organizations (Mw=3.53); B) Remuneration Is In Accordance With Experience (Mw=3.57); And C) Remuneration Is In Accordance With Job Responsibility (Mw=3.60).

Table 7: Assessment Of Health Workers Regarding Performance Appraisal And Utilization In Their Organization Or Unit

No.	Statements	Wm	Rank	Int.
1	Objectives To Be Achieved Are Known By Individuals To Be Assessed.	3.92	9	A
2	One-To-One Performance Interview On The Outcome Of Performance Appraisal Is Conducted.	3.53	3	A
3	Performance Standards Expected From Staff Are Clear And Understood.	3.68	5.5	A
4	Constructive Feedback On Performance Appraisal Results Is Provided In A Regular Basis.	3.48	1	A
5	Feedback On How The Employee Is Performing Is Provided Throughout The Year.	3.67	4	A
6	Prompt Action Is Taken When Performance Falls Below Acceptable Standards.	3.70	7	A
7	Managers/Supervisors Inspire Employees To Do Their Best.	3.68	5.5	A
8	Employees Are Given The Opportunity To Comment On The Results Of Their Performance.	3.50	2	A
9	Self Assessment By Employees To Review Their Own Performance Is Done.	3.78	8	A
Overall Mean		3.66	Agree	

Legend: 1.00 - 1.80 = Strongly Disagree (SD); 1.81 – 2.60 = Disagree (D); 2.61 – 3.40 = Uncertain (U) 3.41 - 4.20 = Agree (A); 4.21 - 5.00 = Strongly Agree (SA)

Table 8: Appraisal Of Health Workers Regarding Their Remuneration, Benefits and Recognition

No.	Statements	Wm	Rank	Int.
1	Remuneration Is Competitive Compared To Other Organizations.	3.53	5	A
2	Remuneration Is In Accordance With Experience.	3.57	6	A
3	Remuneration Is In Accordance With Job Responsibility.	3.60	7	A
4	Fringe Benefits Are Known To Workers.	2.87	1	U

5	Health Workers Are Satisfied With Their Fringe Benefits.	3.12	3	U
6	Opportunities Exist For Career Advancement.	3.32	4	U
7	Hardworking Employees Are Recognized.	3.07	2	U
Overall Mean		3.30	Uncertain	

Legend: 1.00 - 1.80 = Strongly Disagree (SD); 1.81 – 2.60 = Disagree (D); 2.61 – 3.40 = Uncertain (U); 3.41 - 4.20 = Agree (A); 4.21 - 5.00 = Strongly Agree (SA)

1.2.3. Staffing and Work Schedules. As The Health Workers' Assessment Regarding Staffing And Work Schedules, Table 9 Shows That They Were Mostly Uncertain On The Statements Used To Appraise This Component. This Is Evidenced By The Overall Mean Value Of 3.01. They Showed Disagreement On The Acceptability Of Overtime (Mw=2.23) And Allocation Of Staffs To Sufficiently Cover Current Workload (Mw=2.17). Two Statements Were Also Noticed To Be Agreeable To The Health Workers. These Were On The Sufficiency Of Materials And Supply (Mw=3.50) And Availability Of Necessary Policies (Mw=3.68).

Table 9: Appraisal Of Health Workers Regarding Staffing And Work Schedules

No.	Statements	Wm	Rank	Int.
1	Getting Opportunities To Make Inputs Into Staffing Policies And Procedures.	3.28	6	U
2	Opportunities Exist For A Flexible Work Schedule.	3.30	7	U
3	The Overall Work Schedule Is Fair.	3.08	5	U
4	Overtime Work Is Acceptable.	2.23	2	D
5	There Is A Good Balance Between People Who Supervise Work And People Who Do The Work.	2.88	3	U
6	The Allocated Staffs In Health Workers' Unit Are Sufficient To Cover The Current Workload.	2.17	1	D
7	Care And Support Of Employees In The Form Of Counseling At The Workplace Is Available.	2.93	4	U
8	Materials And Supplies Are Sufficient.	3.50	8	A
9	Necessary Policies Are Available.	3.68	9	A
Overall Mean		3.01	Uncertain	

Legend: 1.00 - 1.80 = Strongly Disagree (SD); 1.81 – 2.60 = Disagree (D); 2.61 – 3.40 = Uncertain (U); 3.41 - 4.20 = Agree (A); 4.21 - 5.00 = Strongly Agree (SA)

1.2.4. Staff Development appraisal Of Health Workers on Staff Development Is Reflected in Table 10. Generally, The Health Workers Were Uncertain On The Statements Presented Therein. As Shown By The Overall Weighted Mean Value Of 3.31. The Statement With Highest Value For Being Uncertain Is On Giving The Necessary Training To Ensure Job Effectiveness (Mw=3.50). There Was One Item Though Which They Were Agreeable About. This Is On The Participation Of Health Services In Identifying Their Staff Development Needs (Mw=3.43).

Table 10: Appraisal Of Health Workers On Staff Development

No.	Statements	Wm	Rank	Int.
1	An Opportunity For Advancement In The Organization Exists.	3.17	1	U
2	Good Opportunities For Continuing Education Care Are Available.	3.38	6	U
3	The Necessary Training Is Given To Ensure Job Effectiveness.	3.50	8	A
4	Job Specific Refresher Courses Are Available.	3.30	5	U
5	In-Service Training Adequately Addresses The Skill Gaps.	3.27	4	U
6	Incompetent Health Workers Are Identified And Provided With Necessary Support.	3.20	2.5	U
7	Good Leadership/Management Training Is Available.	3.20	2.5	U
8	Health Services Participate In Identifying Their Staff Development Needs.	3.43	7	A
Overall Mean		3.31	Uncertain	

Legend: 1.00 - 1.80 = Strongly Disagree (SD); 1.81 – 2.60 = Disagree (D); 2.61 – 3.40 = Uncertain (U); 3.41 - 4.20 = Agree (A); 4.21 - 5.00 = Strongly Agree (SA)

1.3. Problems Affecting Their Performance. Table 11 Shows That The Problems Of Health Workers Affecting Their Performance In The Organization Are Generally Moderately Serious As Supported By The Overall Mean Value Of 2.39. Specifically, Even Patients' Satisfaction And Feedback Had The Lowest Weighted Mean Value, Yet It Shows That It Was Moderately Serious (Mw=1.85). There Were Five Items Found As Very Serious Problems On The Opinions Of The Health Workers. In Their Descending Order, These Are A) Shortage Of Staff (Mw=3.27); B) Inefficient Staff (Mw=2.75); C) Inefficient Leaders (Mw=2.67); D) Benefits (Mw=2.62) And E) Staffing System (Mw=2.60).

Apparently, All The Statements Presented In The Table Were All Considered To Be Problems Affecting The Performance Of The Health Workers. They Vary Only Between Moderately Serious And Very Serious. Eventhough A Problem Is Moderately Serious, It Must Not Be Ignored Because It May Become Worse. These Can Be Attributable To The Characteristics Of Health Workers Being Mostly Expatriates And Having Mostly A Diploma As Educational Qualification. Hence, Cultural Differences, Language Barriers Cause Other Problems Like Becoming Inefficient. Other Problems Stem Out From Management Like Manager's Leadership Style And Having Inefficient Leaders. All These Need To Be Addressed To Improve The Delivery Of Healthcare Services To The Patients And Clients.

Table 11: Perceptions Of Health Workers On Problems Affecting Performance Of Employees In The Organization

No.	Problems	Wm	Rank	Interpretation
1	Shortage Of Staff	3.27	17	Very Serious
2	Language Barriers	2.03	5	Moderately Serious
3	Coordination With Other Health Personnel	1.92	2	Moderately Serious
4	Patients' Satisfaction And Feedback	1.85	1	Moderately Serious
5	Adequacy Of Supply And Resources	2.02	4	Moderately Serious
6	Staffing System	2.60	13	Very Serious
7	Inefficient Staff	2.75	16	Very Serious
8	Job Commitment	2.45	10	Moderately Serious
9	Cultural Differences	2.00	3	Moderately Serious
10	Proper Communication Skills	2.27	6	Moderately Serious
11	Managers' Leadership Style	2.50	11	Moderately Serious
12	Teamwork	2.28	7	Moderately Serious
13	Appraisal Of Personnel	2.38	8.5	Moderately Serious
14	Remuneration	2.38	8.5	Moderately Serious
15	Benefits (Sick Leave And Others)	2.62	14	Very Serious
16	Inefficient Leaders	2.67	15	Very Serious
17	Undefined Policies And Procedures Of The Organization	2.58	12	Very Serious
Overall Mean		2.39	Moderately Serious	

Legend: 1.00 – 1.75 = Not A Problem
1.76 – 2.50 = Moderately Serious
2.51 – 3.25 = Very Serious
3.26 – 4. 00 = Extremely Serious

1.4. Major Needs. Table 12 Shows The Perceptions Of The Health Workers On Their Major Needs To Improve And Maintain Excellent Performance. The Results Show That All The Statements Presented Therein Are Moderately Needed By Them As Indicated By The Overall Weighted Mean Value Of 2.23. Primary Need That Could Be Noticed Was On Using Pragmatic Approach Which Could Mean Fair Management (Mw=2.43). A Fair Management Results To A Harmonious Working Relationship Between And Among Employees. There

Is Absence Of Jealousies And Favorites. Relatively, The Health Workers Perceived The Need To Have A Leader Endowed With Intellect And Strong Political Will In Governance (Mw=2.35).Their Desire To Have This Kind Of Leader Is An Indication That They Believe The Organization Or Unit Can Perform Better.

The Non-Imposition Of Cultural Practices (Mw=1.93) Turned Out Also To Be A Moderate Need. While This Is Far From Becoming Realized Owing To The Fact That Saudi Arabia Is The Most Conservative Country In The World, Some Exemptions May Be Done In Healthcare Especially On Gender Sensitivity. The Health Workers Expressed Also That Having Full Awareness Of The Structure And Policies Of The Organization Is A Moderate Need (Mw=2.10). This Is Important Since Most Of Them Are Expatriates And That The Structure Of The Healthcare System In Saudi Arabia Is Different From Their Country Of Origin.

Table 12: Perceptions Of Health Workers On The Major Needs To Improve And Maintain Excellent Performance

No.	Statement	Wm	Rank	Interpretation
1	Manager's Innovative Leadership	2.28	8	Moderately Needed
2	More Advanced Leadership Training	2.32	9	Moderately Needed
3	English Proficiency Training	2.12	3	Moderately Needed
4	Non-Imposition Of Cultural Practice	1.93	1	Moderately Needed
5	Using Proper Appraisal System	2.23	5.5	Moderately Needed
6	Sensitive To The Needs Of The General Membership	2.23	5.5	Moderately Needed
7	Empowerment Of Its Officer And Staff	2.27	7	Moderately Needed
8	Pragmatic Approach (Fair Management)	2.43	12	Moderately Needed
9	Fully Aware Of Structure And Policies Of The Organization	2.10	2	Moderately Needed
10	Devoid Of Self Interest	2.22	4	Moderately Needed
11	Endowed With Intellect And Strong Political Will In Governance	2.35	11	Moderately Needed
12	Able To Manage Change (Able To Respond To Change Pressure Of The Organization)	2.33	10	Moderately Needed
Overall Mean		2.23	Moderately Needed	

Legend: 1.00 – 1.75 = Not Needed
1.76 – 2.50 = Moderately Needed
2.51 – 3.25 = Much Needed
3.26 – 4. 00 = Very Much Needed

1.5. Management Tasks. In Table 13, It Can Be Seen That The Health Managers Are Involve In Different Management Tasks In Varying Frequencies. Appearing To Be A Task Always Done By Them Are Providing Continuing Education To Employees (Mw=3.28) And Orientation Of New Staff (Mw=3.38). Managing Conflict (Mw=2.40) And Operational Conflict (Mw=2.33) Are Tasks Which Were Found Out To Be Sometimes Done Only.

Table 13: Involvement Of Health Managers On Management Tasks

No.	Tasks	Wm	Rank	Interpretation
1	Managing Conflict	2.40	2	Sometimes
2	Operational Conflict	2.33	1	Sometimes
3	Counseling Of Employees	2.88	3	Often
4	Orientation Of New Staff	3.38	7	Always
5	Providing Continuing To Education To Employees	3.28	6	Always
6	One-To-One Performance Interview Related To Performance Outcome	2.78	4	Often
7	Placement Of Staff According To Skills	3.15	5	Often
Overall Mean		2.89	Often	

Legend: 1.00 – 1.75 = Never
1.76 – 2.50 = Sometimes
2.51 – 3.25 = Often
3.26 – 4. 00 = Always

The Health Managers Were Also Asked If They Have Received Any Management Training In Specific Aspect Related To Management. Of The 40 Health Managers, 8 Or 20% Responded Affirmatively While 32 Or 80% Answered Negatively. Of The 8 Health Managers Who Have Attended Management Training, 3 Were International In Nature While 5 Were At The Local Level. Further, 5 Of Them Considered The Training As Sufficient To Some Degree, 1 Considered It Sufficient To A Large Degree While 2 Said It Was Only To A Sufficient Degree.

1.6. Management Skills. Table 14 Shows That The Self-Assessment Of Health Managers On Their Management Skills Is Generally Goodas Evidenced By The Overall Mean Of 3.77. They Assessed Themselves To Be Highest In Motivation Skills (Mw=4.05) Followed By Their Problem Solving Skills (Mw=3.85). Their Lowest Was On Performance Appraisal Of Their Subordinates (Mw=3.63).

Table 14: Self-Assessment Of Health Managers On Their Management Skills

No.	Knowledge /Skills	Mw	Rank	Interpretation
1	Health Service Policy Implementation	3.70	3.5	Good
2	Planning Of Health Service Delivery	3.65	2	Good
3	Development Of Performance Standards	3.73	5	Good
4	Development Of Skills Competencies	3.70	3.5	Good
5	Skills Development.	3.80	9	Good
6	Interpersonal Relations	3.78	7.5	Good
7	Counseling Skills	3.75	6	Good
8	Performance Appraisal Of Subordinates	3.63	1	Good
9	Supportive Management	3.78	7.5	Good
10	Problem Solving Skills	3.85	11	Good
11	Motivation Skills	4.05	12	Good
12	Organizing Facilities, Equipment And Supplies.	3.83	10	Good
Overall Mean		3.77	Good	

Legend: 1.00 - 1.80 = Very Poor; 1.81 – 2.60 = Poor; 2.61 – 3.40 = Average;
3.41 - 4.20 = Good; 4.21 - 5.00 = Very Good

V. Discussion

Identities and profile of every staff in an organization is necessary. It provides a ready information for management about their socio-demographic characteristics as well as a reference in staffing and development of human resources.

Both the health workers and managers are dominantly females and a greater number comes from other asian countries. Foreign workers are more in number compared to their saudi counterparts. The population of saudi arabia is estimated in july 2013 to be 29,939,583 and this includes 5,576,076 non-nationals [a]. However, the country depends heavily on expatriate staff attributed to a very low labor force participation rate of saudi women because of cultural and religious barriers [ball 2004: 119-133; mitchell 2009].

With their number of years as health practitioners which mostly range from 0-5 years, this implies that they could not yet fully speak the arabic language particularly those who come from non-arabic speaking countries. Hence, they used mixed english and arabic in communicating with patients or clients and with their colleagues. Languages spoken by foreign workers in saudi arabia, in their descending order are tagalog (philippines), rohingya (bangladesh), urdu (india and pakistan) and egyptian arabic (egypt) [b]. They are predominantly young, mostly with diploma education. As such, most of them are charge nurses. This shows the importance of providing continuing education in order to improve their knowledge, skills and finally, their performance.

Apparently, the health practitioners were agreeable to all the items regarding utilization of performance appraisal in their organization or unit. This means that they have a positive outlook on the purposes why such is being done and therefore, they are amenable to innovations as a consequence brought about by performance appraisal.

The health workers considered several factors affecting their performance which range from moderately serious to very serious. The foremost factor is shortage of staff. This was also pointed out in the study by almalki, fitzgerald and clark [6] as an issue which challenges the healthcare system. The alternative made was to hire expatriates as staff [7] which make up more than 85% of the country's healthcare system in 2002 [12]. After more than a decade, the situation is still the same. This implies that patients or clients utilizing government facilities in saudi arabia are many that shortage of staff always remains as a very problem. His could be attributed to the high demand resulting to free services as stated by almalki, fitzgerald and clark [6]. Consequently, if a staff nurse or any health worker for that matter is stressed, then performance is affected which, in turn, affect the satisfaction of patients and clients about the services provided.

Though the other factors noted from the health workers were moderately serious, yet this could not just be ignored for if they are not addressed it will become a very serious problem, too. And again, satisfaction of patients will still be affected. Al-doghaither [13] revealed in his study that the lowest score on satisfaction level of 450 inpatients from different wards at king khalid university hospital in riyadh was on communication. There was limited communication between nurses and patients which was attributed to cultural and language barriers. Further, his study found out that the male patients were mostly dissatisfied with most of the nursing care provided to them.

With these instances of problems as factors affecting the work performance of the health workers, the leadership and management skills of the health managers are much needed. These health workers expressed that such are moderately needed to improve and maintain excellent performance. As revealed by the survey among

the health managers, only 8 or 20% have received management training. Hence, the health workers see the need of a kind of leadership and management skills that push or motivated them to perform better.

This finding is supported by the study of pillay [14]. He revealed that the largest differences between the mean importance rating and mean skills rating for public sector hospital managers in south africa were on people management skills, task-related skills and self-management skills.

The health managers were found to have been often involved on management tasks. However, orientation of new staff and providing continuing education to employees were the management tasks where there they were involved. This is an indication that they have high sense of responsibility in developing and providing competencies among the staff. This is in agreement with the results of the study by alkhazim and althubati [8]. They said that healthcare practitioners acknowledge the importance of continuing medical education in improving knowledge, attitudes clinical and academic skills as well as improve their clinical practice outcomes.

Managing conflict and operational conflict are tasks which showed that the health managers were sometimes involved only. This does not necessarily mean that there may be no or less conflicts in the workplace. This is more attributed to the educational attainment and number of health managers who have attended management training. Only 2 or 5% of them have a master's degree (see table 4) and only 8 or 20% have attended management training. Hence, most of them do not possess the necessary skills in management. However, these health managers assessed themselves as good in management skills. This is in conformity with the findings of toygar and abulut [15]. They found out that managerial skills of hospital administrators in turkey were positively and significantly correlated with their conflict management and coaching skills.

VI. Conclusions

From the foregoing findings and discussions, it is concluded that many of the healthcare practitioners in jazan who are dominantly female expatriates do not have the necessary current educational attainment required in their designations. As a consequence, they encounter problems in their job and in management affecting their work performance. Addressing these problems is necessary to improve the work performance of the health practitioners.

Strategies to Address the Factors Affecting Work Performance Of The Healthcare Practitioners

Factors	Proposed Strategies
A. Educational Qualification	1. Upgrade The Educational Qualifications Of The Present Staff. • Health Workers With A Diploma Are Encouraged To Finish A Bachelor's Degree In Nursing/Midwifery Through The Bridging Program. • New Recruits Or Staff Should Meet The Current Educational Qualification Required In The Job. 2. Encourage Staff With Potentials And Interest To Undergo Advanced Education Through Scholarship Grants Or Personal Resources If They Do Not Qualify. 3. Providing Health Practitioners With A Regular Training And Attendance To Continuing Education Program To Improve And Provide Current Trends In The Profession. Similarly, Their Knowledge, Attitudes And Skills May Be Improved.
B. Staffing	1. Recruitment Of More Qualified Staff. 2. Manpower Needs/Requirements May Be Anticipated By Keeping Track Of Census And Statistics Of The Hospital. 3. Preventive Care Must Be Promoted In The Community To Reduce Cases Attended At The Hospital. 4. SWOT Analysis May Be Done As A Way Of Mapping Possibilities To Improve Staffing Problems. 5.
C. Management Skills	1. Health Practitioners Should Be Given Training In Management Skills And Approaches To Improve Their Competencies. 2. Training On Total Quality Management Should Be Provided. 3. Management Evaluation Is Necessary.

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