A review of the role of paramedical staff in the healthcare sector and its impact on patient satisfaction and expectations

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Abstract - Today's hospitals face a crisis because its patients aren't happy with the care they get. Understanding the wishes and desires of the patient is an important parameter that affects patient satisfaction. Satisfied patients represent a very valuable asset, if they are satisfied, they will continue to use the service, and if they are not satisfied, they will tell twice as much to others about their bad experience. Paramedical professionals have become as the healthcare system's unsung heroes. These workers are the primary points of contact between patients, family members, and the healthcare providers they support. The purpose of this research is to analyze how the XXX hospital's paramedical staff affects patients' expectations and satisfaction. This is explanatory research which utilise linear regression and descriptive analysis. The population is all hospitalized patients with at least four days of treatment in hospital. The results of the study confirmed that there is a significant impact of paramedical staff's role in patient satisfaction.

Keywords - Paramedical Staff, Healthcare sector, Patient Satisfaction, Linear regression

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INTRODUCTION

The level of contentment expressed by patients is a useful barometer of healthcare quality and a useful instrument for enhancing service delivery. One such definition of patient satisfaction is "the degree to which an individual rates the quality of treatment they got as meeting or exceeding their expectations" 1). In addition to revealing data on the quality of treatment provided by a hospital, patient satisfaction surveys offer valuable insight into how patients perceive their experience there. Measuring levels of contentment has also been shown to connect positively with care outcomes and adherence to treatment 2). Patient satisfaction surveys offer critical data for identifying and fixing problems in the healthcare system. Health policies are beginning to recognize them as an integral part of evaluating the quality of medical services. 3). Patient satisfaction in relation to paramedical employees and related health services has been the topic of a number of worldwide studies.

Satisfaction of patients is a measure of the success of medical personnel. The level of patient satisfaction represents the patients' viewpoint and links the service delivered to their wants and requirements. Patient Opinion Survey of Care Effectiveness (1983) defined patient satisfaction as "a reflection of the healthcare receivers to the salient characteristics of the context, and consequence experience to the services given by the healthcare paramedical professionals, personnel, providers." Nonetheless, it is an undeniable reality that no medical practitioner can complete his or her work and live up to patients' expectations without the assistance of paramedical personnel such as nurses, midwives, technicians, ICU assistants, related workers, etc. As a result, several nations, realizing the value of paramedical workers, have begun to provide them with formal education and training so that they may effectively fill the gap between medical doctors and patients.

A member of the medical staff who has received specialized training to perform clinical duties under the direction of a doctor is known as paramedical personnel. The term is broad enough to include all those who assist in the delivery of healthcare, such as nurses, midwives, therapists, technicians, and so on, but it is typically reserved for the highly educated individuals who work in tandem with physicians and other primary care providers to ensure patients' health and well-being. The term "paramedical personnel" is used to describe a wide range of

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healthcare workers who support doctors and surgeons. 5)

Paramedical staff do standard diagnostic procedures like drawing blood and standard therapeutic operations like injecting or suturing wounds. They also conduct health assessments, gather medical standard histories, and provide patients with assistance and education.6)

Pharmacy in hospitals has evolved beyond dispensing medicine to providing direct patient care or pharmaceutical care planning. Once this is in place, pharmaceutical treatment may be administered directly at the patient's bedside, avoiding the need to transport them to another facility and risking mismatches between medications. The patient feels happier after undergoing this surgery.

The nursing staff makes up a significant proportion of the paramedical workforce. Because nurses are involved in every aspect of patient care in the healthcare facility, nursing care is widely regarded as a crucial factor on which the satisfaction of the patient depends. Nursing care has traditionally been centered on preserving people's health and providing comfort, care, assurance, and confidence to patients. Thus, nurses should exercise more care, friendliness, cordialness, duty consciousness, and pleasant demeanor in order to increase patient satisfaction. 7)

Patient satisfaction and effective communication between paramedical personnel and patients go hand in hand. Patient dissatisfaction is almost certain if paramedical workers are unable to establish open lines of contact with them. If the patient's diseases are treated, their pain is managed, and their happiness is increased, they will be in a better mental state thanks to better and more suitable communication.

The paramedical staff's specialized training allows them to perform advanced procedures endotracheal intubation, intravenous cannulation, or the delivery of medications and fluids. 8)

Recent research has highlighted the fact that paramedic crews spend substantially more time at the site of an event than do ambulance technicians.9)

More basic healthcare tasks are included in the new paramedic models, which also increase the complexity of therapy and clinical decision-making, all while including the 'chain of survival' notion.10)

Careful deliberation and planning must precede any increase of paramedic responsibilities to ensure that emergency treatment is not jeopardized, and that suitable training programs are in place. 11)

Public opinion of a corporation or its offerings may be gauged by looking at how satisfied its customers (or patients in this case) are, as explained by Kotler

(2003: 326)12). Three variables, including patients' 1) general impression of the hospital, 2) assessment of the institution's contribution to the local community, & 3) preference for the hospital, are used to calculate patients' overall appraisal of the facility. One develops confidence (trust) in another person when they are relied upon to act honestly and dependably (Morgan & Hunt, 1994: 23)13).

Medical staff, emergency care, care nurses, availability of a full service, doctor's recommendation, cuttingequipment. courteous staff. pleasant edae atmosphere, prior hospital experience, maintenance costs, family recommendation, hospital distance to home, guest houses, and friend recommendation are all important to people who use health care services, including hospitals (Cooper, 1994: 106). 14). Patient satisfaction is affected by contact elements (e.g., the physical environment and the paramedic staff) (Nguyen and Leblanc, 2002: 246),15 while Kotler (2003: 63) says that symbols, colors, slogans, special attributes, building and physical space and ambience can all contribute to a positive impression and feeling of trust among clients. According to the research of Belanger et al. (2002: 687), "image influences satisfaction, which influences trust, which influences customer commitment." 16)

The paramedical workforce consists of all personnel who work at the front lines of the company and have direct contact with clients, as stated by Nguyen & Leblanc (2002: 245)17).

Twenty patients who sought care at dr. Soebandi Regional Hospital in Jember in January 2015 responded to a preliminary survey; half of them were unsatisfied with their experience, while another third were just somewhat pleased. Five reasons were given by those who were dissatisfied with the service they received: (1) the lengthy wait; (2) the extremely restricted space; (3) the less timely doctors and paramedics; (4) the long wait of laboratory findings; and (5) the less communicative physicians or rushed observations. 18)

Several aspects of patient centered care were evaluated and found to positively correlate with patient satisfaction. These included the ease with which patients could obtain their medications from the pharmacy, the speed with which they could speak with a nurse, and the attentiveness with which their doctors listened to their concerns (19). Patient satisfaction increased from 34% at the start of an interventional study in one Karachi RHC to 80% by the end of the year. The interventions focused on bettering doctor & staff communications skills, capacity building on disease management, staff competence, and the introduction of the quality of care concept. 20)

It was clear from the results of the pilot study that further research was needed to determine how

paramedical employees at XXX hospital contribute to patients' overall happiness.

PURPOSEOF THE STUDY

- Analysethe role of paramedical staff in healthcare sector.
- Analyse the impact of role on patient's expectation and satisfaction.

RESEARCH METHODS

Design

Since the researchers wanted to know what factors caused what, they were doing explanatory research (Singarimbun & Effendi, 1995: 3-4)21. Hospital patients were surveyed to collect information or statistics about paramedics' roles and patient satisfaction.

Research Population

Patients at XXX Hospital were the subjects of the research. Patients who had been admitted to the hospital for at least four days were included in the study.

Samples and Sampling Techniques

A stratified sample method based on predetermined classes was used for this purpose. Each hospital's care services fall into one of three "class" categories: class 1, class 2, and class 3. Purposive sampling was used to choose a sample size of 20% of the population (Sugiono, 2000: 52) 22. The following table displays the total number of patients that were included in the study:

Respondents met one or more of the following conditions:

- 1) Patients who need hospitalization for a minimum of four days.
- 2) Patients who were fully alert and able to express themselves.
- 3) Patients' relatives who have children in the pediatric unit.
- 4) Participating patients and/or their families

Research Variables

- 1) Independent variable consisted of: role of paramedical staff in healthcare sector.
- 2) Dependent variable was the patient's expectation and satisfaction.

Operational Definition of Variables

 Role of paramedical staff in healthcare sector(X) The indicators used were:

- a) A conscientious nurse keeps a daily health record.
- b) Collecting and documenting patient-specific lab results
- c) Patient records that are passed from one shift's supervisor to the next
- d) Making a comprehensive individual patient discharge record

Patient happiness (Y), defined as "the degree to which a patient's hopes, expectations, and needs have been satisfied." The degree to which a patient felt their needs were met is an inherently subjective measure of service quality.

The metrics that were looked at;

- a) The relationship of paramedical staff with patient
- b) Communication with paramedical staff
- c) Behaviour of paramedical staff
- d) Availability of paramedical staff when patient called them

The Likert scale was used to determine the score range for each of the aforementioned variables: 1 = not pleased, 2 = sometimes, and 3 = extremely satisfied.

Research Hypothesis

According to the framework, the following research hypotheses were developed:

1. The position of paramedical employees in the healthcare industry has a considerable influence on patients' happiness.

RESULTS AND DISCUSSION

Table 1: Level of Agreement on role of Paramedic Staff

	Daily health chart preparation by concerned nurse	Gathering lab technicians' reports on specific patients, reporting and documenting those findings	Individual patient transit information between shift in- charges	Preparation of each patient's complete discharge record
Strongly Agree	12	10	16	20
Agree	15	18	18	16
Neutral	5	3	6	2
Disagree	10	10	6	8
Strongly Disagree	8	9	4	4

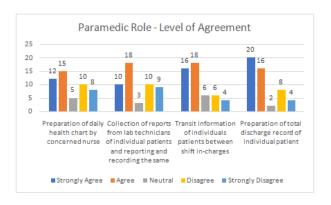


Figure 1: Level of Agreement on Paramedic Staff

Table 2: Characteristics of role of paramedical staff and Patient Satisfaction according to patients

Patient Satisfaction	Frequency	Percentage
Very Satisfied	14	28
Quite Satisfied	30	60
Not Satisfied	6	12
Total	50	100

In order to foretell whether or not a patient will be happy with their care, the regression model may be utilized. In other words, the linear regression model was used to examine the influence of the paramedical staff's involvement on patients' expectations and satisfaction levels at XXX hospital. The results are shown belo.

Table 3: Correlation and Regression for Physical Support (X1) and Contact Employees (X2)

Coefficients				
	Estimate	Std Error	T Value	P Value
Intercept	17.65	2.284	7.78	.0087
Role of Paramedic Staff (X)	0.151	0.184	0.818	.017

Multiple R	Adjusted R Squared	F Ratio	F Ratio Sig
0.516	0.52	8.519	0.001

Based on the data in Table 3, we find that the F value ratio is equal to 8.519 at the 0.001 level of significance. In order to foretell whether or not a patient will be happy with their care, the regression model may be utilized. That is to say, at XXX hospital, paramedical workers have just as much of an impact on patients' overall happiness as doctors and nurses do..

DISCUSSION

Role of paramedical staff in healthcare sector

The questionnaire on role of paramedical staff depicts that 29% of respondents strongly agree and 33.5% agree to the role of paramedical staff while 17% disagree and 12.5% strongly disagree. Around 8% of respondents were neutral about the role of paramedical staff. The item of the questionnaire titled "Preparation of total discharge record of individual patient" received the highest level of agreement regarding the responsibilities of paramedics, while the item titled "Collection of reports from lab technicians of individual patients & reporting and recording the same" received the lowest level of agreement.

Patient satisfaction at XXX Hospital: The Impact of Non-Medical Personnel.

Table 2 reveals that the effect of the regression coefficient for the function of paramedical personnel on patient satisfaction is 0.151, with a probability value of 0.017. Patients are more satisfied when paramedics are involved, proving the notion.

Nguyen & Leblanc (2002: 245) argued that all frontline workers that interact with patients should be considered paramedics.23). Paramedical workers were deemed to be the most crucial part of hospital care by Lim et al. (2000: 290)24). Adikoesumo

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(1997: 234) observed that physicians and nurses played a role in promoting the patient's recovery, particularly via their hospitality or special attention to patients, which is why doctors and nurses play such an important role in developing a quality of service at a hospital. 25)

'In the perspective of their patients, paramedics may be perceived as an important part of the service experience,' Lovelock and Wright (2002: 324) said. Meanwhile, appearance, competence, experience, knowledge, and professionalism are the three criteria by which a paramedic is evaluated, according Nguyen and Leblanc (2002: 250). 27). In addition, Bitner and Zeithaml (2000: 19) state that the success or failure of real-time services is affected by several factors, including the workers' own attitudes and behaviors, including their appearance and performance. 28). Furthermore, the service delivery system, notably paramedical employees, was emphasized by Hair (1998: 29). As a result, the paramedical staff's ability to make patients feel at ease has a significant impact on their overall happiness with their hospital stay.

Paramedical staff's roles influenced patients' happiness, as measured by their expectations of the hospital's honesty and dependability (Stavins & Fache, 2004: 421).30)

CONCLUSIONS AND SUGGESTION

The following conclusion may be drawn from the arguments presented:

To a large extent and positively, the happiness of patients is influenced by the work of paramedical personnel. In light of these results, it is reasonable to assume that enhancing the paramedical staff's function would boost patients' overall happiness. That is to say, the XXX Hospital's paramedical personnel has contributed to an increase in patient satisfaction. Therefore, it is preferable that all paramedical employees be properly educated and should have adequate experience dealing with the patient in order to satisfy the expectations and satisfaction of the patient. Because no 2 patients are the same, it is important that paramedical workers get regular training on how to interact with patients and their loved ones. The patient will be happier and more happy with their development if this form of harmonious behavior is practiced.

REFERENCES

- 1. Ho SE, Kaur G, Wafa SR, Zakaria SZS, Omar R. Postcardiac Surgery Patient Satisfaction with Quality Nursing Care at Intitute Jantung Negara (IJN)2006
- 2. Alasad JA, Ahmad MM. Patients' satisfaction with nursing care in Jordan. International

- Journal of Health care quality assurance. 2003;16(6):279-85
- Bowling A, Rowe G, Lambert N, Waddington 3. M, Mahtani K, Kenten C, et al. The measurement of patients' expectations for health care: a review and psychometric testing of a measure of patients' expectations. 2012.
- 4. Bogireddy, Sahithi & Rathinavelu, Mohanraj & Kalimuthu, Rajeswari & Reddy, Yiragamreddy. (2016). Patient Satisfaction and Experiences towards Paramedical Services in a Secondary Care Referral Healthcare Setting of India. Indian Journal of Pharmacy Practice, 9, 37-42. 10.5530/iiopp.9.1.8.
- Paramedical staff (n.d.). pallipedia.org. 5. https://pallipedia.org/paramedical-staff/
- 6. Paramedic (n.d.).https://www.thefreedictionary.com/. https://www.thefreedictionary.com/Param edical+Personnel
- 7. Bogireddy, Sahithi & Rathinavelu, Mohanraj & Kalimuthu, Rajeswari & Reddy, Yiragamreddy. (2016). Patient Satisfaction and Experiences towards Paramedical Services in a Secondary Care Referral Healthcare Setting of India. Indian Journal of Pharmacy Practice. 9. 37-42. 10.5530/ijopp.9.1.8.
- 8. National Health Service Training Directorate. National Health Service training manual. Bristol: NHSTD, 1991.
- Rouse A. Do ambulance crews triage 9. trauma patients? Arch Emerg Med 1992;8:185- 91. 4 Weston CFM, McCabe MJ. Audit of an emergency ambulance service: impact of a paramedic system. Jf R Coll Physicians Lond 1992;26:86-9.
- 10. Ball L. Setting the scene for the paramedic in primary care: a review of the literature. Emergency Medicine Journal 2005; 22: 896-900.
- 11. O'Meara P, Walker J, Stirling C, Pedler C, Tourle D, Davis V et al. The rural and regional paramedic: moving beyond emergency response. Bathurst, NSW: Charles Sturt University, 2006.
- Kotler, Philip. 2003. Marketing Management. 12. Engelwood Cliffs: Prentice Hall International Inc. A Division of Simoon and Scuster: 64-
- Morgan, Robert and Shelby Hunt 1994. The 13. Commitment-Trust Theory of Relationship Marketing. Journal of Marketing 58: 20-38.
- 14. Cooper, Philip D. 1994. Health Care Marketing: A Foundation For Managed Quality. Gaithersburg, Maryland: Aspen Publisher, Inc.: 1-331
- 15. Nguyen, Nha and Gaston Leblanc. 2002. Contact Personnel, Physical Environment

- and Perceived Corporate Image of Intangible Services by New Clients. International Journal of Service Industry Management 13: 242-262.
- Belanger, Charles, Joan Mount and Mathew Wilson. 2002. Institutional Image and Retention. Tertiary Education and Management 8: 217-230
- Nguyen, Nha and Gaston Leblanc. 2002. Contact Personnel, Physical Environment and Perceived Corporate Image of Intangible Services by New Clients. International Journal of Service Industry Management 13: 242-262.
- 18. The Impact of Physical Support and Contact Personnel on Patient Satisfaction at dr. Soebandi Regional Hospital of Jember Moh. Wildan IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p-ISSN: 2320–1940 Volume 6, Issue 1 Ver. V (Jan. Feb. 2017), PP 21-27 www.iosrjournals.org
- 19. Qidwai W, Karim S, Irfan F. Communication skills of family physicians in a doctor-patient consultation. J Coll Physicians Surg Pak 2003;13(11):674.
- Shaikh BT, Mobeen N, Azam I, Rabbani F. Using SERVQUAL for assessing and improving patient satisfaction at a rural health facility in Pakistan. East Mediterr Health J 2008;14(2):447-56.
- 21. Singarimbun dan Soffian Effendi.1995. Metode Penelitian Survai, LP3ES, Jakarta: 166-168.
- 22. Sugiono, 2000, Statistik Untuk Penelitian, Bandung, Alphabeta.
- 23. Nguyen, Nha and Gaston Leblanc. 2002. Contact Personnel, Physical Environment and Perceived Corporate Image of Intangible Services by New Clients. International Journal of Service Industry Management 13: 242-262.
- 24. Lim, Cheng Puay and Nelson K.H.Tang. 2000. A Study of Patients Expectation and Satisfaction in Singapore Hospital International. Journal of Health Care Quality Assurance 13 No.7: 290-299.
- 25. Adikoesoemo, Suparto. 1997. Manajemen Rumah Sakit. Jakarta: Pustaka Sinar Harapan : 46-48.
- 26. Lovelock, Christoper and Lauren Wright. 2002. Principles of Service Marketing and Management. USA: Prentice Hall Internasional. Inc.: 50-325.
- Nguyen, Nha and Gaston Leblanc. 2002. Contact Personnel, Physical Environment and Perceived Corporate Image of Intangible Services by New Clients. International Journal of Service Industry Management 13: 242-262.
- 28. Zeithaml, Valarie A and Mary Jo Bitner. 2000. Service Marketing. Singapore: Mc Graw-Hill Companies Inc.: 3-287.
- 29. Hair J.F., Anderson Rolp. Tatham E., Ronald L. and Black William C., 1998. Multivariate Data Analysis, Fift Edition, New York' Prentice Hall International Inc.

30. Stavins and Fache. 2004. Developing Employee Participation in the Patient Satisfaction Process. Journal of Healthcare Management 49: 135-139.

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