

**THE UNACCEPTABLE ATTITUDE
OF SOME HEALTH WORKERS
TOWARDS PATIENTS IN HEALTH
CENTRES IN THE STATE OF
BAHRAIN**

MARIAM D AHMED

**MA in Health Management, Planning and
Policy**

September 1993



**NUFFIELD INSTITUTE
FOR HEALTH**

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In the name of God, Most Gracious, Most
Merciful.

"Seest thou not how God sets forth a parable?
- A goodly Word like a goodly tree, Whose
root is firmly fixed, and its branches
(reach) To the heavens."

The Holy Qur'an

This dissertation has been submitted in partial fulfilment of the requirements for award of the Master of Arts in Health Management, Planning and Policy. The examiners cannot, however, be held responsible for the views expressed, nor the factual accuracy of the contents.

Carol E. Barker

Carol Barker (Dr)

Director of Postgraduate Courses

DEDICATION

This dissertation is dedicated to my parents, especially my deceased mother who always encouraged me to continue my education. It is also dedicated to my husband, Jalal, for his continuous support and encouragement, and to my four children, Maissan, Jenan, Zawan and baby Mazen, who have been tolerant with me during the preparation of this dissertation.

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PREFACE

The attitude of health workers is an important issue which could positively or negatively affect the health services.

"If you really want to help somebody, first of all you must find him where he is and start there. This is the secret of caring. If you cannot do that, it is only an illusion, if you think you can help another human being. Helping somebody implies your understanding more than he does, but first of all you must understand what he understands. If you cannot do that your understanding will be of no avail. All true caring starts with humiliation. The helper must be humble in his attitude towards the person he wants to help. He must understand that helping is not dominating but serving. Caring implies patience as well as acceptance of not being right and of not understanding what the other person understands." Kierkegaard (1859)

The above paragraph portrays the importance of good attitudes towards the patients which are crucial in the process of treatment and healing. This study has discussed the problem of the unacceptable attitude of some health workers towards patients in the health centres in Bahrain.

The study also highlights some patients' complaints which have surfaced through my years of service in the health centres.

In chapter one I have attempted to illustrate the significance of studying the problem of the unacceptable attitude of some health workers towards patients in Bahrain and I have put forward the questions of the study. I have also explained some definitions of the terms used in the study.

In chapter two I have reviewed literature which is related to the problem of the study (the unacceptable attitude of some health workers towards patients) and some literature which is related to the factors affecting the attitudes of health workers such as lack of motivation, lack of communications skills, lack of training, the overwhelming number of patients and the supervisory field visit.

In chapter three I have attempted to focus on the types of patients' complaints and the methods used by the patients to put forward their complaints. These are divided into verbal and written complaints.

Chapter four has been divided into three parts. In part one I have discussed the reasons for the unacceptable attitude of some health workers towards patients in Bahrain. Part two has highlighted the questions of the study. Finally, part three discussed the findings and recommendations.

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I would like to thank the staff of the Nuffield Institute for Health and IRC in particular for their friendly assistance throughout the course of my study.

I also owe a great debt of thanks to Deborah Hale, whose skills have been of great help in typing and final production of this dissertation.

Lastly, I must stress that, while all these good people have given valuable assistance with the dissertation, the end product is entirely my own and reflects my conclusions, not theirs.

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ABSTRACT

The attitude of health workers towards their patients is an important issue which could help in identifying the nature of a patient illness.

In this study the author discusses the subject of the unacceptable attitude of some health workers towards patients in health centres in Bahrain. She has selected the subject to reflect her years of service in the health centres in the State of Bahrain. The author believes that this study will be of great help in attempts to improve the primary health care in the State of Bahrain.

In the discussion of the problem of the unacceptable attitude of some health workers towards patients in health centres in Bahrain the author used the methods of literary reviews, the health statistics of the state of Bahrain and the questionnaire which was circulated by Ghafar in the health centres in the State of Bahrain.

In this study the author examines four key factors; the overwhelming number of patients at the health centres, the lack of efficient training in communication skills, the role of motivation in improving the standards of primary health care and the importance of the supervisory field visits.

The author has reached various conclusions in answer to the four main questions of the study. She has also made some recommendations which could be important in helping to change the attitude of some health workers from an unacceptable attitude to an acceptable attitude towards the patients in the health centres in the State of Bahrain.

CHAPTER ONE

INTRODUCTION

The attitude of health workers towards their patients is an important issue, one which could help tremendously in identifying the nature of a patient illness and deciding whether it is due to a psychological or social problem as opposed to a merely physical one.

The realisation of the effectiveness of a good attitude in healing or minimizing a patient's suffering during his/her illness has promoted some countries today to introduce communication skills within their training programmes. The unacceptable attitude of some health workers could be a strong reason for patients' complaints. An unacceptable attitude can be the result of multiple factors, including job dissatisfaction among health workers, lack of motivation, problems related to communication and possibly the result of an overwhelming number of patients attending health services in the State of Bahrain.

Statement of the problem

The problem discussed in this study - the unacceptable attitude of some health workers towards patients in health centres in Bahrain - exists in the behaviour of some health workers which I myself have noted through my practical experience during the last few years. The inappropriate behaviour of the health workers towards patients can have negative effects on both the curative process and the reputation of the health services as represented by either the patient's satisfaction or his/her dissatisfaction with the health service. A good attitude towards the patient is vital in order to gain the information needed to help in giving accurate treatment, determining

his/her health demands, ensuring that each patient has his/her accurate records and reports setting out the appropriate plans for future services (Persaud, 1993).

However, some health workers still persist in seeing their patients merely through their physical illness as being a broken machine in need of repair, without taking into account the patient's humanity, personal dignity, his/her ability to interact positively with regard to the attitudes of health workers towards them (Miller et al, 1979). Through this study I shall explore the reasons behind the attitude of some health workers towards patients which could be the lack of motivation, the lack of communication skills, the lack of training, the overwhelming number of patients, or it could be personal reasons related to individual personalities and psychological profiles. The attitude of health workers towards patients is an important consideration in the implementation of health programmes to meet the needs of the community.

The State of Bahrain is an archipelago of 33 islands with a total area of 693.15 sq km. It is linked to the Kingdom of Saudi Arabia by the King Fahad Causeway from the western coast. The main island of Bahrain has a total area of 595 sq km. Manama is the capital and is located to the north east of the main island and it is linked with Muharraq Island on the north east by Shaikh Hamad Causeway. The main island is also linked to Sitra Island on the east coast by another causeway. The State of Bahrain achieved independence in 1971 under the leadership of HH the Amir of Bahrain Shaikh Isa Bin Salman AlKhalifa. The Amir is assisted by HH the Prime Minister Shaikh Khalifa Bin Salman AlKhalifa. Bahrain is considered as being an industrial base for oil production and refinery and one of the major

banking centres for national and international banks. The population of Bahrain is 516,440 (health statistical abstract 1991). The crude birth rate is 30.5/1000. The urban area is occupied by approximately 85% of the population. Seventy percent of Bahrain's population has received formal education to the level of secondary school. The remaining 30% mostly are the elderly currently attending elderly teaching programmes.

All the residents in the country have the right to comprehensive health care which is provided by the Government of Bahrain through the Ministry of Health and includes primary, secondary and tertiary health care, all of which is provided free of charge, as the Government of Bahrain does not impose any tax on incomes or services. The Government is fully committed to the declaration of Alma-Ata and the concept of "Health for all by 2000". The Ministry of Health continues to provide preventive and curative health care services through the hospitals and health centres. There are a total number of 19 health centres and 2 clinics which are distributed in the residential areas of the Island.

Despite equal accessibility to health care, however, there are large numbers of patients who are dissatisfied with the system. This came through very clearly in my experience as a Regional Health Officer. Unfortunately the unacceptable attitude of some health workers towards patients has driven people to seek health care in the private sector, looking for a good approach, a good reception and a good attitude. The problem of the unacceptable attitude of health workers towards their patients in Bahrain will be discussed in more detail in chapter three.

The significance of the study

The significance of the study can be found in the influence that the unacceptable attitude of some health workers towards patients has on the remedial process. Also, this problem if not solved effectively will only serve to further increase the problem in Bahrain as well as reflect negatively upon the health services in general and primary health care and its workers in particular. Although the good attitude of health workers towards patients is an important issue, no study to date has discussed this subject in Bahrain. This leads to a misconception by planners that health workers' attitudes are not a problem to maintain the standard of work thereafter. This study will also concentrate on the attitudes of non-professional health workers because most of the literature on the subject discusses the attitudes expected of professional health workers, such as physicians and nurses. Most of the literature concentrates upon the process of treatment itself and the instructions given by the professional staff regarding its application. Very little is said on the subject of giving equal attention to the patient's social and psychological make-up or his/her feelings and emotions in general, even though these factors are crucial in a patient's response towards the curative process and the health service in general, as well as health workers' attitudes in terms of reliable work (Fletcher, 1980).

Welford (1975) tried to focus on the gap in communications between the nurses and the patient, but the paper concentrated on methods of conveying the medical instructions to both the in- and outpatient without wasting staff time.

In Bahrain there was a questionnaire produced recently by the health centres directorate. The concept behind the questionnaire was to find out the reasons for the patients' dissatisfaction. This is discussed in greater detail in chapter four. The importance of the study referring to the unacceptable attitude of some health workers towards patients in Bahrain can be made clear by illustrating the importance of the non-professional categories of health workers as being a crucial part of the team in primary health care. There are some professional workers who believe that the professional category is the most important in health care and who are ignorant of the role played by non-professionals within the health care system.

This study is important for the community of Bahrain as it clarifies the importance of generating confidence between the health workers and the community. Most of the health centres do not suffer from any major scarcity of resources. The centres are manned by staff with various levels of qualifications, experience and expertise. The problem that then remains is the attitude of some health workers who are ignorant of the importance of a good attitude. They fail to take into account the influence of psychological factors in a patient's well-being (Fletcher, 1980). Throughout my years of service within the health care system many problems have arisen out of this dissatisfaction and inconsiderate attitude towards patients. This study will examine this problem by considering four key factors: the overwhelming number of patients at health centres; the lack of efficient training in communication skills; the role of motivation in improving the standard of primary health care and in building a positive attitude towards patients, and finally it will also focus on

the importance of supervisory field visits by senior personnel in order to maintain standards of work as well as support and motivate the health workers (Sihvonen, 1991).

This theme will also be relevant to the work of field officers (regional health administration officers - each officer is in charge of five health centres) in primary health care in Bahrain where it could help in understanding the relationships between health workers and patients. It could also help in rebuilding and reinforcing this relationship, increasing the insight of senior Ministry of Health managers into problems based on work conditions and providing information regarding the setting up of plans for the future.

Finally, the author has suggested some recommendations which could aid in discovering whether or not a change in staff attitudes, reducing the number of patients per health worker, increasing the motivation with recurrent field visits of senior personnel and in introducing some modifications to the training programme according to work needs would reflect positively upon the health care system by improving the services level and achieving the community's satisfaction which, in turn, would reflect positively upon the mutual confidence between the health providers and patients.

Questions discussed in the study

The author has introduced the following questions which can be considered as being the focus of the study:

1. Is there a real relationship between the overwhelming number of patients and the unacceptable attitude of health workers towards patients?

2. Could introducing good communication and reception skills in the training programmes of health workers change the attitude of health workers towards patients?
3. How could the lack of motivation among the health workers be related to the unacceptable attitude of some health workers towards patients?
4. Could recurrent field visits by senior personnel have a positive effect in maintaining standards of work and ensuring a good attitude towards patients?

Terms related to the study

Listed below are some of the terms found in the literature reviewed and in the study. It is important that these terms be examined and their meanings understood within the context in which they are used.

1. Attitudes

Attitudes are "a predisposition to experience, to be motivated by and to act towards a class of objects in a particular manner" (Smith et al, 1956). According to these writers, attitudes are unclear feelings and thoughts which will be expressed in some form of behaviour only when the circumstances allow it. From a psychological point of view attitudes are very much related to other concepts, namely values and beliefs. Values are an assessment of worth and it is defined as "a belief upon which a man acts by preference" (Allport, 1961).

2. Appropriate attitudes

According to Downie et al (1974) there are three possible types of appropriate attitude towards people. Firstly, people are seen as human beings with certain features to make them human. Secondly, people are seen as a group of a certain class, eg "patients", and thirdly, people are seen as distinctive individuals. It is common to see people in more than one type and possibly the three types at the same time. According to Downie et al, when people are seen as human beings who can be respected, people's behaviour is dependent on their rationality and responsibility. This type of attitude is morally acceptable as it preserves a person's dignity and respects his/her wishes.

3. Inappropriate attitudes

According to Downie et al (1974), when people are seen as objects rather than human beings, these impersonal attitudes are considered inappropriate. According to this attitude people are not seen as rational and responsible when they get ill and there is also the tendency to address the patient as being a member of a certain group, thus denying the patient's individuality. As a result, such a grouping of patients will result in them becoming depersonalised objects.

4. Communication skills

Communication is the process of transfer or exchange of information between one person and another or a group of people. This transfer of information between people can be carried out through a special system of symbols, signs and behaviours (Maker, 1971). Communication is an essential element in health care services in general and in primary health care in particular. WHO

(1988) emphasised that in order to develop a functional communications system for categories of health workers, there is a need to utilize all types of media, such as radio, television, video, newspapers, posters and books.

To ensure good communication with the patient it is important to be a good listener. Privacy is an important issue when attempting to encourage patients to talk, as is eye contact, tone of voice and facial expression. All are important issues needing consideration (Persaud, 1993).

Motivation

Motivation is a complex concept. Currently, motivated behaviour is considered as a "goal - directed behaviour". The process of motivation usually is initiated when a certain need is identified which will stimulate an activity (goal directed). When such a need (goal) is achieved the individual will reflect his/her needs according to the learned process and this will initiate another process directed behaviour again (Longest, 1984). Many theories have been developed trying to explain motivating human behaviour. These theories can be divided into either content theories or process theories. The content theories try to identify the reasons within the individual or his/her environment that stimulate, sustain and lastly terminate his behaviour (Maslow, 1943). On the other hand, process theories try to explain motivated behaviour by observing certain variables and show how these variables interact with each other to result in different behavioural patterns among people (Longest, 1984).

Standards of work

Control-function is used when planning to achieve goals within an organisation. It is a positive process that tries to evaluate the accomplished results.

Establishing standards is the first step in any control-function for any plan. Other steps include measurement of performance, comparison of results with standards and, lastly, correcting any deviation from standards (Newman, 1975). Standards can be defined as those established criteria which can be used to compare the actual results of the control function. The way the standard are set can affect the process and other steps of the control, especially the comparison with actual results.

There are many different types of standards. They can be general qualitative standards in areas such as attitudes, morale or interpersonal relationships. On the other hand, standards can be quantitative, ie they can be stated in specified units such as number of procedures per hour or cost per procedure.

Summary

In this chapter I have tried to state the problem of the study. I have described in general the demographic characteristics of the State of Bahrain and the distribution of the health centres. I have elaborated also on the significance of the study as related to the level of health services provided by the Ministry of Health in Bahrain. I have introduced the main four questions of the study and I have explained also some terms which are related to the subject of this study.

CHAPTER TWO

REVIEW OF THE LITERATURE

In this chapter I will examine the principal literature related to the attitudes of health workers towards patients. I will also attempt to explore the literature which concerns the effect of some factors such as motivation, communication skills, supervisory field visits and the overwhelming number of patients have on the attitude of some health workers towards patients.

Unfortunately, most of the literature discusses the problem of the attitude of health workers towards patients with regard to professionals and very little of the literature tackles the problem with regards to allied health workers or non-professional staff.

Literature referring to health workers' attitude

Miller (1979) in his article entitled "Nurses' attitude towards their patients", indicated that many nurses, either in hospitals or primary health care depersonalised or categorised their patients and did not treat them as individuals. Miller, referring to Mayer (1960), concluded that nurses are of four types:

1. Those who like to have individual relationships with their patients.
2. Those who are patient-oriented but recognised the importance of teaching and supervision.
3. Those who are colleague-oriented with some concern for patient care.

4. Those who are technically oriented.

According to Mayer (1960), only the first group of nurses are interested in patients as human beings and are capable of achieving good relationships with the patients while the other three groups of nurses are more concerned with other aspects of their profession and patient care will come next as regards their concern.

Miller (1979), referring to Elmes (1968), held that if any behaviour is maintained for long periods of time, then attitudes will change in a similar direction. In the same article Miller (1979) also referred to Towell (1975), who explained the way nurses acquired their behaviour during their training. Nurses, he argued, were under pressure to adopt certain attitudes which had to follow the group's norms. In Miller's (1979) article he suggested that to achieve change in attitudes nursing staff need to follow a method of work which involves individualisation of care rather than to have task allocation. Tingle, referring to Davies and Davis (1992) and Wright (1992), indicated that an example of a good attitude towards patients can be clearly seen within the named nurse concept, where a qualified nurse, midwife or health visitor is responsible and accountable for the care of a particular patient. This is carried out with the aim of improving communication and documentation of care given in any particular situation, leading to improved coordination of each patient's care. Such a method would alter the attitude of nurses towards their patients, bringing them closer to the patient and with less depersonalisation and categorisation. In the same article Miller (1979) referred to the major functions of nurses' attitudes according to Katz (1960). Attitudes serve four major functions. Firstly, as an instrumental function utilized to help individuals obtain needs and

avoid punishment. Secondly, it is a knowledge function where it is utilized to maintain the stable, organised and meaningful structure of the world. Thirdly, the function of value expression by which attitude facilitates the development of self concept and the adoption of the values of a group. Finally, the function of attitude is ego defensive and reflects the ways in which attitudes alter our image. A simple example of such a defensive attitude is seen in the health centres in Bahrain, when the nurse tries to give an excuse for such an event as a delay in a patient's appointment, blaming the circumstances and referring to the faulty system rather than explaining the real reasons behind such a delay.

Another study regarding health workers' attitudes towards patients in Primary Health Care, carried out in South Africa in 1985 by Hammond, has suggested methods of teaching appropriate attitudes to primary health care nurses in rural hospital. Hammond (1985) indicated the need to develop different attitudes among nursing trainees in South Africa because the conventional nursing educational system followed a mostly authoritarian method which constrained any development of a critical or inquiring way of thinking. The concept behind the study is to help the nursing students to:

1. Become creative, critical and show initiative in their thinking.
2. Understand the social, economic and political factors affecting the health and the role of the community in solving their health problems.
3. View all people as equal.

4. Develop a problem solving approach to problems facing primary health care.

Hammond (1985), in his study, has applied an informal educational approach to teach attitudes which involve working on real problems in small groups. This approach in teaching includes using certain psychosocial methods such as role-playing, simulation games and stories or pictures to initiate discussion. These activities were used to help nursing students draw parallels between the activities and their own experiences, to develop insight and critical awareness and to accept the possibilities of change. In some literature, such as Tennakoon (1990) in his study in Sri Lanka, he stressed that health workers' attitudes are affected by certain aspects such as job satisfaction. Tennakoon (1990) referred to Koran et al (1983) and Baker (1980) who have stressed the importance of improving the working conditions in a hospital environment, arguing that it will result in better staff performance and higher morale. Tennakoon (1990) referred to Haw et al (1984) who found that decreasing resources in health care frequently resulted in a work overload which decreased the opportunities of nursing staff for work, increased absenteeism and lowered morale among nursing staff.

The purpose of the study conducted by Tennakoon was to explore the nature of attitudes of five occupational groups within the health sector, including medical practitioners, nurses, middle technical staff (pharmacists, laboratory technicians, health inspectors, radiographers, physiotherapists and midwives) and minor staff (attendants, orderlies, several semi-skilled and unskilled labourers). According to the Tennakoon study, the attitudes of those five occupational groups were tested with regard to the following:

1. The occupational environment.
2. The relationship with supervisors.
3. The relationship with colleagues.
4. The relationship with the community.
5. Aspects of an employees personal problems which affect work performance.
6. Other factors affecting work performance such as, shortage of staff, inadequate working facilities, inadequate incentives, political interference and poor wages.
7. Employee job satisfaction.

Tennakoon's (1990) study had been carried out in the form of a postal questionnaire sent to 556 health workers made up from a random sample (30%) of 1,655 employees representing five occupational groups in the Ratnapura health region of Sri Lanka. In this study they reached the following conclusions:

1. The occupational environment was generally satisfactory to 70% of respondents.
2. The immediate supervisor was described as "fair at all times" by 50% of respondents, while unfairness was felt more among minor staff and midwives.
3. Community relationships of employees were described as satisfactory by 46.5%.

4. With regard to the key factors that affect work performance, the medical and nursing professionals were concerned with staff and facilities while midwives and minor staff worried about their wages.
5. 62% of different occupational groups are satisfied with their present job, particularly the nurses and minor staff.

Literature referring to teamwork

Another aspect which related to the attitude of health workers towards patients has been discussed by Horak et al (1991), who examined the problems facing teamwork in hospitals and Primary health care. He suggested the technique of teambuilding, the implication for implementation and research. This exercise was carried out after several observations were noted among health care providers of different disciplines, especially with regard to the poor interpersonal relationships, the low level of communications between the staff and the patient and within the organisation, low morale and job satisfaction.

The main four teambuilding activities planned were:

1. Problem identification meetings.
2. Perception exchange sessions which discussed the participants' perception of each other and stressed the need to identify ways to improve cooperative relations.
3. The encouraging of task force meetings and teambuilding meetings to discuss results and to put forward recommendations.

Literature referring to communication skills of health workers

The attitude of health workers towards patients which is an important issue when providing services for large numbers of people has been discussed by Welford (1975), who elaborates the patient's complaints regarding unclear instructions with reference to the treatment of their illness. She also explained that inappropriate communication could reduce the efficiency of treatment. A pilot study with the aim of closing the gap between health workers and patients was carried out at St James's Hospital, Leeds, UK, over a four year period (1971-1975). They used orthopedic information tapes which contained instructions and advice which the patients would need in order to take care of themselves in future, which resulted in the majority of patients being willing to listen to the tape and liking the idea. The patients indicated that they had been reassured about matters which had not been clear to them and learned how to help themselves. On the other hand, the nurses also welcomed the information service and found it useful in their clinical teaching.

Communication skills, which are important to the health workers' attitude towards patients, have been discussed by Persaud (1993) who explained the importance of communication skills in order to reinforce the trust between patients and health workers, to get a good medical history of an illness, to give clear instructions and sufficient explanations to the patient regarding his/her illness and to build up a mutual interactive relationship. This communication between patients and health workers could be verbal or non-verbal. Edwards (1991) tried to explain the different aspects of communications with patients from a doctor's point of view. He indicated that 85% of verbally given information will be forgotten within 24 hours. On the other hand, written communication would still need clarification from

health workers. He stressed the importance of verbal communication in reinforcing the relationship between health workers and the patients as well as the patient's appreciation of the verbal communication of the health worker.

Literature referring to patient satisfaction

Patient satisfaction is another aspect which had been discussed by several articles and has received a great deal of attention from social scientists. The initial studies however faced difficulty with the measurement aspect. Wave and his colleagues (1975) have identified four main dimensions of satisfaction, ie access to care, continuity of care, availability of services and physician conduct. According to Zastowny et al (1989), satisfaction as a concept is "a causal variable bringing people into the health care system as well as an outcome resulting from specific utilisation experiences".

Segest (1988), in Denmark, carried out a study with regard to a patient's satisfaction in general practice and hospital services and the problem of insufficient information in particular. The sample of 2,948 people were selected based on age and sex. Two thousand three hundred and thirty were then interviewed (79% of the selected group). The study showed the following results:

1. 10.3% of the interviewed persons were not happy with the medical treatment they had received.
2. 77.6% were not happy with certain aspects of professional attitudes, mostly dealing with professional neglect or professional errors. The above result is undoubtedly related to the subject of the study of the unacceptable attitudes of health

workers towards patients in Bahrain. It clearly shows the significant relationship between the professional attitudes and patients' satisfaction.

3. 6.9% expressed their dislike of professional manners.
4. 4.1% were unhappy with the level of health service provided.
5. Patient satisfaction was found to be directly related to the number of patient visits to the health facility per year. Satisfaction increased with the number of services provided.
6. Women were more dissatisfied with the medical treatment than men. Older patients and students were more dissatisfied with medical treatment. This study has clearly shown the group of patients who are more satisfied with the health care provided and also shown the group of patients who are dissatisfied with the medical care.

In the study conducted by Calnan and Williams (1986), in the South East Thames region of Britain, a sample of 454 persons was selected from the people living in a local health district. A questionnaire was used and included the following:

1. The accessibility and availability of services.
2. Doctor-patient relationships.
3. Professional skills and the quality of services.
4. Organisational aspects of care.

The following are the results of the study:

- a) 38% of the sample felt that they could not talk with their GP regarding their medical problems.
- b) 26% were not happy with the information they had received from the medical staff.
- c) 25% felt that they did not spend enough time with their GP.

The study also indicated the following points which could affect the patient's satisfaction:

1. The GP should give enough information to the patient regarding his/her illness.
2. The relationship between the patient and GP needs to be more human, which means to respect the patient's wishes and dignity; to give the patient the right to share in the decision of their future treatment plan.
3. The GP needs to spend more time on patient consultation.
4. The GP needs to be a good listener when it comes to understanding the patient's complaints.

Hall and Dornan (1988) in Boston, USA carried out a review of 221 pieces of literature regarding a patient's satisfaction with medical care and inquiring into specific aspects of care, such as access to health care, quality of care and the cost of medical health care.

overall satisfaction, satisfaction with humaneness, satisfaction with staff competence, amount of information given by health workers, bureaucratic arrangements, physical facilities, provision of attention, continuity of care and outcome of care. Hall and Dornan reached the following conclusions:

1. The overall quality of care was the most important issue for patient satisfaction.
2. 65% of patients had indicated that humaneness was important to their satisfaction.
3. 50% of patients said that staff competence was important to their satisfaction.
4. 3% indicated that attention to their psychosocial problems was important to their satisfaction.

Linn (1975), California, USA, stressed that the longer the time spent by a doctor with a patient (16 minutes or more), the greater the satisfaction of the patient, as opposed to shorter consultations (5 minutes or less).

Weiss (1988), Salem, USA, tried to investigate patient satisfaction by examining the effects of patient demographic characteristics on satisfaction. He identified four major determinants of patient satisfaction:

1. The patient's sociodemographic characteristics and expectations of medical treatment.

2. Characteristics of health care providers such as personality traits and the technical quality of care.
3. Aspects of physician-patient relationship, especially the communication skills.
4. Structural factors such as accessibility to medical care and length of treatment.

Weiss (1988) in his study proposed two hypotheses and tried to examine them:

Hypothesis No 1: patient satisfaction is not affected by the patient's sociodemographic characteristics.

Hypothesis No 2: patient satisfaction increases with certain predispositional factors such as satisfaction with life and confidence in the medical care system in the country.

The first hypothesis was confirmed despite the fact that women's satisfaction was slightly higher than men and blacks were more satisfied than whites. Satisfaction was found to increase with age and income level, but we also have to note that none of the relationships mentioned were statistically significant. From the above article we can conclude that satisfaction is different from one country to another, possibly because of the differences in the culture. That is why the results reached by Weiss are almost the opposite of those reached by Segest as regards the categories of patients who are dissatisfied with the health care. The second hypothesis was only partially confirmed as it had little effect upon

the level of confidence in the health system of the country on patient satisfaction. The life satisfaction variable was related significantly to patient satisfaction.

Literature referring to motivation of the health workers

It is important to note that an issue such as the attitude of health workers towards patients is quite a complicated subject which is influenced by many variables. One of these important variables is the motivation of the health worker. Rudolph (1989), in California, USA, referred to employee motivation as one of the most difficult tasks that a manager has to undertake. In order to motivate an employee his/her personal needs need to be fulfilled, starting with the most basic extrinsic rewards (those external material incentives) and ending with an employee's intrinsic rewards (psychological incentives). Rudolph (1989) indicated that the majority of managers only have true control over the intrinsic rewards but little control over the extrinsic ones. Other problems facing managers and employees may arise in large corporations, when no one individual has real control of all aspects of a given situation resulting in frustration for both managers and their employees.

A manager needs to maintain a high level of trust between himself, his/her peers and his/her subordinates. If trust is lacking this could result in the failing of commitments and initiatives of employees.

Managers also need to realise that they should be committed and motivated in order to be able to motivate their employees. Rudolph suggested possible tools to be used at the organisational level to

motivate the employees including monetary incentives, employee benefits, employee training and education and social activities.

There were also other suggestions which included:

1. Communicating high expectations, by showing a genuine belief that every employee has the potential for high performance.
2. Encouraging feedback and open communications.
3. Developing performance indicators which can help employees to know what is expected of them.
4. Involving employees in the decision-making process.
5. Using positive reinforcement, ie when taking disciplinary action the manager has to do so in a positive way aiming to solve a problem rather than to punish the employee.

Simmonds (1989), in her review article ('Human resource development: the manager, planning and training of health personnel'), discussed the importance of the morale of health personnel and how it reflected upon the different problems in the community whether economic or political, and eventually reflected upon the quality of health care provided. Simmonds suggested that good management is important to motivate health personnel, to increase their effectiveness and productivity and to improve their job satisfaction. This would help in avoiding the loss of highly skilled and well trained personnel.

Simmonds stressed upon the dangers facing human resource development due to the increasing discontent among health workers as a result of government neglect and a flourishing private sector which is becoming

more attractive for many health workers. Simmonds suggests that it is important to take into consideration problems arising from overwork in managing human resources.

Literature referring to supervisory field visits

Justice (1983) carried out an anthropological study in a rural area of Nepal researching the way national and international planners set up their plans for local needs. In the process, she discussed the existence of the "peon" (messenger in Nepalese language) who occupies the lowest rank in the health services hierarchy. The researcher explored how the health planners ignored the role of the "peons" within primary health care. Justice clarified that the "peon" is not just a messenger within the health care system, but the "peon's" role extends to giving medical advice and prescribing treatment for people's illness, although the "peon" is not medically qualified.

The results of this study showed:

1. The health planners were not aware of the importance of supervisory field visits.
2. Foreign planners did not recognise the role played by the "peons" due to the lack of field visits.
3. Village health workers had an overwhelming number of health visits to make each day (30 houses) in order to record vital statistics and provide health education lessons. They were not sufficiently trained to be able to prescribe medication and were unable to fulfill their job descriptions. This inevitably resulted in many of them merely signing their visits register books to appease superior supervisors.

The previous results are related to this study in order to explain how the unrealistic task, such as caring for a large number of patients, could affect the health workers' performance.

Summary

The attitude of health workers is an important issue. It has been examined extensively in different literature from different aspects, such as the importance of teamwork among health workers. The literature also stressed the positive effects of communication skills and the motivation on the health workers' attitude towards their patients. Patient satisfaction was highlighted in much of the literature in reference to certain aspects of health care services among which is the health workers' attitude. Unfortunately only a few authors of the literature reviewed discussed the subject of supervisory field visits. Finally, it is evident that most of the reviewed literature was closely related to the subject of this study.

CHAPTER THREE

DESCRIPTION OF THE PATIENTS' COMPLAINTS REGARDING THE UNACCEPTABLE ATTITUDE OF SOME HEALTH WORKERS TOWARDS PATIENTS IN HEALTH CENTRES IN BAHRAIN

In this chapter I shall attempt to focus on the problem of the unacceptable attitudes of some health workers towards patients in the health centres in Bahrain. I shall also try to concentrate on the non-professional staff, such as the medical records clerks. As I mentioned in Chapter Two, most of the literature discusses the subject with regard to the professional's attitude towards patients.

Primary health care in the State of Bahrain is provided without charge for all residents through 19 health centres and 2 clinics (see Figure 1). These health centres are distributed throughout the residential areas (see Figure 2). The residential area is divided into four health regions. Each health region is under the responsibility of a Medical Officer, a Nursing Officer and a Regional Administration Officer. Each one of these health regions has five health centres. Each of the health centres is under the responsibility of a Doctor in Charge, a Nurse in Charge and an Administration Supervisor. The health centres are divided into three different types; "A", "B" and "C", according to the catchment area and the type of services available (see Table 1).

The network of the 19 health centres provide services to 98% of the population and there are plans to build a further six health centres by 1993. The distribution of the health centres was based upon the census carried out in 1981 (Fulayfil, 1992).

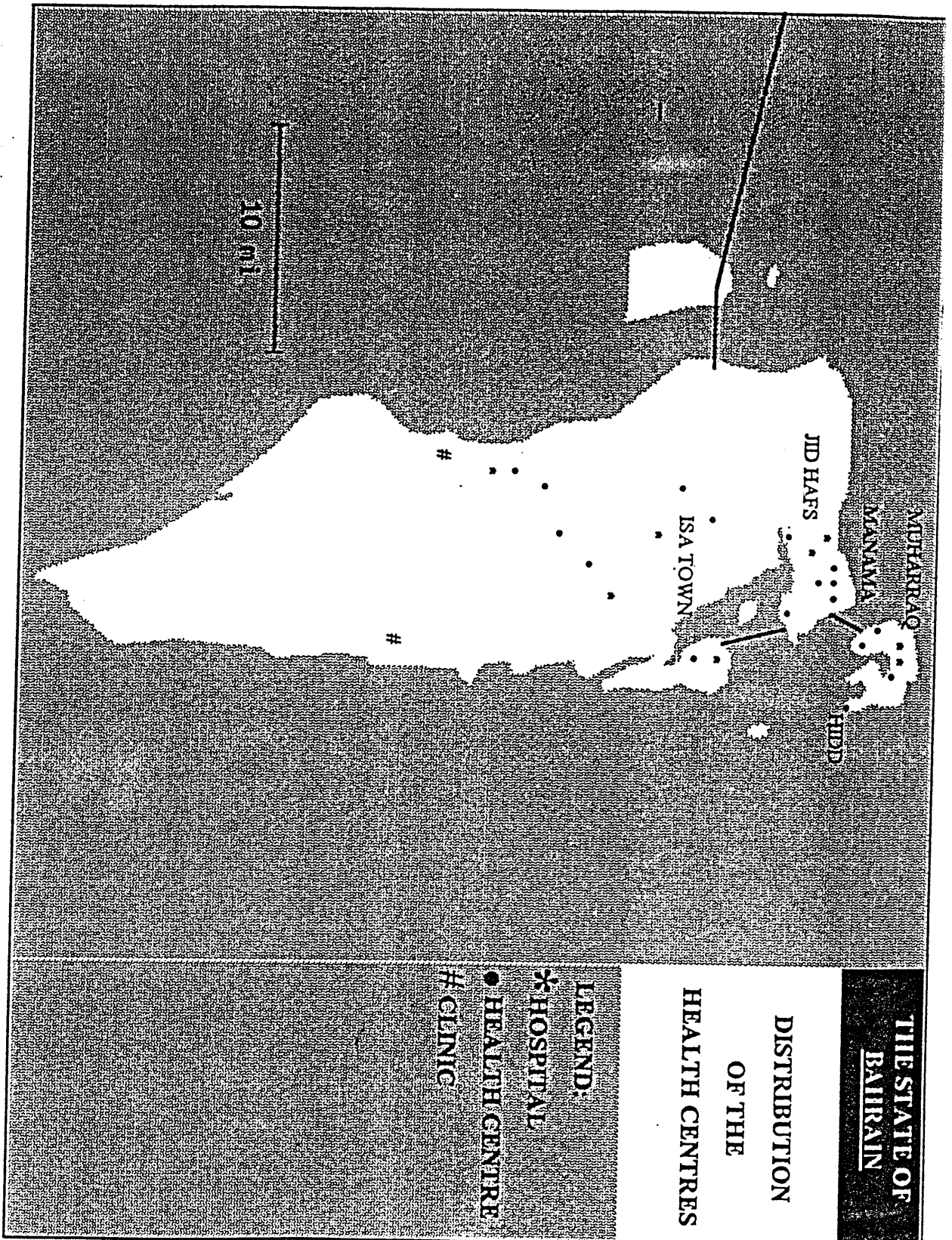


FIGURE 1 : DISTRIBUTION OF THE HEALTH CENTRES IN THE STATE OF BAHRAIN

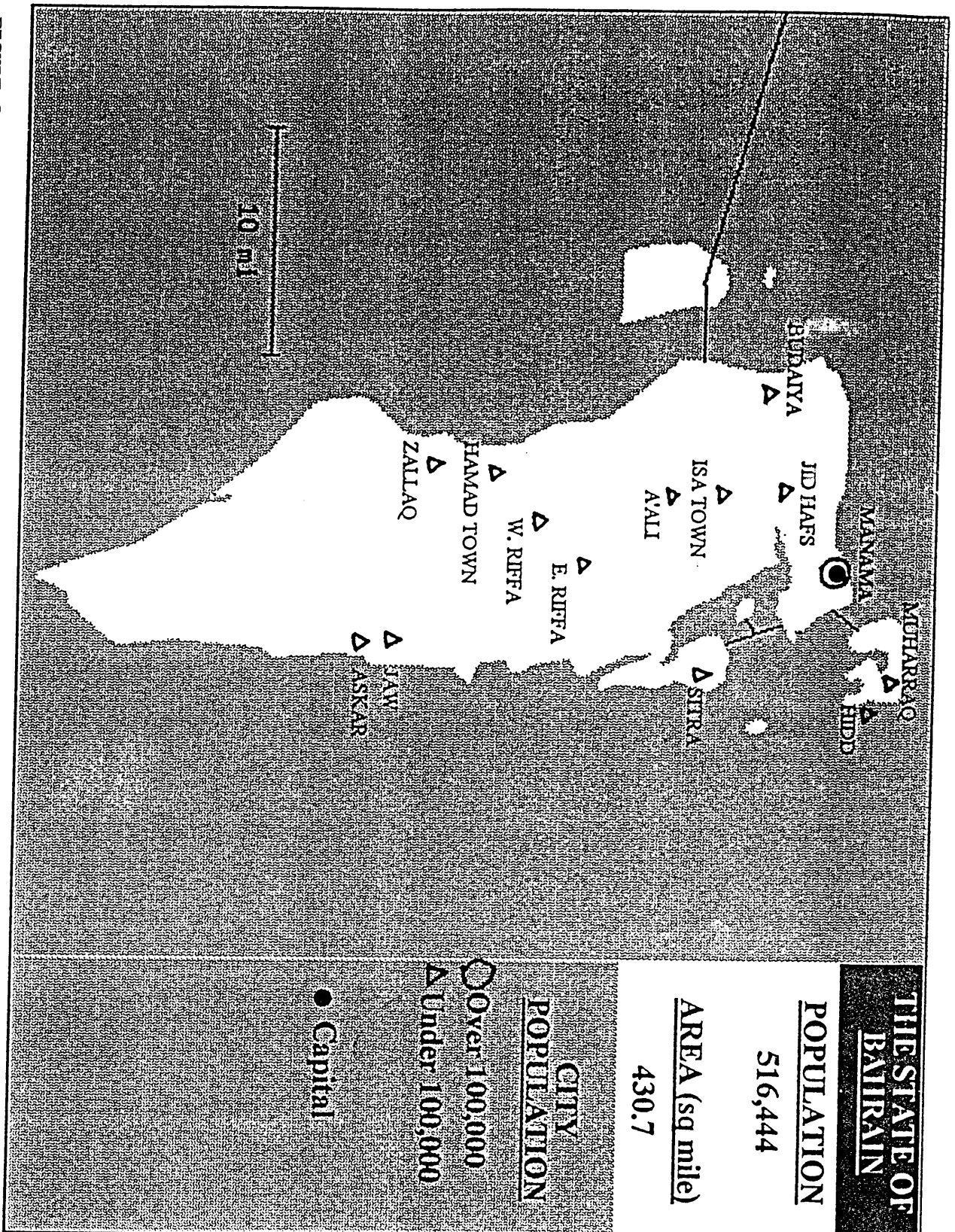


FIGURE 2: DISTRIBUTION OF THE POPULATION IN THE RESIDENTIAL AREAS IN THE STATE OF BAHRAIN

TABLE 1

Types of Health Centres in the State of Bahrain and their Characteristics

Type of health centre	No of population (in 1000s)	No of centres	S E R V I C E S P R O V I D E D B Y H C							
			Family physician	MCH	Medical records	Nursing	Lab	X-Ray	Pharmacy	Dentistry
A	20 - 30	13	*	*	*	*	*	*	*	
B	10 - 20	3	*	*	*	*	*	*	*	
C	5 - 10	3	*	*	*	*		*		

Reference: Statistical Abstract of Ministry of Health, State of Bahrain

All the health centres are open to the public from 7.00 am - 2.15 pm. In accordance with the needs of the public some health centres open for an afternoon/evening session from 4.00 pm - 10.00 pm. The personnel which provide health services in these health centres are drawn from a wide spectrum. They range from medical professionals to allied health workers (see Table 2).

TABLE 2: The Human Resources at Health Centres in the State of Bahrain

Categories	Number	Population Ratio/ Each Member of Staff
Physicians	100	5000
Nurses	253	2039
Clerks	104	4900
Dentists	31	16600
X-Ray Technicians	54	9600
Lab Technicians	70	7300
Pharmacists	75	6800

Reference: Health Statistical Abstract, 1991, Ministry of Health, Bahrain

It is important to keep in mind the rate at which population grows a year (3.3%). The population takes twenty-one years to double in number. Such a growth in the population will place more demands upon the health services in general and on the health centres in particular. This can be seen especially in the trend of constructing new cities and residential areas that further increase the pressures upon the health centres and their limited resources. The effects of

the increase in population can be seen clearly in a health centre such as the Isa Town Health Centre which is an "A" type centre and is supposed to serve a population of between 20-30 thousand people, while in fact over the last ten years, the population of the catchment area of the Isa Town Health Centre has risen to 57,000 people (Isa Town Health Centre's Patients Registry Book, 1992).

The attitude of some health workers towards patients is an important issue when people make judgements and come to decisions regarding the quality of the health services and the health workers. The attitudes of health workers towards patients could also be used as an indicator of the standard of the health worker's performance in Bahrain, which could then reflect upon the development of primary health care as well as any future plans to improve the health services.

The problem of the study can be shown through patients' complaints, which are increasing day by day in Bahrain. Unfortunately, there are no official records of patients' complaints about health services in primary health care in Bahrain. Based upon my years of service as a Regional Administration Officer, I am unable to give an exact figure of patients' complaints but I can estimate that the number of complaints has reached approximately 2 - 3 complaints every day.

Patients' complaints take many different forms and could be any one of the following:

A. Verbal complaints

1. Verbal complaints from the patient to the staff in charge of the section (eg the Nurse in Charge), regarding the shortcomings of nursing staff.

2. Verbal complaints from the patient to the Doctor in Charge regarding a physician or any other member of staff in the health centre.
3. Verbal complaints from the patient to the Administration Supervisor regarding all the health centre's staff.
4. Verbal complaints from the patient to the health centre's Directorate regarding all the staff of the health centre including the Administration Supervisor.

B. Written complaints

1. Written complaints to HE, the Minister of Health.
2. Written complaints to the General Director of the health centre's Directorate at the Ministry of Health.
3. Written complaints posted through the complaints and suggestion box, which is available in all health centres.
4. Written complaints through the local newspapers.

This last form is usually used when the problem has been aggravated and no responsible person has taken any action in relation to solving the said problem or, if the patient remains dissatisfied with the solution offered for his problem by the Health Supervisor.

In this part of Chapter Three I will try to focus on the patients' complaints regarding some health workers' attitudes which I have classified as follows:

1. Complaints regarding unclear information or instructions from the medical professionals. In this case, the patient's complaints usually concentrate upon the information he/she has received from the medical professionals and, in most cases, it is regarding the physician's instructions, such as the type of illness or the necessary investigations and the exact instructions needed to be followed by the patient in order to speed his/her recovery. In the above problem the health centre's Administration Supervisor cannot do more than attempt to find out the cause of the problem and to write a report about the incident to the Regional administration Officer who will then take whatever action he/she feels is appropriate in the circumstances, taking into consideration the sensitivity of the situation and any possible misunderstanding on the part of medical professionals who could translate such an action as an interference with their duties.

Another complaint with regard to insufficient information is the one which arises when medical professionals do not provide sufficient and clear instructions about the proper usage of medication and any possible side-effects. Such information is very important and needs to be delivered in the simplest way possible so as to ensure that the patient understands clearly both his illness and the course of treatment and any further investigations that may be required.

2. There are also complaints regarding the negligence and carelessness of some allied health workers such as the medical records clerks who also act as:
 - a) Receptionists, answering the patients' inquiries.

- b) Appointment clerk, giving appointments for a patient's next visit.
- c) Medical records clerk, preparing the medical records for the next day's patients, refiling the medical records at the end of the day, filing the laboratory results, registering the new families and preparing a new record for each member of the family.
- d) Statistical clerk, preparing the daily data sheets as well as finding the missing files and rearranging each patient's records.
- e) Also, the medical records clerks act as telephone operators for all the health centres giving appointments by telephone.
- f) Clerk, registering all the cases referred from the health centre to the hospital and registering the records of the referred patients from and to the health centre.

The complaints regarding the negligence and carelessness of the medical records clerks are very frequent. The patient is usually dissatisfied with the attitudes of the medical records staff. This problem can be in the habit the records clerks have of always being busy with something that may or may not be work-related when there are patients queueing at the counter waiting to be served. The negligence and the carelessness of some health workers can also be seen when the patient tries to find his/her missing laboratory reports, and the clerk on duty is not demonstrating any interest at all in wanting to search for the missing reports.

Another example of the negligence of some health workers can be shown by the auxiliary nurse who works with three physicians. One of the auxiliary nurse's duties is to distribute the patients' records between the different physicians' rooms. If a patient inquires about the availability of his/her records with regard to a particular physician, the auxiliary nurse may respond in a negative way by not giving a reasonable answer to the patient's inquiry, or acting as if he/she had not heard the patient's inquiry. Another problem which usually crops up occurs when patients complain about the long waiting period and the auxiliary nurse fails to respond in a satisfactory manner.

The next form of complaint deals with patients who are referred to a hospital by the health centre. In these cases a letter is prepared by the physician and it is to be collected by the patient from the medical records section the next day. The letters sometimes are misplaced due to the negligence and carelessness of the health workers, and the result is that the patient has to be examined all over again in order to obtain another letter. The same problem arises in relation to the medical files of referred patients from and to the health centre.

3. There are also complaints regarding the lack of cooperation between some health workers and patients. This can be illustrated when the patient asks for help or more clarification from the health worker, but the patient fails to get someone to offer him the help he/she needs. This forces the patient to complain regarding the lack of cooperation of the health workers.

An example of the lack of cooperation between some health workers and patients is seen in the mother and child care clinic, where the nurse is supposed to have already collected the patients' records before the start of the clinic. The problem, which is related to the lack of cooperation between some health workers and patients, becomes clear when a patient attends the mother and child care clinic and is informed that his/her records are not available. The patient then has to go back to the medical records department to find out the reason behind the missing records. Such an attitude is definitely unacceptable because it will lead to a delay of the patient's appointment and will annoy the patient and may result in the development of a poor relationship between the patient and the health providers. The problem of the missing files, which is irritating to the patients, is a complicated one which involves many different sections within the health centre, such as the medical records section, the nursing section, the mother and child care section and, finally, the patients themselves. Whenever records go missing each section will immediately try to pass the blame on to the other and none will work at finding a solution. This just leads to time and effort being wasted needlessly both on the part of the health workers as well as the patients.

4. Complaints regarding the patients' appointment times which are divided into four main categories:
 - a) Complaints regarding inaccurate appointment times, ie more than one patient has the same appointment time reflecting the inappropriate system by which such appointments are given. This will cause a significant disturbance to the patient and to the health workers as well.

- b) Complaints regarding overbooking of appointments. The system is adjusted in a way that each patient has to be seen for around five minutes by the physician, the last booking being at 13.30. The problem arises when there is an overbooking beyond the time indicated, which will result in great confusion and dissatisfaction on the part of the patients. This will also result in a long waiting period for the patients and a work overload for the health workers, including the physicians. A survey was carried out by Ghafar in 1993 upon 405 of the health centres' patients in different areas in Bahrain. The results of the survey showed that 33% of the sample indicated that they always faced the problem of fully booked appointments either for the same day or the next. The fully booked appointment for one day or more is not accepted by many of the people in Bahrain and it has become a problem which needs to be effectively solved. This problem of fully booked appointments is irritating for the patients because most of the people believe that however minor their case is, they have to be seen by the physician on an urgent basis.
- c) Complaints regarding the appointment process which requires each patient to present his/her central population registration card. Without it he/she cannot get an appointment to be seen by the physician. The idea behind presenting the central population registration card is to ensure that the information about each patient and his address is correct to avoid any duplication in the records. This is on the authority of the Amiri Decree No 9, issued in 1984, which stressed the importance of using the central population registration card in all official deals. The problem occurs

when the patient comes to the health centre without his/her central population registration card and the medical records clerk fails to explain the importance of presenting this card. The failure of the medical records clerk in explaining the importance of the central population registration card indicates the lack of communication skills in order to convey the necessary information in an appropriate, simple and clear way to the patient. This creates a problem both for the patient, who will fail to get an appointment and who will then attempt to find another way to gain direct access to treatment by contacting the physician or the nurse who is already overwhelmed by the number of patients waiting to be seen.

d) Complaints regarding appointments made over the telephone.

Here many patients fail to obtain appointments either for that very day or the next despite numerous attempts to get through to the health centres. This is due to the fact that the lines are almost always engaged. This fact was brought to light in a survey carried out by Ghafar in 1993. The survey was conducted upon 405 of the health centre patients in different areas in Bahrain. He tried to find out the reason of the patients' dissatisfaction with the appointment system in health centres in Bahrain. The most important conclusions he reached in this survey are as follows:

- i) 53% of the sample preferred to make an appointment for the same day or the next by telephone.
- ii) 42.5% of the sample indicated that if they tried to get an appointment by telephone it would take between 10 minutes to over 30 minutes.

Another face of the problem emerges with the tendency that the medical records clerks have of forgetting to enter the patient's name into the appointment register book, after the patient manages to get through to the health centre on the telephone.

5. Complaints regarding the way in which health workers communicate with patients during his/her visit to the health centre.

The problem is one which recurs frequently. The patient assumes that the health worker is ignorant if he speaks softly, and assumes that he is quarrelling or shouting if he speaks loudly. The failure of communication between the health workers and the patients is related to a lack on both sides. Some health workers are deprived of the awareness of the importance of the different techniques used to communicate with the patients and the effect of the voice tone on the process of communication. The other part of the problem is related to the patient's thinking and the way they translate the other's behaviour and the health workers in particular.

Another point where communication fails is when a health worker fails to introduce himself/herself properly to the patient that he/she is to be responsible for. The way we approach a patient and the way in which we communicate with him/her can greatly influence the pattern of behaviour which the patient is going to adopt in the future, especially the way in which he/she is going to react to the instructions given as regards the course of treatment. It is also important for the health care providers to show the patient real concern as regards his/her problem. The problem which we face in the health centres in Bahrain regarding

the subject of communication breakdown between health workers and patients is not related to any specific category of health worker, but is a problem existing among all the different categories of health workers.

Another aspect of the failure in communication between the health workers at the health centres in Bahrain and the patients comes to light when the patient is not given enough time to express his/her feelings or worries and to talk about his/her social lifestyle which may have contributed to his/her illness. Patients are also not encouraged to ask questions which are related to his/her illness. This can increase the worries and fears of the patient tremendously. This problem could be due to the fact that health workers usually tend to dominate and control all the conversation between themselves and the patient.

6. Complaints regarding the changing of consulting physicians.

A significant number of complaints has been based on a patient not being able to consult the same doctor each time he/she comes for follow-up visits or check-ups. The patients (from different socioeconomic levels) all stressed that they would prefer to always see the same physician as, in their opinion, the physician would know the nature of their illness and would know best how to proceed with further treatment. This problem is generated by the acute shortage of physicians in health centres and the need therefore to shift physicians from one centre to the next.

Summary

In this chapter I have tried to focus on some problems which are related to my daily work as a Regional Administration Officer. I have explained the patients' complaints as related to the unacceptable attitudes of the health workers. I would also like to emphasise that the above complaints are not documented and they do not reflect the entire problem as related to the health workers' attitude.

The previous complaints do not cover all the problems in the health centres in the State of Bahrain. There are possibly still some complaints which could be more serious than those already listed in this study, which could affect the health services in the health centres in Bahrain.

CHAPTER FOUR

Part One: Discussion of the reasons for the problem of the unacceptable attitude of some health workers towards patients in health centres in Bahrain

In the previous chapter I focussed upon some examples of the complaints of patients attending the health centres in the State of Bahrain. The complaints involved different aspects of health care and the attitudes of some health workers towards patients. As I have stressed before the complaints regarding the attitudes of health workers do not represent the entire spectrum of the problem, rather there may still be other aspects which could be more serious, but again these are not documented.

As it has already been explained, the complaints of patients are related to there being insufficient information, the negligence and carelessness of some allied health workers, the lack of cooperation between some health workers and patients, complaints regarding the appointment system, inappropriate communications between health staff and patients and complaints regarding the changing of the consulting physician.

In this chapter I shall try to discuss the reasons for the previously listed complaints of patients attending the health centres against some health workers attitudes. This will be carried out by reviewing the literature and by looking at the findings of the questionnaire implemented in Bahrain by Ghafar in 1993, by referring to the College of Health Sciences' programmes in Bahrain and by referring to the register of books of health centres in Bahrain.

I shall attempt to answer the questions of the study which are mentioned in Chapter One. This will be done by discussing the reasons for the patients' complaints. I shall also focus on the important findings which will be reached by the end of the discussion, and finally I shall attempt to reach the possibly significant conclusions and suggest some recommendations which could help in solving the problem of the unacceptable attitudes of some health workers towards patients at health centres in Bahrain.

Through the review of the literature and the illustration of the patients' complaints, I shall attempt to discuss the reasons behind the problem of the unacceptable attitudes of some health workers towards the patients in Bahrain. I have decided to discuss each problem separately in order to give sufficient coverage for each problem.

1. The complaints regarding unclear information or instructions from the medical professionals.

Through the review of the literature it is seen that there are different factors which could influence the problem of unclear information, such as:

- a) The number of the patients who need to be seen by the physician or the medical professional. Davis and Fallowfield (1991) and Nichols (1993) have indicated that a large number of patients will negatively affect the remedial process because the physician cannot give enough information or instructions to each patient, while keeping in mind the large number of patients who have yet to be seen. One of the important reasons which affect the problem in Bahrain is the large number of patients, given the fact that in primary

health care in Bahrain the ratio of patients to physician is 5000:1 (Isa Town Health Centre Registry Book, 1992), and the average number of patients seen daily by each physician is between 50-70 (see Table 2). This large number of patients could force the physician not to enter into lengthy discussions with the patient regarding his/her illness and not to provide sufficient information regarding the use of the medication or on the way in which the patient should take care of him/herself. This situation will force the physician to concentrate on the most major points without giving attention to the psychosocial aspects of the patient's illness which could help tremendously in the process of recovery.

b) The limited time given to each patient for consultation.

The factor of time is an important issue since, by giving sufficient time to each patient, the physician will be able to discuss with the patient the different aspects of his/her illness, the nature of the illness, the required investigations, the medications, the prognosis and any other important instructions or information. Calnan and Williams (1986), in their study which was carried out in the South region of the Thames, indicated that 51% of their sample were not happy with the information they had received from the medical professionals and the time they had spent with their general practitioner. Calnan and Williams (1986) also stressed that it is important to spend more time on the patient's consultation in order to satisfy the patients. Linn (1975), in California, USA, stressed that the longer the time spent by a doctor with a patient (16 minutes or more) the greater the satisfaction of the patient. Linn (1975) also

indicated that the shorter the period of consultation (5 minutes or less) the lower the degree of the patient's satisfaction.

The problem of the limited time can be seen very clearly in the health centres in Bahrain, where the policies of primary health care in Bahrain restrict the time for each patient to 5 minutes. This amount of time agrees with Linn's (1975) conclusion which indicates that a patient's consultation of 5 minutes or less will result in the patient's dissatisfaction with his/her consultation. Because of this they will attend the health centre more frequently than necessary.

c) Lack of communication skills.

Persaud (1993) stressed the importance of introducing communication skills into the training programmes of the medical professionals. The problem which is happening in Bahrain is that most of our medical professionals have graduated from different universities all over the world, such as Egypt, Iraq, UK, USA, Syria, India, Pakistan, Iran, Saudi Arabia and the Arabian Gulf University in Bahrain. These university will probably vary with reference to the importance placed upon communication skills between the health care providers and the health care users. By reviewing the training programmes of the College of Health Sciences in Bahrain it becomes clear that the training programmes of the nurses and the allied health workers, except the clerks who are acting also as receptionists and need to be trained on how to communicate with patients, include some courses in human relations in general and the relationship between the medical

staff and patients in particular. However this seems to be insufficient because the training programme of the nurses and allied health workers include only two credit hours out of sixty credit hours.

2. **The complaints regarding the negligence and the carelessness of some allied health workers, such as the medical records clerks**

This problem is related to the following factors:

- a) The conditions of work are very important when considering the productivity of the employees. Simmonds (1989) and Rudolph (1989) stressed the importance of the conditions of work and its effect upon the general performance of the employees. Ghafar (1993), throughout his questionnaire carried out in Bahrain with a sample of 104 medical records clerks in the health centres, has reached a conclusion which is related to work conditions. He indicated that most of the sample complained of the bad relationship between the medical records clerks and the administration supervisor, which can negatively affect teamwork and will lead to a breakdown in confidence. The results of the questionnaire have shown that 32% of the medical records clerks were not happy with the way the administration supervisor discussed work-related mistakes in front of all their colleagues. The questionnaire also indicates that 37.6% of the medical records clerks feel that the administration supervisor is not fair in delegating the tasks and the shift duties between the clerks. It is also important to note that the relationship between the administration supervisor and the medical records clerks is a weak one.

From the previous discussion it is clear that the service suffers due to the mismanagement of the employees. This is reflected in one way or another by the relationship between the health workers, the medical records clerks and the patients.

- b) Another reason which could possibly be related to the negligence and carelessness of some health workers is the work overload. This problem has been discussed by Sihvonen (1991), Simmonds (1989) and Justice (1983). They have indicated that overtasking the employees with unrealistic tasks will result in the employees making mistakes, not being able to carry out duties, failing to fulfill their job description and eventually low work performance. Ghafar (1993) has concluded that 41% were not happy with the tasks that needed to be carried out. I have discussed previously in Chapter Three the fact that the medical records clerks have a large list of tasks that need to be carried out. This work overload may explain the negligence and the carelessness of some health workers towards patients in the health centres in Bahrain.
- c) Another possible reason behind the negligence and the carelessness is the lack of motivation. Chusmir (1986) described motivation as

"a crucial element in the work success of individuals, managers and organizations. When job requirements are matched to an individual's will-do attributes, organizations are likely to have employees with a higher level of job satisfaction, motivation and tenure as well as lower levels of absenteeism".

Chusmir (1986) explained that motivation will maintain a high level of job performance which will affect the organisational productivity. Ghafar's (1993) questionnaire has shown that the medical records clerks in the health centres in Bahrain, including the administration supervisors, need to be motivated because they have reached a degree of frustration which has resulted in the carelessness of their work. This lack of motivation has resulted in minimising the chances of any efforts made to improve the current situation in the health centres in Bahrain. Ghafar (1993) has indicated as an example that there are some clerks who spend long years of service without any change in his/her grade. In his questionnaire Ghafar (1993) has shown that 33.3% of the sample of the medical records clerks and the administration supervisors say that the lack of motivation has resulted in the low performance of medical records clerks.

Referring to Chusmir (1986), it is clear that the absence of motivation will result in low job satisfaction, high staff turnover and lower job performance.

- d) The problem of negligence and carelessness is also related to the supervisory field visits, which are needed to maintain the standard of work and to motivate the employees by showing them that senior supervisors are genuinely concerned. Gibson and McClelland (1990), in Britain, indicated that supervisory field visits to the health centres are very important in order to improve and encourage the staff to carry out their committed tasks.

O'Donoran (1990) also emphasised that close supervision is important for the non-professional staff such as clerks. It is also important to support and guide the new employees. Ghafar (1993) explains that the lack of supervisory visits to the health centres has resulted in the development of an inaccurate concept by the health workers in general and the medical records clerks in particular. This concept revolves around the fact that the health workers in the health centres have an impression that their work must be insignificant since it does not merit supervisory field visits to check on their performance as employees. This concept has been discussed by Liddle and Kaye (1991) who suggested that it is important to encourage the health workers to give their best care to the patients, by increasing the health workers' awareness of their own value.

3. The complaints regarding the lack of cooperation between some health workers and patients

This problem could be related to multiple factors, such as:

- a) Training of the various levels of health workers with regard to the subject of cooperation with or helping the patients. This is not an easy task and it is quite an important issue. Liddle and Kaye (1991) indicated that it is important to train the health workers on such vital tasks such as helping the patients whenever they needed help. Ghafar (1993), in his questionnaire which was carried out in the health centres in Bahrain with a sample of the administration supervisors and the medical records clerks, showed that 50% of the administration supervisors considered the training of health workers on the different aspects of cooperation to be

important in order to improve staff performance, while only 29% of medical records clerks had indicated the importance of training to improve their performance. This result can be used as an indicator of the lack of medical records clerks' awareness of the importance of attending training programmes in order to improve their own performance.

Davis and Fallowfield (1991) referred to the issue of cooperation and helping of patients when they explained the importance of understanding the relationship between the "helper" and the "helped". Davis and Fallowfield (1991) have also emphasised that the art of helping others such as patients can be acquired through practical training programmes.

- b) Another factor which could reflect on the problem of the lack of cooperation between the health workers and the patients is the instructions and the feedback which come from the senior staff to the subordinates. The problem that is present in the health centres in Bahrain is the lack of feedback and the necessary follow-up. This lack of feedback was shown by Ghafar in his questionnaire which had indicated that 42% of the health workers have pointed to the lack of feedback and follow-up. Gibson and McClelland (1990) indicated that accurate follow-up by senior supervisors will be presented in positive feedback. They explain that follow-up should not only mean measuring the success or failure in fulfilling the tasks which are carried out by the health workers. The aims of the follow-up are to show the employees that we do care, to

motivate the employees and to correct their mistakes by the feedback mechanism which should be clear as well as simple and immediate and to tackle the problem directly.

Secondly, it is important for the senior supervisors to be up to date with the information and to know what is going on in the work field. Ruck and Darwish (1991) in their study, which was conducted in Wadi AlQamer in Egypt, concluded that feedback and regular supervision is an important factor when seeking to increase the motivation and raise the morale of the health centre personnel and to maintain high standards.

- c) The problem of the lack of cooperation between the health workers and the patients could be the result of the absence of team spirit. This can be seen when the employees try to pass the blame for current problems on to others. Katz (1960) (see Chapter Two, page 12) mentioned that one of the functions of the attitude is the ego defensive one which is used by the employee to alter his/her image in order to avoid any blame for problems faced by patients. This problem occurs in the health centres in Bahrain because of the absence of the team spirit.

Horak et al (1991) explained that building a team is important for the health organisations which provide health care for a large number of patients. They show that teamwork will result in an appreciation of the roles and responsibilities of each member of the group, regardless of the type of job he/she is doing. Horak et al (1991) also emphasised the importance of supervisors understanding and becoming aware of the

significance of building a team. It is also important to maintain the follow-up that can ensure the effectiveness of teamwork. The need to work as a team, which should include the physician, nurse, clerk and other allied health workers, is important for organisations such as health centres in Bahrain, which require high standards of cooperation between the health workers to enable them to carry out the required tasks in general and to be able to care for patients in particular. This is done by avoiding overbooked appointment times, informing the clerks about the physician's activities schedule and by screening the patients by a qualified nurse.

4. The complaints regarding the patients appointment system

These are divided into four main types of complaints:

- a) Inaccurate appointment time
- b) Overbooking of appointments
- c) The need to present the central population registration card to acquire the appointment
- d) The appointment made over the telephone

The reasons which could affect the four types of complaints are different and I shall try to focus on each one separately.

- a) The reasons which could be related to the problem of inaccurate appointment times are:
 - i) The medical records clerks are giving appointments to the patients attending at the counter and over the telephone at the same time. The problem is that the clerk who is giving the appointment by telephone is different from the one who is giving the appointment at the counter and who will enter the appointment directly into the registry book. The resulting

duplication of appointment times will involve more than three people having the exact same appointment time. The situation which is already a very complicated problem is further compounded by health workers from different categories blaming each other instead of addressing the problem.

ii) The second reason behind the inaccurate appointment times involves medical professionals who come up to the medical records section and cancel all their appointments for the day. The clerks will then be forced to distribute the patients among the remaining physicians who already have full appointment lists. This is a problem that frequently recurs since the physicians have teaching programmes or meetings. They are supposed to give advanced notice of such engagements to the medical records clerks in order to facilitate the distribution of appointments. There are however some physicians who do not cooperate with providing this information and who are not aware of the importance of such information. The reason could be the fact that some medical professionals believe that they have the right to control everything and dictate their own terms and are unaware of the importance of teamwork.

iii) Another reason for inaccurate appointment times could be the fact that there is no precise distribution of tasks between the clerks for each day. There is no specific clerk whose sole responsibility is the making of appointments. Rather all the clerks work at the counter with the registry book giving appointments as patients walk in. This reflects the lack of sufficient supervisory field visits to identify

the problems and to continue with the necessary follow-up to ensure the solving of such problems. The current situation is that the senior supervisors usually react only when the patients' complaints reach the local newspapers. It could be also an indication that the health workers are under high pressure in their daily work. On the one hand they are trying to satisfy the patients and on the other hand they are trying to avoid problems which could arise with the medical professionals.

As Ghafar (1993) explained, the medical records clerks feel that they are usually the weakest part in any problem that arises within the health centre. This agrees with Simmonds (1989) who has emphasised the importance of good working conditions in order for the employees to reach the highest degree of productivity.

- b) The problem of the overbooking of appointments could be affected by:
 - i) the number of patients and the ratio of patient to physician, clerk and nurse in the health centres in Bahrain (see Table 3). As has been discussed before, the catchment area for each health centre has changed as regards its population, while the number of staff remains the same. An example for this situation is the third health region which includes five health centres, three of which are type "A", one is type "B" and one is type "C". Type "A" is supposed to provide health services for a population of between 20,000-30,000, while in fact the numbers have changed and it has now reached between 47,000-57,000. Type "B" is supposed to

TABLE 3

Human Resources at the Health Centres in the Third Health Region in Bahrain

Health Centre	Average No of patients/day	No of physicians	Ratio of patient/ physician	No of nurses	Ratio of patient/ nurse	No of clerks	Ratio of patient/ clerk
Isa Town HC	562	9	62	15	37	10	56
Jid Hafs HC	393	6	66	10	39	7	56
Budiya HC	390	6	65	9	43	6	65
Bi'l ad AlQadeem HC	186	4	46	5	37	4	46
A'Ali HC	185	4	46	4	46	4	46

Reference: Isa Town Health Centre Data Sheets, 1993.

provide health care for a population of between 10,000-20,000 but the figure here has reached 30,000 and type "C", which is supposed to serve between 5,000 - 10,000, is currently serving over 20,000 people. Referring to Table 3 in this chapter, we find that the ratio of patient to physician per day is 46:1 in a health centre of type "B", such as the Belad AlQadim health centre. The ratio of patient to physician per day is 62:1 in a health centre of type "A", such as the Isa Town health centre. This large number of patients has to be seen by the physicians within the official working hours 7.00 am - 2.15 pm, keeping account also of the fact that each physician has to do minor operations, see any emergency cases as well as attend professional meetings and related lectures. Each minor operation will take a minimum of 15 minutes, which equals three regular appointments, while the meetings and the lectures take around an hour, which equals 12 regular appointments.

ii) Another issue which is related to the overbooking of appointments is the fact that there is no routine screening system to classify the urgent and the routine cases. This could be of help in reducing the number of the patients for each working day. All the patients who attend the health centre without an appointment are seen based on the presumption that they are emergency cases by physicians who are already overwhelmed by a number of overbooked appointments. These cases will cause a significant disturbance in the working of the health centres.

iii) Another reason for the overbooking of appointments is caused by the patients themselves. The health centres open at 7.00 am, but many patients start queueing as early as 6.00 am in order to ensure an appointment for the same day. This will result in all the available appointment slots for the day being booked within the first couple of hours of the working day. This problem of overbooking of the appointment was highlighted in the results of the questionnaire produced by Ghafar (1993). Here, 33% of the selected sample of patients raised the problem of failing to get an appointment for the same day or the day after. This percentage of patients might be considered normal and acceptable in some countries, but in Bahrain the people are not ready to accept such delays when they wish to see a physician. This may be related to the patient's inherent belief that it is their right to get an appointment whenever they wish it regardless of the situation.

c) The complaints regarding the central population registration card is faced daily by the medical records clerks and the patients. The reasons behind this are:

i) The patient has no clear idea about the importance of using the registration card. They do not know that this card will facilitate the finding of their records since medical records are organised following the addresses and residential areas as recorded on the registration card. Ghafar's study found that 33% of the selected sample of patients said that they did not know that it was important to use the central

population registration card, although the importance of using the card has also been stressed in the Amiri Decree No 9 issued in 1984.

ii) In the Ghafar questionnaire 35% of the sample said that if they did not present the central population registration card the medical records clerk would not do more than to ask them to bring it in next time and he would then continue with the registration process. It therefore becomes clear that the problem is partly related to insufficient information given to the patients by the health staff. Another thing which aggravates the problem further is the lack of communication between staff and patients. Here we have to take into consideration the fact that the majority of the medical records clerks graduate from secondary schools and they have not received any training at all in communications or reception skills.

iii) Another reason behind this problem is that the clerks always feel that they have the weakest argument in any complaint. They therefore avoid taking any action against the patients and some of the clerks even avoid discussing the subject with the patients altogether. Ghafar (1993) concluded that some of the medical records clerks avoid taking any action against patients who fail to produce registration cards in order to avoid becoming involved in any disagreements or arguments. This is due to the fact that they feel that judgements will be biased against them if a problem arises.

- d) Complaints regarding the booking of appointments over the telephone have different contributing factors such as:
- i) There are very few medical records clerks in comparison to the number of tasks that need to be carried out in order to satisfy the needs of the large number of patients. They need to prepare, amongst other things, the records of patients for that day and the next as well as to place the laboratory results into the relevant files. This situation has increased the incidence of patients failing to get an appointment made over the telephone. The medical records clerks have an unrealistic amount of tasks to accomplish and it is impossible for them to be responsible for receiving telephone calls requesting appointments at the same time.
 - ii) The failure to get an appointment over the telephone is also associated with the increasingly overwhelming number of patients. Referring to Table 3 in this chapter, the ratio of patient to clerk ranges between 40-56:1 in type "A" health centres, such as the Isa Town Health Centre, and 46:1 for type "B" and "C" health centres, such as the Belad AlQadeem and the A'Ali Health Centres. These figures however do not give a true reflection of the situation. The number of patients is actually a lot higher since the medical records section is also the reception and general inquiries centre. The medical records clerks also cover the making of appointments for the mother and child care section, the dentist's clinic, the general practitioners, as well as registering the referral letters to other health centres and hospitals. If we really count all the patients who attend the medical records section it could actually be double the figures we have already on

Table 3. The problem of the patients failing to get an appointment over the telephone is still existing because of the insufficient number of clerks in comparison with the number of patients.

iii) Another reason which is behind the problem of patients failing to get an appointment over the telephone is that in each health centre of type "A" there are 3 receptor telephones which are available to receive the patients' telephone calls. These telephones however have no facilities for automatically answering and storing information. This would give the clerks a chance to finish whatever task they are doing and to call the patient back based upon the information left with the answering machine. The medical records clerks are also responsible for transferring all the telephone calls which are received by the switchboard for the different sections in the health centre. This is because there is no telephone operator who is supposed to look after the calls.

For all the abovementioned reasons, the medical records clerks are engaged and busy all day and they find themselves in a position which does not allow them to fulfill all their required tasks. This will ultimately result in the loss of their job satisfaction which will eventually be reflected on the medical records clerks performance and their attitude towards patients.

5. **Complaints regarding the way health workers communicate with the patient during his/her visit to the health centre**

Communications skills are important for people in general and for health workers in particular in order to convey accurate information and instructions to the patients.

- a) The reason behind this problem is the lack of training on how to communicate with the patient. Davis and Fallowfield (1991) indicated that communications skills are important to encourage patients in following the instructions as regards the use of medications and it is also associated with patient satisfaction. The lack of communication between the health workers in health centres in Bahrain occurs because most of the health workers do not receive any training on how to communicate with the patient. This is especially true of the medical records clerks who are graduates of secondary schools and had joined the health centres without any vocational training at all, either in human relations or in communications skills. Through the review of the Health College of Sciences programme in Bahrain, we find that there are some programmes for the nurses and other technicians in human relations and communications skills and on the relationship between the health workers and the patients, but it seems to be insufficient. Unfortunately there is also a lack of any short training programmes or in-service training in both subjects; the relationship between the health worker and the patient and in communication skills, with a view to maintaining those vital skills for those who have already attended the programme at the College of Health Sciences in Bahrain. The problem which involves the tone of voice of the health worker (see Chapter 3, page 40) is deeply connected to

the lack of communications skills and it shows that the health workers need to be more aware of the importance of the communication as well as the proper way in which they should communicate with the patient. The health worker must be sure that when they communicate with the patient the information is clear, simple and adequate. The health worker needs to be more friendly with a balanced tone of voice which is important to the patient when the health worker discusses the patient's illness or any other related subject.

- b) Another reason for the failure in communication with the patients is related to the overwhelming number of patients who need to be seen by the physicians and the limited time for each consultation (5 minutes or less). This limited time is not enough for the patient to express his/her feelings, to ask questions or to discuss his/her problems.
- c) There is an important factor which could be associated with most of the problems I have discussed already in this chapter. It is the lack of motivation among the health workers. Motivation is important to encourage the health workers to care for the patients and to communicate in an acceptable manner. Motivation can be initiated through praising the employee when he/she does something good. The author has selected praising the employees, as a means of motivation, after reading the relevant literature and through her years of experience because praising is a simple form of motivation which is under the control of the employee's direct supervisor and it can be immediate from the supervisor to the

subordinate. Motivation can have a magical effect on the health workers' performance regardless of what form or manner the motivation takes.

6. **Complaints regarding the changing of the consulting physician**

This problem has become a chronic one within the health centres in Bahrain. This is in spite of great efforts made by the health centres' directorate to maintain consistency between a patient and his/her physician. Unfortunately, the shortage of physicians is endemic for various reasons:

- a) Qualified Bahraini physicians, who have continued their postgraduate training tend to come and go due to the inadequate working conditions and the very heavy workload.
- b) The non-Bahraini physicians, who account for 61% of the total number of physicians working in the health centres usually work on fixed-term contracts that last for two years. This situation results in there being gaps between the leaving of one physician and the employing of another Bahraini or non-Bahraini.
- c) The recruitment process in general and the demands for physicians in particular take a long time and cause a delay in the physicians entering the workfield.
- d) In accordance with the above reasons there is always a shortage of physicians who then need to be shifted from one health centre to another. The patients are then unable to keep consulting the same physician.

CHAPTER FOUR

Part Two: The answers to the questions of the study

In this part of Chapter Four I shall try to answer the questions of the study by discussing the relationship between each question and the problem of the study (The Unacceptable Attitude of some Health Workers towards Patients in Health Centres in Bahrain).

Question No 1

Is there a real relationship between the overwhelming number of patients and the unacceptable attitudes of some health workers towards patients?

Through the review of the literature in Chapter Two and the description of the problem in Chapter Three, it is clear that there is a strong relationship between the overwhelming number of patients and the level of employee performance. It is important to balance the number of patients with the number of employees. The questionnaire, which was conducted by Ghafar (1993) in Bahrain, concluded that the staff are not happy with the current situation. Although there is a classification for the type of health centres, there are no real differences in the ratio of patients to health workers. That is clear from the figures in Table 3, eg in a health centre of type "A" the ratio of patients to health worker is 62:1, while in type "B" or "C" health centres the ratio was 46:1, despite the fact that there is a big difference in the number of employees in the different types of health centres.

The problem with an overwhelming number of patients is also reflected in the giving of information to the patients. Through the discussions regarding insufficient instruction from health workers in general and the medical professionals in particular, it is clear that the large number of patients who need to be seen by the physicians does not allow the physicians and the health workers to give sufficient information since you would need more time to achieve this to a sufficient degree of satisfaction. The overwhelming number of patients does not allow the health workers to give sufficient care to the patients.

Question No 2

Could introducing good communications and reception skills in the training programmes of health workers change their attitudes towards patients?

The literary review in Chapter Two, the description of the patients' complaints in Chapter Three and the discussion of the problem in Chapter Four confirms that there is a relationship between the level of communication skills and the attitudes of health workers towards patients. Hammond (1985) in his study which was carried out in South Africa has shown that the health workers can learn attitudes within the training programmes. It has been mentioned in Part One of this chapter that the health workers in the health centres of different categories are lacking training in communications skills and human relations. Even those who do get some training during their education, such as the nurses, are not given any refresher courses to keep them regularly informed and up-to-date with changing situations regarding the human relations and communication skills. It seems that

most of the nurses' in-service training programmes concentrate on the technical tasks rather than the attitude towards patients (College of Health Sciences, 1990-92).

As I have mentioned in this chapter, the medical records clerks do not attend any type of training courses except for a few which relate to the understanding of the English language, computer science and some other subjects which are related to their technical work. Davis and Fallowfield (1990) concluded that improving the communications and counselling skills can tremendously affect the health workers' satisfaction, patients' satisfaction, diagnostic accuracy and treatment adherence. This is because the communication has obvious effects on the patients' psychology, the patients' understanding of the given information and the treatment outcome.

Other factors, such as the lack of communication skills, have the same effects. The physician who is lacking in communication skills will always face the problem of having uncooperative patients in following the instructions regarding the illness and the use of medication. The clerk who does not have good communication skills will face the same problem with the patient and it could result in frequent complaints about this clerk for one reason or another. Communication skills are important to help deal with the patients' discontent and it is important to improve the health worker's image in front of the patients.

Question No 3

How could the lack of motivation among the health workers be related to the unacceptable attitude of some health workers towards patients?

Motivation is an important issue when attempting to increase the effectiveness of the employees' performance. Health organisations, such as the health centres which provide services to a large number of patients, need to motivate their employees in order to continuously enable them to carry out their required tasks.

On the basis of the review of the literature, the description of the patients' complaints and the discussion of the reasons for the problem, it is clear that the staff in general are lacking motivation. This has been illustrated by Ghafar (1993). He concluded that the staff, because of the lack of motivation, feel frustrated, with low morale, low performance and they have a belief that no matter what they do they will not get the rewards that they deserve. According to Maslow's hierarchy there are different needs to motivate the employees. These needs start with the physical needs (food, sleep, rest, residence etc) and end with self-fulfilment (hopes, satisfaction, achieving personal goals etc). If the employee fails in achieving his/her needs, a conflict will emerge between the organisational goals which need to be fulfilled and the personal needs which need to be achieved. Ghafar (1993) has reached the conclusion that the medical records clerks and the administration supervisors are frustrated because they do not achieve their self-fulfilment. The lack of motivation will result in job dissatisfaction and this point has been stressed by Simmonds (1989), who emphasised the importance of motivating the health personnel in order to increase their effectiveness, their productivity and to improve their job satisfaction.

From the previous discussion, it is clear that there is a close relationship between the health workers' attitudes and the degree of motivation. In the health centres in Bahrain the health workers lack both morale and concrete motivation. This situation is reflected in the health workers' tasks and their attitude towards patients as one of their committed tasks performance.

Question No 4

Could recurrent field visits by senior personnel have a positive effect on maintaining standards of work and ensuring good attitudes towards patients?

"Behind every great worker there is a manager, and behind that manager there is another" (Wiener 1990). It is clear that supervision is important for monitoring work, team building and staff development. From the discussion in Part One of this chapter, it is clear that supervisory field visits are rare events in the health centres in Bahrain. This could indicate that the senior supervisors have insufficient awareness of the importance and the effectiveness of the supervisory field visits. However, the questionnaire of Ghafar (1993) showed that only 11% of the selected sample of health workers have indicated that there is a lack in the supervisory field visits by senior supervisors. There is also a belief among the medical records clerks that they are doing a job which is worthy of the attention of the senior supervisors.

The field visits are important to maintain standards of work, to motivate staff and to support them by giving them the feedback which they need. Through the previous discussion it is clear that supervisory field visits are important not to count the employees'

mistakes, but to answer their questions, to ensure the employees values, to emphasise the role of each member in the team, to motivate the employees and to increase the morale of the employees.

CHAPTER FOUR

Part Three

I The significant findings

On the basis of the review of the literature, description of the patients' complaints, discussion of the problem and by answering the questions of the study, I have reached the following findings:

1. The overwhelming number of patients has reflected negatively upon the level of health care and the health workers which has, in turn, been translated into the unacceptable attitudes of some health workers towards patients.
2. The overwhelming number of patients has resulted in insufficient information being given by the health workers to the patients which will then result in a delay in the healing process.
3. There is no real appreciation for the value of each employee in the health centre, even among the health workers themselves. This has an adverse effect on team spirit.
4. The absence of effective teamwork which results in the lack of cooperation between the health workers themselves and between the health workers and patients.
5. The lack of communication and reception skills which results in the need for practical programmes in communication skills with patients.

6. On the basis of the problems discussed in Chapter Four, Part One, we see that the results of inadequate work conditions could result in a high staff turnover and the loss of qualified employees in the future.
7. The health workers are not motivated in the two different ways, neither the morale nor the concrete, which results in low morale and job dissatisfaction.
8. The lack of motivation results in frustrated health workers, carelessness and negligence towards patients. This is then translated into an unacceptable attitude towards patients.
9. There is a lack of supervisory field visits which results in the absence of sufficient feedback which can help in minimising the mistakes of the employees. Through my years of experience, I have found that the frequency of the supervisory field visits to the health centres in Bahrain do not exceed two visits each year.
10. There is a lack in up-to-date follow-up visits by senior supervisors which results in people making their complaints or voicing their problems to the local newspapers.
11. The absence of close supervision by the senior supervisor through field visits to the health centres could be the reason for the unacceptable attitude of some health workers towards patients. This could possibly be related to the gap between the senior supervisors and the health workers in the health centres.

II Recommendations

A. Recommendations regarding the overwhelming number of patients

1. The ratio of patient to physician, nurse and clerk needs to be reduced. I have referred to the ratios of patients in Chapter Four, Part One, page 45, that those ratios need to be reduced to an acceptable ratio, eg instead of 5000:1 physician, to be reduced to 2000:1.
2. To achieve an acceptable ratio of patients to health workers it is important to increase the number of the health workers of different categories to ensure also the quality of primary health care.
3. The time limit for each consultation needs to be extended from 5 minutes to 15 minutes minimum to ensure that each patient has obtained adequate care and sufficient information.
4. The creation of the position of receptionist to cover all the enquiries by patients in the health centres. It is also important to generate the position of telephone operator to be responsible for transferring all the telephone calls to the different sections in the health centre and to receive the patient calls regarding the making of appointments.
5. To provide the health centres with an advanced telephone system which can store telephone calls in sequence to minimise patient complaints regarding the making of appointments over the telephone.

6. To introduce the screening of a patient's complaint based on its urgency and severity by a qualified nurse.

B. Recommendations regarding the lack of communication skills

It is important to design a training programme for all categories of health workers according to their relative needs. The training programme needs to include:

1. Communications and counselling skills for undergraduate doctors, nurses and allied health workers.
2. Communication skills training for all the health workers, inclusive of the medical records clerks, should include basic interviewing skills, demonstrated practical training programmes, handouts and videos.
3. Communication skills training programmes for the medical professionals that stress the stages involved in the discussion of an illness with a patient and the information that needs to be provided regarding the use of medication.
4. Training programmes for all health workers, including medical records clerks, in public relations and reception skills with the stress on the role of tone of voice in conversations between health workers and patients.
5. Frequent in-service training programmes to ensure that health workers are aware of the tasks they have to do.

C. Recommendations regarding teamwork

1. It is important that the senior supervisor emphasises team spirit.
2. It is essential to emphasise the importance of each member's role within the organisation.
3. It is important for the senior supervisors to distribute the tasks equally between the members of the organisation and to stress cooperation between members.
4. Frequent meetings are important to ensure follow-up on the effectiveness of teamwork.
5. The feedback from senior supervisors should be relevant to the subject, immediate, simple and clear.

D. Recommendations regarding motivation

1. The intrinsic rewards which are usually controlled by the managers should be utilized to motivate the health workers by:
 - i) Praising the employee when he/she carried out the task effectively.
 - ii) Presenting an award for the employee of the month.
 - iii) Giving written acknowledgements as rewards to hardworking employees.

iv) Another type of morale motivation is generated by the existence of mutual respect between the supervisors and the employees through the discussion of any mistakes in private.

v) To motivate the staff by encouraging them to ask questions regarding any unclear issues and to encourage the employee to give any suggestion which they feel can help to improve working conditions.

2. The extrinsic rewards such as upgrading the employees, increasing the monthly wages and any other concrete awards, which are in the control of senior supervisors need to be given more frequently and in an unbiased manner.

E. Recommendations regarding supervisory field visits

For the field visits by the senior supervisors to be more effective the following must be noted:

1. The date and the time of the field visit needs to be determined beforehand.
2. The subjects which are to be discussed with the employees must be listed in an agenda.
3. The field visits must neither be too short nor too long.
4. Through the field visits the supervisor needs to encourage and support the employees with the necessary feedback.

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