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# Developing Patient Satisfaction Structure in Pakistan Health Care Perspective

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#### Abstract

Patient satisfaction is the highest priority in health care sectors or hospitals. Specifically, in least developed areas. Consequently a major factors play a crucial part for enhancement. Therefore, the researchexplores theinfluence amongmanagement challenges, culture influence and employee retention on a patient's satisfaction level in Khyber PakhtunKhwa (KPK), Pakistan. The government influence plays a moderating role in this study. Both primary and secondary data are collected through 225 questionnaires from four district hospitals in Khyber PakhtunKhwa, Pakistan, in 2018. The analysis was carried out by SMART PLS3 and SPSS16, to test the moderating effect between innovation, management challenges, culture influence and employee retention on patient satisfaction with the influence of moderating variable "government". The finding confirmed that moderating variables play a significant positive influence between innovations, management challenges, culture influence and employee retention on patient satisfaction, the variables help to verify the level of patient satisfaction. Affirmative the

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approaches produce desirable effects on patient satisfaction. The research revealed that the given approaches are significant triggers for superior practices. This study found that there is a significant relationship which persuade health care organizations.

**Keywords:** Patient Satisfaction, Government Influence, Innovation, Management Challenges, Culture Influence, Employees

### 1. INTRODUCTION AND BACKGROUND:

Every individual has precise feelings, thoughts and desires, fulfill their needs and requirements according to their expectation. When experience meets the expected desire, the individuals feels satisfaction. Universally care, comfort and cure is essential for patients during treatment (Sreenivas and Prasad. 2003). The health care organizations present a huge, dynamic, unpredicted, uncertain and ambiguous environment where "quality issues" possesses a dominant position. Health care quality is associated with all concerns and problems of patients and their satisfaction level (Koeck, 1997). Patient satisfaction is one of the most comprehensively studied areas for last four eras (Puri et al., 2012; Chahal and Sharma, 2004; Sharma and Chahal, 1995; McAlexander et al., 1993; Flexner, 1985). The value of patients is worth to those who know humanity. The optimistic effect and better care quality are considered the significant element of satisfaction (Crow et al., 2002; Danielsen et al., 2007). The patient's wish list is valuable to those who want to know the real person. Though it's challenging, but might not impossible if proper service altered (Paine, 1989), like accurate guidance, focusing to complaints, answering their queries and providing a suitable and pleasant environment (Sreenivas and Prasad, 2003). Different literature presents altered definition of patient satisfaction, according to their scenario. (Williams, 1994; Crow et al., 2002; Vukmir, 2006) defined that patient satisfaction depends on the

satisfaction level, care service attributes, and the financial condition. According to Buyukozkan et al. (2011), there are six ways to categorize the care, quality of medical: reliability, responsiveness. tangibles. empathy professionalism. Based on their study, the significant health care aspect is empathy in turkey. Alongside these the reliability and professionalism also play a wider role in health care quality performance. State that Pascoe (1983), patient pleasure could be specified by the appraisal among one patient's observation toward their experience based on the expected quality of care services. Likewise, Level of patient satisfaction depends on the behavior and attitude of nurses, for example, obedient, cooperative, activeness etc. (Ali Bassam Mahmoud, William D. Reisel). Developing nations are taking major initiatives to enhance their particular health service management. Countries like Singapore and Thailand get a higher revenue through health care service because they fascinate numerous health visitor. Many patients from emerging nations like India, Bangladesh and Pakistan frequently visit to those countries for excellent treatment (Selim Ahmed, Kazi Md. Tarique, Ishtiague Arif,). In present situation government hospitals in the Khyber Pakhunkhwa province in Pakistan need more attention. Health care is a crucial occupation, especially in KPK province because of the poor facilities and management. The management staff faces a huge number of challenges because of the low facilities which directly affect the performance of employees and lead toward dissatisfaction of patients. The health care facilities demand is very high because of the growing population. Therefore, it is essential to formulate the structure of health care which fulfill the patient's demands. Generally, a lot number of approaches are implemented for the quality health services. In 1999, Swanson and Power conducted a relative investigation concerning perceived stress, satisfaction, and conflict for medical employees in the National Health Service in Scotland. The investigation arose with the consequence that

employees with medical face extra stress which affect their performance. As a consequence, low output, increased absenteeism and pool to other complications like hypertension, drug abuse, and cause of cardiac problem arising which affect the delivery of healthcare service. [Shah, S. S. H., Jabran, A., Ahsan, R. J., Sidra, W., Wasiq, E., Maira, F., & Sherazi, S. K. (2012).] A full set of variables such as organizational commitment, emotional intelligence and support leadership had measured (Jamal, M. (2011).). Previous research identified That Healthcare organizations around the globe are facing basic challenges and affected by numerous factors. management of clinical shortages, population, quality care concern, cost and rapid technological progress (barker). While several of research investigates that innovation can improve the healthcare service (Thakur et al., 2012) and carried out modern scientific progress in the healthcare organization system. (Goh et al., 2011; Øvretveit et al., 2007; Taylor, 1994). However, there Is a possibility to improve the best quality of healthcare service by applying the further technique in a different region of the world.

The aim of this research is to explore specifically the effect of, Innovation, Management Challenges, Culture Influence, Employee Retention and Government influence on health care service, which directly influence the patient's satisfaction. KPK province is selected for this study because it is the least developed province in Pakistan regards to working condition and living standards.

#### 2. LITERATURE REVIEW:

#### 2.1: Innovation:

The obligation for modernization is undeniable in every sector, but precisely to be further in hospitals. An extraordinary step of innovation is essential that creating an influential change in hospitals around the globe. (Raths, 2007; Kam-Shim, 1999).

Researchers observed and argued that invention arising due to the declining structural performance or to the fright of the future aspect (Bolton, 1993). It doesn't mean uncertain effect, but rather it is a modern technique and mechanism which integrate and managed several elements that create new idea and knowledge which create a huge impact (Chiesa, V., Coughlan, P. and Voss, A. (1996). In health care it is a development in treatment with new techniques and method which possess better results (Graham Mowatt, D. Jane Bower, John A. Brebner, John A. Cairns, Adrian M. Grant, Lorna Mckee, 1998). The Previous government in Pakistan framed several techniques which create opportunities for appropriate treatment (Government of Pakistan, 1990, 1997, 2001). But the healthcare organizations structure in developing nations like Pakistan are not as sturdy as patient expecting. Though the reforms are struggling to take initiatives to improve the health care service through modern innovation (Rondinelli et al., 1983). Pakistan is focusing to make significant changes in the health sector, which boost the researchers to generate and explore modern approaches to design and manage their hospital requirements to enhance the satisfaction level of patients (Arasli et al., 2008).

# 2.2: Management Challenges:

Though innovation can bring huge changes but proper management is a basic challenge to execute innovative approaches. The environment of healthcare organizations is very dynamic, unanticipated, uncertain and ambiguous (Manjunath et al., 2007). In previous years, the hospitals confronted a lot of challenges in term of shrinking funds, failing patients' expectations and poor management (Gok and Sezen, 2013). Besides these issues the hospitals are facing the challenges to execute the health care operations effectively (Blecher et al., 2011). What is required is a technique of reorganizing management, which helps to ease the waste,

ineffectiveness and loopholes (Short, 1995). For managing such challenges, rules and regulations the leaders play a critical role in hospitals, which can improve the employee's performance and the level of patient satisfaction (Godiwalla et al., 1997). The administrative leaders' requisite to play a critical role to deliver the expected services, particularly in countries like Pakistan, because of the unstable political structure and terrorism. The infirmaries administration is a vital stake to resolve such challenges proficiently and deliver an adequate cure for patients (Buttigieg and West, 2013).

#### 2.3: Culture influences:

Culture is an "integrated pattern of learning beliefs and behaviors" consist among a group individuals that can influence way of communication, norms and values, interpersonal relationships and customs (Betancourt, Green, & Carrillo, 2002). Culture is a dominant in healthcare because it influences the behavior and attitude of a patient to his/ her treatment. (Office of Minority Health, 2001; Betancourt, Green, & Carrillo, 2003). A lot of country's health care sectors, providing modern and basic attention for population, hence hospital culture plays a significant role in excellence care (Mckee and Healy, 2000). MacLachlan (2006), in his study explores the complexities of health care and different cultures, although he found that patient optimal care depends on the particular cultures and their backgrounds. Especially in Pakistan (a very strong culture and tradition among in different provinces (Ghaffar et al., 2000). The key element that relay culture concern to provide a superior influence are compassionate management, employee empowerment and satisfaction, applicable information and investigation system, patient satisfaction and sub-cultural diversity (Wakefield et al., 2001).

### 2.4: Employees Retention:

Every organization work performance is affected by employee turnover (Walsh and Taylor, 2007). According to Guchait and Cho (2010), 80% employees are interested and looking for suitable work environment. Consequently, it becomes dynamic to generate a favorable and encouraging work environment for the purpose of in the organizational objectives and to maintain professional employees (Ghosh and Sahney, 2011). Especially in healthcare organizations. Because healthcare organization turnover rate is significant as compared to other professions due to the stress (Vance, 2011). Adequate motivation in term of reward and benefits is required for employees to stay and work in an organization in (Adams and Hicks, 2003). Different workplace conducts described by Bashir et al. government institute of Pakistan surround employees littering workplace (38 percent), leaving off earlier (66 percent), taking a lot of time for lunch breaks (90 percent), stealing official things (45 percent), using mobile phone and computer for refreshment rather than working (49 percent), calling personally an office telephone (94 percent), usually late arrival (82 percent) and focusing private business during working timings (75 percent). Due to such behavior in the organizations, scholars are obliged to find out an applicable solution so that to improve and motivate the employee to work (Chen and King, 2018; Guay et al2016).

#### 2.5: Government influence:

Governmental behavior is the primary tool for any organizations (Parker, 2014) which have a significant impact on performance (Hill et al., 2016; Vigoda-Gadot et al., 2003). Government behavior refers to an extensive variety of implementations that can influence the workplace environment (DuBrin, 2009). Specifically Pakistan political condition is unstable among four provinces, namely, Khyber Pakhtunkhwa, Punjab, Sindh and Baluchistan, which strongly affect the

workplace environment especially in hospitals. Its influence in term of supporting hospitals has a substantial positive influence on patient treatment (Craigwell Danielle Bynoe Shane Lowe., 2012).

### 3. RESEARCH METHODOLOGY:

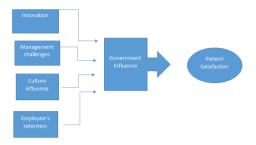
### 3.1: Study design and sampling

In this research, patients were selected in the existing time. This analysis was taken out in the major cities of Pakistan name Peshawar, Sawabi, Gilgit and Buner. Moreover, there were numerous reports of patients' frustration with particular health facilities in the targeted cities. Structured questionnaire was distributed for data collection. Data were collected using a structured survey questionnaire. Theme experts, hospital professional officials and a limited patient's examined the questionnaire preceding to the assessment. Consequently, the theme of content was confirmed. There were 25 queries that measured levels of patient satisfaction during the treatment in hospitals (see Appendix). The questionnaire was designed using 5-point Likert scale (1 strongly disagree; 5 Strongly agree).

# 3.2: Full survey

The survey was conducted from June to September 2018 in the four main cities of Pakistan. The population of respondent was selected randomly. The respondents were currently admitted to various healthcare units (public or private) in different cities. The selected respondents were fully confident to provide the answers according to the prescribe manner and with honesty. Approximately 320 questionnaire were distributed among the patients for this survey. In total, 254 questionnaires were received, and 225 proper filled questionnaires-in surveys were selected for analysis. The rest was neglected, due to mistakes or missing answers. Table I provides the demographic profile of the respondents.

#### 4: MODEL:



# 4.1: Research Hypotheses:

H1: Innovation in technology positively influence the level of patient satisfaction.

H2: Managing the challenges can improve the Patient satisfaction.

H3: The hospital culture can affect the patient satisfaction level.

H4: Employee's retention can positively influence patient satisfaction level.

#### 5. RESULTS:

### 5.1: Demographic Analysis:

The table 1 described the demographic features of the selected patients. Most of them were male (74.6%) and female include (25.3%). Age of the patients ranges from 20-25 contain (16.8%), from 26-30 contain (9.3%), from 31-35 (12.8%), from 36-40 (16.8), from 41-45 (11.1%) and above 46 it contains (32.8). Patients (74.2%) were married and (25.7%) were single or divorced or widow. Education percentage of school level were (8.8%), High school were (14.6%), college levels were (62.6%) and university or above were (13.7%). According to work or job experience (4.8%) were coming into below 1 year experience. Experience from 1-3 contain (10.2%), from 3-6 years (16.4%), from 6-9 (26.2%) and more than 9 years' work experience patients contain (19.4%).

Item		Numbers	Percentage	
Gender	Man	168	74.6%	
	Women	57	25.3%	
Age	20-25	38	16.8%	
	26-30	21	9.3%	
	31-35	29	12.8%	
	36-40	38	16.8%	
	40-45	25	11.1%	
	46 and above	74	32.8%	
Marital status	Married	167	74.2%	
	Others	58	25.7%	
Education	Junior high school	20	8.8%	
	Senior high school	33	14.6%	
	College	141	62.6%	
	University and	31	13.7	
	above			
Working	Below 1	11	4.8%	
Experience	1–3 years	23	10.2%	
	3–6 years	37	16.4%	
	6–9 years	59	26.2%	
	More than 9 years	44	19.5%	

Table 1: Demographic characteristics of respondents (N = 261)

### 5.2. Factor Analysis:

Table 2, described the value of Chronbach's α and the composite reliability. The ranges of all alpha values were found to ranging in between (0.772 to 0.876), which fulfill the least ordinary constraint which is 0.7. The value of composite reliability was found also in the range of 0.797 to 0.876 which is an acceptable standard. The range of factor loading were found from 0.70 to 0.86 mentions in the table. Five items were removed from the particular variable because of the low composite reliability below 0.70. The average variance extracted (AVE) were found ranging in between (0.512 to 0.689). Which also attained the minimum requirement criteria of 0.5. (ClaesFornell and David F. Larcker).

	INQ1. Modern technology in the health care sector	
Innovation	can improve the patient care efficiency	0.70
Cronbach's α= 0.749	INQ2. WEQ2. The features of innovation can satisfy	0.71
CR= 0.797	patients psychologically.	
AVE= 0.512	INQ3. Employees are motivated toward technology,	0.72
	which improve their job performance in hospitals.	
	INQ4. Modern innovation can bring positive change in	0.70
	treatment	
	MCQ1. JPQ1. Proper management can help to satisfy	0.86
Management challenges:	patient expectation?	
Cronbach's α= 0.772	MCQ2. Management policy and sustainability is	0.81
CR= 0.836	important in medical care unit to fulfill the patient's	
AVE= 0.532	satisfaction level?	
	MCQ3. Pro/per administration helps to develop staff	0.79
	skills in hospitals	0.10
	MCQ4. Proper planning for staffing is a basic	0.82
	requirement which helps to satisfy patients?	3.02
	MCQ5. Proper management can change the	0.79
	environment of the hospitals towards betterment	0.10
Culture	CQ1: The stable and good environment in the	0.04
	·	0.84
Cronbach's α= 0.876	hospital can help with proper treatment.	0.00
CR= 0.962 AVE= 0.689	CQ2: Medical error is handled properly in this	0.83
AVE= 0.689	hospital?	
	CQ3: The senior leader in my hospitals listens to me	0.80
	and care about my concern?	
	CQ4: My suggestion about safety would be acted	0.86
	upon if I expressed them to management?	
	CQ5: Hospital staff helps to maintain the	0.83
	environment which helpful for treatment procedure?	
Gover inf	GIQ1. Government needs to support and develop the	0.70
Cronbach's α= 0.781	vision for health care system.	
CR= 0.801	GIQ2. The Government plays a wide role for	0.71
AVE= 0.589	development in a health care system in Pakistan.	
	GIQ3. Improving health status and providing	0.70
	financial budget influence the efficiency in hospital.	
	GIQ4. National planning, political factors and issues	0.73
	affect the efficiency of health care system.	
	GIQ5. Good governance system can bring positive	0.74
	change in healthcare units.	
Employee's retention	ERQ1. 1do you support often changes in job position in	0.71
Cronbach's α= 0.821	the hospital?	
CR= 0.845	ERQ2. A specific work like "nursing "stability, improve	0.74
AVE= 0.593	performance	
	ERQ3. Employee's sustainability can help patient	0.76
	satisfaction levels.	
	ERQ4. Sustainability is a journey of continuous	0.80
	performance improvement which increase the level of	3.00
	patient satisfaction	
	ERQ5. Sustainability is a key to achieve the vision of	0.79
	the target goal	5.10
	one varget goar	

Table 2. Composite Reliability and Factor Analysis

### 5.3. Model Fitness Test:

The chi-square and Model fitness test were performed to determine factors analysis. The value of chi-square goodness was obtained 1,191.231 and Normed fit index (NFI) was obtained 0.711. Since (Dawn Iacobucciet al., 2000), Based on standardized root mean square residual (SRMR) to confirm the appropriate form of data. If SRMR is greater than acceptable perimeter, indicated that somewhat is incorrect or inconsistent with the observation or structural model (Hu Li-tze. Peter, 1999). Therefore, the 0.074 SRMR value was indicated which fit the standard range.

### 5.4. Regression Analysis:

Multiple Regression Analysis was done to observe the effect of a independent variables (Innovation. four Management Challenges, Culture Influence, Employee retention) one moderator variable (Government Influence) on the dependent variable (Patient satisfaction) as shown from the table 3, the government influence has a positive moderating effect among Innovation and Patient satisfaction (t= 3.916, p= 0.003). Hence we accepted hypothesis H1. The moderating variable indicated a significant effect between Management challenges and Patient satisfaction (t= 2.838, p= 0.011), therefore H2 is accepted. The government influence between culture affect and Patient satisfaction, job are likewise substantial (t= 3.316, p= 0.011). Consequently H3 is also accepted. It is confirmed that the moderating variable "government influence" can positively influence the relationship between employee retention and patient satisfaction (2.963, p= 0.006). So over H4 hypothesis is confirmed. It is verified that government influence plays a wide moderating role among Innovation, Management Challenges, Culture Influence, Employees retention on Patient satisfaction.

Hypothesis	Predictor	Moderator	T value	P value	Status
INO * GI-> PS	INO	GI	3.916	0.003	Accepted
MCH* GI ->PS	MCH	GI	2.838	0.011	Accepted
CI* GI -> PS	CI	GI	3.316	0.011	Accepted
ER* GI-> PS	ER	GI	2.963	0.006	Accepted

Table 3, Regression Analysis

# 6: DISCUSSION:

### 6.1. Management:

This study delivers positive indication that government influence plays a wide moderating role among the proper management and patient satisfaction in Khyber Pakhtunkhwa (KPK), which is a least developing province in Pakistan where management is a fundamental key for patient satisfaction. . The multiple regression analysis was done to find out the influence of government between management and patient satisfaction. The study revealed that proper management has a positive impact on patient satisfaction level (Table 3). Hospital management leads to co-ordinates various practices within the healthcare units such as controlling the resources, employees, financial and technical, Quality enhancement and so on. The study finds out that appropriate managing of product and services can produce a positive effect in treatment which can satisfy patient psychologically. Our verdict endorses previous research (Hardy et al., 1996; Taylor, 1994) that even managing a minor aspect in hospital can bring a positive impact on patient care, such as cleanliness of hospitals, providing a smooth environment for patient and so on. This recommends that, in health care units as healing institutions, a precise management is essential to control the sickness outbreak. (Rachel Javetz, Zvi Stern, (1996) suggested that in hospital a comprehensive cooperation in the form of management is essential to ensure the accomplishment of appropriate treatment.

### 6.2. Innovation:

The second variant of this research is discovering the relationship between innovation and patient satisfaction, in the aspect of moderating role of government influence. The result derived from a regression analysis that innovation influences the level of patient satisfaction (table 3). The result suggested that patient satisfaction level increasing while having treatment with the help of advance technology. Development is occurring in every aspect of life and peoples believing in technology. The patient also willing to believe the role of technology in treatment. (Hossan and Bartram, 2009). That innovation in technology is stimulating health quality and services. (Bastic and Leskovar-Spacapan, 2006) Demonstrated that the because of innovation the hospital faces challenging from the patient as well as a competitive market. Numerous health care services involve to carrying out surgery and major treatments. For these specific and crucial treatment modern technology plays a comprehensive role to satisfy patients. Due to the advance technology, the employees are able to carry out the best possible treatment to patients. Furthermore, the doctors acquiring modern medical skills and techniques so that can may easily emphasize their practices.

### 6.3. Culture influence:

Culture plays a significant role in Pakistan, because of cultural and religious factors. Different hospitals have different standard of performance on the basis of patient treatment. These findings demonstrate that culture and gender play a significant role in patient satisfaction in hospitals of the KPK, Pakistan (table 3). Patients supposing a smooth and prominent culture within the hospital. Furthermore, the gender also plays a significant role in KPK Province (MacLachlan, 2006). MacLachlan (2006) explained that culture in health care explains a global perspective, although he acknowledges that different culture and norms have their specific idea, hence

providing ideal care to patients depend on their specific culture and backgrounds. (Buchanan, D. (1996).) believes that in a hospital's culture is being reinforced continuously through employees behaving and ethics, in a similar way patient care is depend on the health care employees behaving and norms which are they conducting during treatment.

### 6.4. Employee retention:

Regression analysis was done to specify the relationship among Employees retention and patient satisfaction. The result derived from the analysis, which specified that there is a significant positive effect on employee retention on patient satisfaction (table 3). In every organization the human resource department is trying to maintain their employees by providing different benefits, because they well knew the culture of the organization. Same as patient want the same staff treatment which they are already familiar. The patient believes that in treatment consistency is essential. Usually hospitals are suffering a significant turnover due to a stressful environment and tough work schedule. (Henderson and Tulloch, 2008), recommended that with financial incentives play a proper role for motivation, retention and providing satisfactory job performance. Which might help to satisfy patients regard with their treatment. Stephen O'Kell, (2002) Explained that staff retention is a vital key to providing a good and quality health care services to the patient, which is possible by providing motivational tools for employees, such as good physical working environment, incentives, giving relief etc.

#### 7. CONCLUSIONS:

This study examines the relationship between Innovation, Management Challenges, Culture Influences, and Employee retention on Patient satisfaction of Hospitals in KPK, Pakistan. The outcomes of this research specifically indicate that innovation in technologies, Managing challenges, culture influences and employees relative measures the level of patient satisfaction. Because KPK is least developing province in Pakistan. And these are the main structural challenges in KPK Hospitals. By introducing modern technologies, patients feel satisfaction psychologically as they believe that the efficiency of modern technology would be extraordinary. Concerning of innovation in technology appropriate sort of management is crucial, specifically in hospitals. By appropriate management, patient's treatment and caring is adequate. In Pakistan culture inspiration is very high, especially in KPK province, Culture influence rate is very high in hospitals where patient requisite accurate environment, Consistent staff for their checkup. Which is only possible with consistency. Consequently employee's retention is a quite challenging objective in hospitals due to the consistency in their treatment. Although this study was limited to up to four major hospitals in KPK due to the lack of resources. We recommend that same approaches are executed to measure patient satisfaction level according to the departmental wise in hospitals.

#### REFERENCES:

- 1. Arasli, H., Haktan Ekiz, E., & Turan Katircioglu, S. (2008). Gearing service quality into public and private hospitals in small islands: empirical evidence from Cyprus. *International journal of health care quality assurance*, 21(1), 8-23.
- 2. Ahmed, S., Tarique, K. M., & Arif, I. (2017). Service quality, patient satisfaction and loyalty in the Bangladesh healthcare sector. *International journal of health care quality assurance*, 30(5), 477-488.
- 3. Bastic, M., & Leskovar-Spacapan, G. (2006). What do transition organizations lack to be innovative?. *Kybernetes*, 35(7/8), 972-992.

- 4. Bassam Mahmoud, A., & D. Reisel, W. (2014). Relating patient satisfaction to nurses' job satisfaction, job security, and obedience OCBs. *International Journal of Pharmaceutical and Healthcare Marketing*, 8(1), 47-61.
- 5. Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). Cultural competence in health care: Emerging frameworks and practical approaches (Vol. 576). New York, NY: Commonwealth Fund, Quality of Care for Underserved Populations.
- 6. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2016). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*.
- 7. Blecher, M., Kollipara, A., Zulu, N., & DeJager, P. (2011). Health financing. South African health review, 2011(1), 29-48.
- 8. Bolton, M. K. (1993). When is necessity the mother of invention? Organizational innovation in successful and unsuccessful firms. Handbook of Innovation Management, 14-41.
- 9. Buchanan, D. (1996). The Ascendant Organization: Combining Commitment and Control for Long-Term, Sustainable Business Success. *Human Resource Management Journal*, 6(1), 84.
- 10. Henderson, L.N. and Henderson, L. N., & Tulloch, J. (2008). Incentives for retaining and motivating health workers in Pacific and Asian countries. *Human resources for health*, 6(1), 18.
- 11. Buttigieg, S. C., & West, M. A. (2013). Senior management leadership, social support, job design and stressor-to-strain relationships in hospital practice. *Journal of health organization and management*, 27(2), 171-192.

- 12. Büyüközkan, G., Çifçi, G., & Güleryüz, S. (2011). Strategic analysis of healthcare service quality using fuzzy AHP methodology. *Expert systems with applications*, 38(8), 9407-9424.
- 13. Chahal, H., & Sharma, R. D. (2004). Managing health care service quality in a primary health care centre. *Metamorphosis*, 3(2), 112-131.
- 14. Sharma, R.D. and Chahal, H. (1995), "Patient satisfaction in public health care system a case study", The Indian Journal of Social Work, Vol. LVI No. 4, pp. 444-54
- 15. Chen, C. T., & King, B. (2018). Shaping the organizational citizenship behavior or workplace deviance: Key determining factors in the hospitality workforce. *Journal of Hospitality and Tourism Management*, 35, 1-8.
- 16. Chiesa, V., Coughlan, P., & Voss, C. A. (1996).

  Development of a technical innovation audit. *Journal of Product Innovation Management: AN INTERNATIONAL PUBLICATION OF THE PRODUCT DEVELOPMENT* & MANAGEMENT ASSOCIATION, 13(2), 105-136.
- 17. Crow, H., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L., & Thomas, H. (2002). Measurement of satisfaction with health care: Implications for practice from a systematic review of the literature. *Health technology assessment*.
- 18. Craigwell, R., Bynoe, D., & Lowe, S. (2012). The effectiveness of government expenditure on education and health care in the Caribbean. *International Journal of Development Issues*, 11(1), 4-18.
- 19. DuBrin, A. J. (2009). *Political behavior in organizations*. Sage.
- 20. Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables

- and measurement error. Journal of marketing research, 18(1), 39-50.
- 21. Guchait, P., & Cho, S. (2010). The impact of human resource management practices on intention to leave of employees in the service industry in India: the mediating role of organizational commitment. The International Journal of Human Resource Management, 21(8), 1228-1247.
- 22. Guay, R. P., Choi, D., Oh, I. S., Mitchell, M. S., Mount, M. K., & Shin, K. H. (2016). Why people harm the organization and its members: Relationships among personality, organizational commitment, and workplace deviance. *Human Performance*, 29(1), 1-15.
- 23. Gill, L., & White, L. (2009). A critical review of patient satisfaction. *Leadership in Health Services*, 22(1), 8-19.
- 24. Guchait, P., & Cho, S. (2010). The impact of human resource management practices on intention to leave of employees in the service industry in India: the mediating role of organizational commitment. The International Journal of Human Resource Management, 21(8), 1228-1247.
- 25. Ghosh, K., & Sahney, S. (2011). Impact of organizational sociotechnical system on managerial retention: a general linear modeling approach. *Journal of Modelling in Management*, 6(1), 33-59.
- 26. Ghaffar, A., Kazi, B. M., & Salman, M. (2000). Health care systems in transition III. Pakistan, Part I. An overview of the health care system in Pakistan. *Journal of Public Health*, 22(1), 38-42.
- 27. Godiwalla, Y. H., Batra, H. C., Johnston, J. A., & Godiwalla, S. Y. (1997). Managing hospitals in dynamic environments. *International Journal of Health Care Quality Assurance*, 10(5), 202-207.
- 28. Gok, M. S., & Sezen, B. (2013). Analyzing the ambiguous relationship between efficiency, quality and patient

- satisfaction in healthcare services: the case of public hospitals in Turkey. *Health policy*, 111(3), 290-300.
- 29. Government of Pakistan (1990), National Health Policy 1990, Ministry of Health, Islamabad.
- 30. Government of Pakistan (1997), National Health Policy, Ministry of Health, Islamabad.
- 31. Government of Pakistan (2001), National Health Policy 2001, Ministry of Health, Islamabad.
- 32. Goh, J. M., Gao, G., & Agarwal, R. (2011). Evolving work routines: Adaptive routinization of information technology in healthcare. *Information Systems Research*, 22(3), 565-585.
- 33. Hicks, V., & Adams, O. (2003). Pay and non-pay incentives, performance and motivation. *Towards a global health workforce strategy*.
- 34. Hill, S., Thomas, A., & Meriac, J. (2016). Political behaviors, politics perceptions and work outcomes: Moving to an experimental study. *Handbook of organizational politics: Looking back and to the future*, 369-400.
- 35. Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural equation modeling: a multidisciplinary journal*, 6(1), 1-55.
- 36. Hossan, C., & Bartram, T. (2009). The battle against corruption and inefficiency with the help of eGovernment in Bangladesh. *Electronic Government, An International Journal*, 7(1), 89-100.
- 37. Javalgi, R. G. (1994). Distinguishing Service Quality from Patient Satisfaction in Developing Health Care Marketing. *Journal of Health Care Marketing*, 14(3), 57-61.
- 38. Javetz, R., & Stern, Z. (1996). Patients' complaints as a management tool for continuous quality

- improvement. Journal of Management in Medicine, 10(3), 39-48.
- 39. Jamal, M. (2011). Job stress, job performance and organizational commitment in a multinational company: An empirical study in two countries. *International Journal of Business and Social Science*, 2(20).
- 40. Koeck, C. M. (1997). Doing better: a global medical interest. Foreward.
- 41. Lacobucci, D., Arabie, P., & Bodapati, A. (2000). Recommendation agents on the Internet. *Journal of Interactive Marketing*, 14(3), 2-11.
- 42. McKee, M., & Healy, J. (2000). The role of the hospital in a changing environment. *Bulletin of the World Health Organization*, 78, 803-810.
- 43. Manjunath, U., Metri, B. A., & Ramachandran, S. (2007). Quality management in a healthcare organisation: a case of South Indian hospital. *The TQM Magazine*, 19(2), 129-139.
- 44. Mowatt, G., Bower, D. J., Brebner, J. A., Cairns, J. A., Grant, A. M., & Mckee, L. (1998). When is the 'right'time to initiate an assessment of a health technology. *International journal of technology assessment in health care*, 14(2), 372-386.
- 45. MacLachlan, M. (2006). Culture and health: A critical perspective towards global health. John Wiley & Sons.
- 46. McAlexander, J. H., Becker, B. W., & Kaldenberg, D. O. (1993). Positioning health care services: Yellow Pages advertising and dental practice performance. *Marketing Health Services*, 13(1), 54.
- 47. Flexner, W.A. (1985), "Discovering what the health consumers really want", in Cooper, P.D. (Ed.), Health Care Marketing: Issues and Trends, Aspen Publications, New York, NY, pp. 175-85.
- 48. Øvretveit, J., Scott, T., Rundall, T. G., Shortell, S. M., & Brommels, M. (2007). Improving quality through

- effective implementation of information technology in healthcare. *International Journal for Quality in Health Care*, 19(5), 259-266.
- 49. O'Kell, S. (2002). Care staff recruitment and retention: What is happening in the independent care sector?. Housing, Care and Support, 5(2), 21-24.
- 50. Puri, N., Gupta, A., Aggarwal, A. K., & Kaushal, V. (2012). Outpatient satisfaction and quality of health care in North Indian medical institute. *International journal of health care quality assurance*, 25(8), 682-697.
- 51. Paine, L. (1989). Giving patients what they want. *J Hosp Manage Int*, 340-41.
- 52. PETTERSEN, K. I. (2007). Patient experiences in relation to respondent and health service delivery characteristics: a survey of 26,938 patients attending 62 hospitals throughout Norway. Scandinavian Journal of Public Health, 35, 70-77.
- 53. Williams, B. (1994), "Patient satisfaction: a valid concept?", Social Science and Medicine, Vol. 38 No. 4, pp. 509-16.
- 54. Pascoe, G. C. (1983). Patient satisfaction in primary health care: a literature review and analysis. *Evaluation and program planning*, 6(3-4), 185-210.
- 55. Ross Baker, G. (2001). Healthcare managers in the complex world of health care. Frontiers of health services management, 18(2), 23-32.
- 56. Raths, D. (2007). Hospital IT departments prescribe portals for physicians. *KM World*, 16(2), 8-10.
- 57. Rondinelli, D. A., Nellis, J. R., & Cheema, G. S. (1983). Decentralization in developing countries. *World Bank staff working paper*, 581.
- 58. Short, P. J. (1995). Total quality management in hospitals. *Total Quality Management*, 6(3), 255-264.
- 59. Shah, S. S. H., Jabran, A., Ahsan, R. J., Sidra, W., Wasiq, E., Maira, F., &Sherazi, S. K. (2012). Impact of

- stress on employee's performance: a study on teachers of private colleges of Rawalpindi. Asian Journal of Business Management, 4(2), 101-104.
- 60. Swanson, V., & Power, K. G. (1999). Stress, satisfaction and role conflict in dual-doctor partnerships. *Community, Work & Family*, 2(1), 67-88.
- 61. Sreenivas, T. and Prasad, G. (2003), "Patient satisfaction a comparative study", Journal of the Academy of Hospital Administration, Vol. 15 No. 2, pp. 7-12.
- 62. Thakur, R., Hsu, S. H., & Fontenot, G. (2012). Innovation in healthcare: Issues and future trends. *Journal of Business Research*, 65(4), 562-569.
- 63. Taylor, S. A. (1994). Distinguishing service quality from patient satisfaction in developing health care marketing strategies. *Journal of Healthcare Management*, 39(2), 221.
- 64. US Department of Health and Human Services. Office of Minority Health.(2001). National Standards for Culturally and Linguistically Appropriate Services in Health Care: Executive Summary. *Inc. Rockville, MD*.
- 65. Vukmir, R. B. (2006). Customer satisfaction. *International Journal of Health Care Quality Assurance*, 19(1), 8-31.
- 66. Vigoda-Gadot, E., Vinarski-Peretz, H., & Ben-Zion, E. (2003). Politics and image in the organizational landscape: An empirical examination among public sector employees. *Journal of Managerial Psychology*, 18(8), 764-787.
- 67. Wan Yeung Kam-Shim, M. (1999). Managing change: facilities management at the Pamela Youde Nethersole Eastern Hospital. *Facilities*, 17(3/4), 86-90.
- 68. Wakefield, B. J., Blegen, M. A., Uden-Holman, T., Vaughn, T., Chrischilles, E., & Wakefield, D. S. (2001). Organizational culture, continuous quality

- improvement, and medication administration error reporting. American Journal of Medical Quality, 16(4), 128-134.
- 69. Walsh, K., & Taylor, M. S. (2007). Developing in-house careers and retaining management talent: What hospitality professionals want from their jobs. *Cornell Hotel and Restaurant Administration Quarterly*, 48(2), 163-182.