Impacts of Training and Quality Culture on the Satisfaction of Patients and Administrative Staff: A Study in Saudi Arabia Public Hospitals

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Abstract

Training and quality culture are important approaches that hospitals use to improve performance. This study aimed to investigate the impact of training and quality culture on administrative staff performance and patient satisfaction in public hospitals in Saudi Arabia (SA). This study followed a deductive, quantitative, and descriptive-analytical approach. Data was collected from public hospital administrative staff (n=211) through a Google Forms questionnaire which was distributed as a link to the study participants through social media applications and e-mails. Data analysis reveals that the training and quality culture of administrative staff in SA public hospitals has helped improve their behavior and service to their clients. There is no relationship between training, quality culture, and employee satisfaction. There is a positive relationship between quality culture and employee satisfaction. There is a statistically significant impact of training culture and quality culture on administrative services. Therefore, this study recommends developing deliberate training plans for raising administrative competencies and services in public hospitals in SA and encouraging administrators to practice and apply what has been acquired from training programmers and quality principles. Further studies should be conducted to find effective strategies for adopting training and quality culture in hospitals during pandemics (e.g., COVID-19).

Disciplinary: Hospital Management.

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1 Introduction

Services that benefit human well-being are considered one of the greatest concerns, especially if these services are related to health (Summers et al., 2012). Therefore, governments in developed countries are focusing on research related to the health sector.

In Saudi Arabia, the government sets a huge annual budget for health care sectors (Alharbi, 2018). The goal of hospitals is to promote patient satisfaction both inside and outside the hospital by improving the performance and efficiency of healthcare services (Lee and Lee, 2022). Unfortunately, most administrative staff are not well trained to deal with others. Therefore, it is difficult for managers to maintain active contact with customers (Greenhaw and D'Abreau, 2020).

Quality is considered an essential factor in improving the performance and outputs of healthcare institutions, thereby improving customer satisfaction. This is especially true in the healthcare sector, where the quality of healthcare services is regarded as a key factor goal in customer satisfaction. Health providers can play an effective role in achieving this goal, especially if they are capable of providing quality services. To achieve this goal, healthcare organizations need to educate healthcare professionals and service workers on social relationships and communication skills (Velmurugan et al., 2019). Therefore, there is a correlation between training in the healthcare organization and the achievement of quality culture and quality of service, thereby achieving customer satisfaction. Training and quality culture are the most prominent approaches that hospitals adopt to improve their performance. Training culture is " a short-term organized process that enables employees (not managers) to acquire knowledge and technical skills that help them achieve the organization's goals" (Slamet et al., 2021). Training is also "an activity planned for enhancing the employees' knowledge and providing them with skills, competencies, and experiences to help in their current and future jobs" (Noe, 1986; Schmidt, 2007; Polo et al., 2018). Another definition of training is "a program aimed to provide employees with the required information and skills, which enable them to work efficiently and effectively" (Al-Jobairi et al., 2021). Training culture encourages green training, which is defined as "a system for teaching practices related to the work environment for improving employees' awareness and skills to manage the work environment" (Tang et al., 2018).

On the other hand, quality is defined as "a total management philosophy that aims to continuity of improvement in the whole organization through the optimal use of resources employing them for customer service" (Kaynak and Hartley, 2005). It is also "a non-stop process that aims to reduce and eliminate mistakes and improve customer service and assurance by providing adequate training for employees". It is the approach and behavior which enable employees to meet customers' expectations by carrying out the right activities at the optimum time (Patel and Pitroda, 2021). Both a culture of training and quality allows all hospital staff to systematically incorporate the concepts of training and quality into their work lives, which has a positive impact on patient satisfaction.

By realizing this level of culture, hospitals can achieve their own goals, minimize potential errors, and achieve the highest levels of staff and patient satisfaction (Lee and Lee, 2022).

This study aimed to investigate the relationship between training, quality culture, and customer satisfaction to determine its impact on the administrative services of public hospitals in Saudi Arabia (SA). Research hypotheses are

H₁: "Training culture positively affects administrative healthcare services in public hospitals in SA".

H₂: "Training culture increase employee satisfaction in public hospitals in SA".

H₃: "Quality culture positively affects administrative healthcare services in public hospitals in SA".

H₄: "Quality culture increase employee satisfaction in public hospitals in SA".

2 Research Methodology

This study follows a deductive, quantitative, and descriptive-analytical approach. It is based on a questionnaire as a research tool to understand the relationships between dependent variables (training culture and quality culture) and independent variables (administrative services and customer satisfaction).

2.1 Research Instrument and Subjects Size

The data was collected using a questionnaire created from a previous study. The questionnaire has been divided into two parts. The first part was concerned with demographic information about the participants, such as sector type, age, qualifications, and years of experience. The second part consisted of 21 closed-ended questions, divided into four dimensions (training culture, employee satisfaction, quality culture, and administrative services).

The questionnaire was conducted electronically via Google Forms, distributed as a link to the study participants through social media applications (Twitter, LinkedIn, WhatsApp, and Facebook) and sent by email. The link was available for 4 weeks. The target group is the administrative staff of public hospitals in Saudi Arabia from 2020 to 2021. The subject's size of this study was determined using the formula of Thampson (2012), $n = \frac{N*p(1-p)}{[(N-1)*(\frac{d^2}{Z^2})+p(1-p)]}$, N: Population size; p: probability value = 0.5m; d: error = 0.05; z: standard normal value = 1.96.

Accordingly, the subject's size is 211.

2.2 Scale Measurement

All statements are positively formulated and refer to the relationship between factors and statements. Table 1 shows a common 5-point scale format for measuring the weighted average of statements and dimensions. The mean and standard deviations of all questionnaire statements and dimensions were detected and sorted in descending order according to the mean of the statements.

Table 1: Common 5-point Likert scale format for measuring the weighted average of statements and dimensions.

Scale	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Average range	1 - 1.80	1.81 - 2.60	2.61 - 3.40	3.41 - 4.20	4.21 - 5

2.3 Pilot Study

A pilot study was constructed to check the validity and reliability of the questionnaire, including 20 public hospital administrative staff who are different from the study population. Since the pilot study size is less than 30 subjects, a normal distribution test (Kolmogorov-Smirnov) was conducted to check the normality of the distribution. The Kolmogorov-Smirnov value was 0.071 (greater than 0.05), so the results of the pilot study follow a normal distribution and the parametric test can be used (Table 2).

Table 2: Kolmogorov-Smirnov normal distribution test.

	Kolmogorov-Smirnov		
	Statistic	df	Sig.
Questionnaire total score	0.185	20	0.071

2.4 Validity Test

To check the questionnaire validity, Person correlation coefficients were computed between dimensions and the grand total of the questionnaire. Table (3) shows that all Person correlations are statistically significant at level (α=0.01), and all dimensions correlated with the grand total of the questionnaire. Person correlation coefficients ranged between (0.79-0.95) with a high degree of validity, which establishes the desired measurement goals.

Table 3: Pearson correlation coefficients between dimension and grand total of the questionnaire.

Dimension	Pearson correlation coefficients
Training culture	0.86*
Employee satisfaction	0.81*
Quality culture	0.95*
Administrative services	0.79*

*Statistically significant at level (α=0.01)

2.5 Reliability Test

Cronbach's alpha test was used to compute reliability for each dimension. Cronbach's alpha reliability coefficient normally falls between 0 and 1. Table 4 showed that the overall reliability was 0.95 / excellent, which is sufficient to guarantee a reliable internal consistency of the questionnaire. The administrative services dimension had the highest Cronbach's alpha value (0.91 / excellent), while the employee satisfaction dimension has the lowest Cronbach's alpha value (0.85 / good). The values in Table 4 prove that the study questionnaire was reliable.

Table 4: Cronbach's alpha values between dimension and grand total of the questionnaire.

Dimension	Cronbach's Alpha	Internal consistency
Training culture	0.90	Excellent
Employee satisfaction	0.85	Good
Quality culture	0.90	Excellent
Administrative services	0.91	Excellent
Overall reliability	0.95	Excellent

2.6 Statistical Analysis

The results were analyzed using the Statistical Package for Social Sciences (SPSS) version 23. Descriptive and inferential statistics are used to test the study hypotheses. One-way analysis of variance (ANOVA) was used to check if there is a statistically significant on the dependent and independent variables.

3 Results

3.1 Demographic and Functional Information of the Study Participants

The age category "30-39 years old" has the highest percentage in the sample with 55.9%, while the category "less than 30 years old" has the lowest percentage with 6.6%. Respondents with "bachelor" qualifications have the highest percentage with 48.8%, while respondents with other qualifications have the lowest percentage with 2.4%. Regarding the experience, the 6-12 years category has the highest percentage of respondents with 40.8%, while the category less than 6 years has the lowest percentage with 10.4% (Table 5).

Table 5: The study participants' demographic and functional information.

Characteristics	Frequency (n=211)	Percent (%)
Age		
less than 30	14	6.6
30-39	118	55.9
40-49	60	28.4
50 and above	19	9.0
Qualifications		
High School	18	8.5
Diploma	42	19.9
Bachelor	103	48.8
Higher Education	43	20.4
Other	5	2.4
Experience		
Less than 6 years.	22	10.4
6-12 years	86	40.8
13- 19 years	56	26.5
20 and more	47	22.3

3.2 Training Culture

Table 6 represents training culture dimension statements. The statement "training is a way to improve my performance" comes first with a mean of (4.48 ± 0.692/ (strongly agree). The statement "I face opposition during the application of skills and knowledge I learn." comes last with a mean of 2.92 ± 1.037 (neutral). The total average for the training culture dimension was 3.76 ± 0.565 (agree).

Table 6: Training culture dimension statements.

Statement	Mean	Std. Deviation	Scale
Training is a way to improve my performance	4.48	0.692	Strongly agree
Training increases my participation in decision making	4.02	0.897	Agree
Training changes my work reality	3.94	0.911	Agree
I have a good chance of getting a promotion by taking training courses	3.42	1.264	Agree
I face opposition during the application of skills and knowledge I learn	2.92	1.037	Neutral
Training culture	3.76	0.565	Agree

3.3 Employee Satisfaction

Table 7 represents employee satisfaction dimension statements. The statement "I`m totally satisfied with my work" comes first with a mean of 3.82 ± 0.685 (agree). In comparison, the statement "I`m satisfied with the availability of resources to perform my work" comes last with a mean of 2.95 ± 1.154 (neutral). The total average for the employee satisfaction dimension is 3.38 ± 0.824 (neutral).

Table 7: Employee satisfaction dimension statements.

Statement	Mean	SD	Scale
I`m totally satisfied with my work	3.82	0.985	Agree
I`m satisfied with the way my colleagues behave with each other	3.50	1.025	Agree
I`m satisfied with the appreciation that I get for my work	3.35	1.199	Neutral
I`m satisfied with the way my manager handles the employees	3.26	1.216	Neutral
I`m satisfied with the availability of resources to do my work	2.95	1.154	Neutral
Employee satisfaction	3.38	0.824	Neutral

3.4 Quality Culture

Table 8 represents the quality culture dimension statements. The statements "I feel using quality tools (e. g., flow charts, and diagrams....etc.) help me to improve my work outputs" come first with a mean of 3.74±1.039 (agree). The statement "My work includes all staff in a continuous training program" comes last with a mean of 2.77±1.233 (neutral). The total average for the quality culture dimension is 3.21±0.845 (neutral).

Table 8: Quality culture dimension statements.

Statement	Mean	SD	Scale
I feel using quality tools (e. g., flow charts, and diagrams…. etc.) help me to improve my work outputs	3.74	1.039	Agree
My work`s services conform to the customers' requirements	3.45	1.001	Agree
My work implements the overall quality concept	3.23	1.063	Neutral
My work encourages me to use quality tools (e. g., flow charts, and diagrams…. etc.) for work facilitation and quality	3.07	1.123	Neutral
Work motivates all staff by truth, respect, recognition of merits, material, and moral rewards, etc.	3.00	1.187	Neutral
My work includes all staff in a continuous training program	2.77	1.233	Neutral
Quality culture	3.21	0.845	Neutral

3.5 Administrative Services

Table 9 represents the administrative services dimension statements. The statements "I am ready to provide assistance related to administrative services" come first with a mean of 4.32 ± 0.742 (strongly agree). The statement "Knowledgeable about all my administrative tasks" comes last with a mean of 3.98 ± 0.971 (agree). The total average for the administrative services dimension is 4.15 ± 0.679 (agree).

Table 9: Administrative services dimension statements.

Statement	Mean	SD	Scale
I am ready to provide assistance related to administrative services	4.32	0.742	Strongly agree
I'm committed to accomplishing my administrative tasks on time	4.24	0.777	Strongly agree
I rely on modern electronic methods to provide administrative service	4.13	0.861	Agree
I`m Acting professionally while doing my administrative tasks	4.08	0.902	Agree
I`m knowledgeable about all my administrative tasks	3.98	0.971	Agree
Administrative Services	4.15	0.679	Agree

3.6 Overall research dimensions

Table 10 shows the rank of research dimensions according to their means. The dimension "administrative services" comes first with a mean of 4.15 ± 0.679 (agree). The dimension "quality culture" comes last with a mean of 3.21 ± 0.845 (neutral). The total questionnaire score average is 3.60 ± 0.543 (agree).

Table 10: Overall research dimensions.

Dimension	Mean	SD	Scale
Administrative services	4.15	0.679	Agree
Training culture	3.76	0.565	Agree
Employee satisfaction	3.38	0.824	Neutral
Quality culture	3.21	0.845	Neutral
Overall questionnaire	3.60	0.543	Agree

3.7 Inferential Analysis

Pearson correlation analysis was used to assess the relations between the independent variables (training culture and quality culture) with the dependent variables (administrative services and employee satisfaction). There is a statistically positive correlation between independent variables with dependent variables. Pearson correlation coefficients (r) range (0.54 - 0.72). All these coefficients have positive good correlations between independent and dependent variables (Table 11).

Table 11: Pearson correlations analysis between independent variables and dependent variables.

Dependent variables		Independent variables	
		Training culture	Quality culture
Administrative services	Pearson Correlation	0.67*	0.71**
	Sig. (2-tailed)	0.021	0.001
Employee Satisfaction	Pearson Correlation	0.54*	0.72**
	Sig. (2-tailed)	0.018	0.000

*Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

3.8 Linear regression analysis between employee satisfaction and independent variables

A simple linear regression was constructed to establish a linear relationship between dependent "employee satisfaction "and independent variables "training culture and quality culture" to predict values for future dependent variables and test if independent variables can increase dependent variables. Table (12) shows that the training culture factor interprets about 0.29 of the dependent variable employee satisfaction variances, with adjusted R^2 = 0.286. In contrast, the quality culture factor interprets about 0.52 of the independent variable employee satisfaction, with adjusted R^2 = 0.515.

Table 12: Simple linear regression analysis for the dependent variable (employee satisfaction) with independent variable (training culture).

Independent variable	R	R2	Adjusted R2
Training culture	0.54	0.29	0.286
Quality culture	0.72	0.52	0.515

There is no statistically significant impact of training culture (predictors) on the dependent variable (employee satisfaction) (p-value is 0.061). At the same time, there is a statistically significant impact of the quality culture factor on employee satisfaction (p-value is 0.000) (Table 13).

Table 13: Correlation between employee satisfaction and independent variable (training culture and quality culture).

Model	Sum of Squares	df	Mean Square	F	p-value.
Training culture	2.385	1	2.385	3.552	0.061
Quality culture	73.894	1	73.894	224.286	.000

3.9 Linear regression analysis between administrative services and independent variables

Table 14 shows that the training culture factor interpreted 0.45 of the independent variable administrative services, with adjusted R^2 = 0.421. The quality culture factor interpreted about 0.50 of the independent variable administrative services, with adjusted R^2 = 0.50.

Table 14: Simple linear regression analysis for administrative services variable with the independent variable (training culture).

Independent variable	R	R^2	Adjusted R^2
Training culture	0.67a	0.45	0.421
Quality culture	0.71	0.50	0.50

There is a statistically significant impact of training culture on and quality culture factor on administrative services (p-value is 0.002 and 0.000, respectively) (Table 15).

Table 15: Correlation between administrative services and independent variable (training culture and quality culture).

Model	Sum of Squares	df	Mean Square	F	p-value.
Training culture	4.250	1	4.250	9.588	0.002
Quality culture	15.068	1	15.068	38.491	0.000

3.10 Testing of Research Hypothesis

From Table (6) the mean of training culture was 3.76 ± 0.565 (agree). Also, Table (11) shows that there was a meaningful positive correlation between training culture and administrative healthcare services since (r=0.67), and from Table 15, this relation has a statistically significant impact on administrative healthcare services since (p-value *is* 0.002), from Table 14, training culture interprets about (45%) of the change in administrative services. Therefore, H_1 is accepte3d that training culture positively affects administrative healthcare services in public hospitals in SA.

H_2: "Training culture can increase employee satisfaction in public hospitals in SA".

From Table 6 the mean of training culture was 3.76 ± 0.565 (agree). Also, Table 12 shows that there was a meaningful positive correlation between training culture and employee satisfaction since (r=0.54), from Table 13, this relationship has no statistically significant impact on employee satisfaction since (p-value = 0.061), also from Table 14, training culture has no statistically

significant on administrative services. Thus, H_2 is rejected as these results prove that training culture exerted no statistically significant impact on employee satisfaction in public hospitals in SA.

From Table 8 the mean quality culture was 3.21± 0.845 (agree). Also, Table (14) shows that there was a meaningful positive correlation between training culture and administrative healthcare services since (r=0.71), and from Table 15, this relation has a statistically significant impact on administrative healthcare services since (p-value = 0.000), from the Table 14, training culture interprets about (50%) of the change in administrative services. Thus, H_3 is accepted that quality culture positively affects administrative healthcare services in public hospitals in SA.

H_4: "Quality culture can increase employee satisfaction in public hospitals in SA".

From Table 8, the mean quality culture was 3.21± 0.845(agree). Also, Table (12) shows that there was a meaningful positive correlation between training culture and employee satisfaction since (r=0.72), and from Table 15, this relation has a statistically significant impact on Employee Satisfaction since (p value = 0.000), from Table 12, quality culture interprets about (52%) of the change in employee satisfaction. Thus, H_4 is accepted that good quality culture positively affects employee satisfaction in public hospitals in SA.

4 Discussion

The hospital Administrative services providers are responsible for performing all the tasks for the patient. The level of quality of service is considered the most important tool for increasing patient satisfaction. Their duty includes transactions, facilities, and logistics services that help achieve patient satisfaction, depending on the provider's level of quality of service and efficiency (Prakash, 2010). Hospitals are pursuing the goal of increasing the efficiency of the services provided by staff in order to achieve customer satisfaction (employees and patients). . You need to provide administrative staff with training tailored to their service area and build a training culture. Training is an organized educational process aimed at providing employees with technical skills and information that will help them improve their knowledge, improve their ability to perform their duties, and achieve their organization's intended goals (Schmidt, 2007; Polo et al., 2018).

Based on data analysis and testing of the research hypotheses, the results of this study revealed that training culture positively impacted administrative performance and services. Training culture, on the other hand, did not affect employee satisfaction. Many studies supported our results concerning the impact of training culture on administrative services. Velada and Caetano (2007) stated that employee training contributes to increasing productivity, improving quality outputs, and raising profits. Al-Mzary et al. (2015) suggested that training contributes to human resources development, improving their knowledge, skills, and experiences, which, in turn, positively impact the work environment, competency, and productivity improvement. A study conducted in the health sector in Palestine's hospitals showed that training programs had a positive impact on the staff's knowledge, skills, and experience. In addition to supporting the effective development of their performance, they use new skills in the workplace and motivate

them to use computers and internet techniques to develop their work environment (Abed et al., 2016). Moreover, Abdul Rahim (2019) of King Abdul Allah Hospital in Bisha, SA, states that the higher the quality of training provided, the more positive the quality of health services... Tsai et al. (2007) emphasized the positive impact of training on employees' performance. Contrary to our findings, EL Hajjarm and Alkhanaizi (2018) say that the impact of training on performance and service is not always positive, but can be negative as it depends on the training's implication and approach.

Moreover, the results of this study revealed that training had no impact on employee satisfaction. Several studies opposed our findings regarding the impact of training culture on employee satisfaction. These studies showed the importance of employee training and its impact on decreasing employee turnover rates and increasing their satisfaction (Asraf, 2017; Tsai et al., 2007; Velada and Caetano, 2007). Besides, Oakland (2004) reported that customers' satisfaction could be achieved through training and educating employees on how to provide health care and services. Recently, Al Hyasat (2020) showed that training brings self-actualization to employees and makes them feel good, stable, and satisfied.

This study showed a positive impact of quality culture on administrative performance and services. Also, this relationship impacts achieving employee satisfaction. The results of this study revealed that quality culture positively impacted administrative services. Several studies support this finding. Al Salman and Hassan (2016) show that a quality culture contributes to the development of team spirit and employee involvement, leading to increased employee performance competence and trust. Ghawari (2016) and Boudia (2017) suggested the importance of embracing the culture of quality and its impact on services, as it helps raise the level of service to meet public expectations. In addition, institutions gain a competitive advantage. In addition, Dhaka et al. (2011) and Yusoff (2013) showed that adopting a quality culture positively impacted the performance, resulting in an improvement in employee satisfaction, then, increasing productivity, thus, and ensuring the institution's sustainable growth in the future. Al- Hashimy and Al- Adaila (2017) also found that quality of work-life, regarding work circumstances and work environment, impacts increasing organizational effectiveness.

The results of this study showed that quality culture had no impact on employee satisfaction. In agreement with this study data, Dhaka et al. (2011) and Jenish (2019) reported that adopting a quality culture contributes to making employees more satisfied, more productive, and hence more organizational effective. Also adopting a quality culture enhances employee satisfaction (Del Río-Rama, 2016). Moreover, Zelnik et al. (2012) and Yusoff (2013) showed that applying a quality culture increases job satisfaction as it helps improve work circumstances. Eskildsen and Dahlgaard (2000) found that the more employee satisfaction is, the more positive impact on work and customer satisfaction with products and services (. The same findings were reported by Chang et. al. (2010) and Sadikoglu and Zehir (2010) who revealed that employee satisfaction directly impacts customer satisfaction through service quality and productivity.

5 Conclusion

This study revealed that training and quality culture provided to administrative staff in public hospitals improve their administrative behaviors and services. Quality culture contributes to employee satisfaction. The more satisfied the employees are, the more positive and effective they are. This study helps clarify the importance of training and quality culture to SA hospitals, especially for administrative staff, where it helps hospitals to improve their staff performance, output, satisfaction, and productivity. Therefore, we recommend developing deliberate training plans for raising administrative competencies and services in public hospitals in SA and encouraging administrators to practice and apply what has been acquired from training programmers and quality principles. Further studies should be conducted to find effective strategies for adopting training and quality culture in hospitals during pandemics (e.g., COVID-19).

6 Availability of Data and Material

Data can be made available by contacting the corresponding authors.

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