

ENHANCING PATIENT SATISFACTION IN PHCS WAITING AREA AT RIYADH FIRST HEALTH CLUSTER: A CASE STUDY

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Abstract

Background: Enhancing the patient satisfaction is a central goal in primary care, where service volunteering by patients is gradually gaining importance due to its ability to handle patients' other aspects that are not clinical. This study aimed at assessing means to engage volunteers in order to improve patient satisfaction and more so among sensitive populations.

Aim: This study focused on the practice of assessing an organized volunteer program on patient outcomes in different PHCs, discovering the groups of patients who would benefit most from support, and putting into practice volunteer recruitment and development strategies.

Method: Subsequently, an action plan was formulated, where data was to be collected through PRESSGANEY that includes patient satisfaction criteria like staff courtesy, communication about delays, access, waiting time and comfort. The volunteers were selected to fit certain criteria and were educated in general communication, the importance of listening, and patients' rights to privacy. Program outcomes were monitored at least every three months to determine the effect on patient satisfaction.

Results: A quality improvement project: Using an automated calling system to increase patient satisfaction demonstrated that overall there was a near 50% improvement in patient satisfaction, especially for the elderly and immobile patients. Formal and informal assessment had been undertaken with the patients, staff and volunteers and some changes had been made to the assessments in order to improve the effectiveness of volunteer support to patient care.

Conclusion: The project also confirms that professional volunteer involvement can significantly enhance patient satisfaction in Primary Health Care settings. The study shows that structured recruitment, training, and evaluating of volunteers makes volunteering in healthcare settings sustainable and expands a patient centered care model that can serve as a framework for other networks.

Keywords: Patient Satisfaction, Patient-Centered Care, Primary Healthcare, Volunteer Support, Healthcare Improvement, PRESSGANEY, Program Evaluation.

Introduction

Improving the assessment of PHC patients' satisfaction with the areas that should be allocated for waiting increases the understanding of the patients' attitude to the quality of services (Aburayya et al., 2020; McCullough et al., 2023). Lobbies or reception areas are generally the first

staff-student contact interfaces and their design or behavior that the patients experience has a way of portraying the organization to them. What our research shows is that features like physical environment, actions of staff, and information gathered all affect patients' impressions (Alhajri et al., 2023). The separate research by Aydin et al. (2019) detected a rather high correlation between upgrading the waiting room conditions and increasing the patients satisfaction rate, proving the need for further focused changes (Gao et al., 2022; McCullough et al., 2023). Because of such trends, efforts to improve healthcare service delivery mean that these dynamics become important to facilitate better patient experiences in the PHCs (Quyen et al., 2021; Siddiqui et al., 2023).

Comfort and general satisfaction of the patients have enhanced by proper planning of the waiting spaces. The most important sources stress that warm, comfortable, and well-equipped environment with cozy furniture, proper light, and visually pleasing decorations contributes to the reduction of patients' stress levels (Lwin et al., 2021; Alzahrani et al., 2023). In the study by Al Owad et al. (2022), studying the effect of clutter –free environment, calming patient satisfaction was shown to have been improved by such waiting areas. Other elements such as, magazines, educational materials and digital information boards to display information significantly reduces wait time by informing and entertaining the patient, also according to Senitan and Gillespie (2022), patients' knowledge regarding their health status was improved by the information shared while waiting which made them happier since they felt prepared to face whatever the doctor told them.

As regards to the various Patient Survey, findings with regard to healthcare staff and the waiting areas are also valuable to a newer extent (Shen et al., 2023). The patients that receive courtesy, professionalism, and empathy from the staff correlate the quality of care that they see with the general quality of staff. Kalaja (2023) also focused on interpersonal communication skills warning that staff attitude plays a vital role in determining patients' levels of satisfaction. Sensitive training for the staff that will help the firm to understand need of different patients will be useful, and help make all patients comfortable and willing to receive the necessary attention. Any enhancements in the ways that staff members communicate with patients play a role in creating a favorable environment that is likely to shape a patient's overall experience (Asres et al., 2020).

Tolerance of waiting times and delays is another causal factor of patients' level of satisfaction. In this study, it was revealed that the frustration that comes with long waiting time can be eliminated by transparent communication and thus valued by patients. Bourque andLoiselle. (2022) found that treatment delays of some patients revealed that leads to enhanced satisfaction among them when they are updated compared to other patients not updated. Technology devices as well as a proper organizational chairs schedule that allows sharing of current status of set appointments or average time patients may have to spend waiting also enhance patient satisfaction (Abidova et al., 2020). Effective communication practices do not only solve dissatisfaction but also help make the approach to patients at PHCs more patient centered.

Last, inviting patients to participate in the process of designing waiting area enhancements also means that enhancements made to waiting areas are patient-sensitive (Abdelmaged 2021; Azharuddin et al., 2023). Variable indicators also indicates that the surveyed or feedback box-capturing PHCs record higher satisfaction since patients can express themselves. Alsubahi et al. (2024) pointed out that the reference healthcare centers that answered the patient feedback had significant increase in satisfaction scores generated from such culture of improvement and responsiveness. Such changes, based on feedback, increase the involvement of patients and promote the development of a welcoming patient-oriented healthcare climate (Zhang et al., 2024). Studying the findings of such modifications of patient satisfaction and its prophylactic measures

are crucial for increasing satisfaction by applying the results that are the improvement of environmental design, staffs' abilities, patients' communication, and feedback.

Problem Statement

This study fills a gap with regard to improving the experience waiting patient satisfaction within the waiting area of PHCs at R1 where aspects like long waiting duration, lack of information from staff, and uncomfortable environment are causes of negative experiences. These factors explain dissatisfaction that interferes with patients' perception of services, their willingness to seek for other services in the future. These cyclical issues require a strategic focus directly on the environment of the PHC.

Significance of Study

The present work can be considered valuable for developing patient-centered care in R1 PHCs by establishing the factors underlying dissatisfaction arising from waiting areas. Improving satisfaction is relevant not only to facility the success of the whole treatment process but to enhance patients outcomes due to higher compliance with the prescribed therapy. The findings of this study may go a long way in supporting other healthcare facilities that is keen on increasing the quality of patient care.

Aim of Study

The purpose of current research is to find out organizational evidence interventions to enhance patient satisfaction of R1 PHC waiting areas. To this end, data collected from patients regarding their waiting experience identified appropriate changes that can be advocated on the DW system with regard to wait times, patient-clinician interactions, and patient comfort..

Methodology

This project employed a structured mode to improve patient satisfaction at PHCs in order to adopt a broad strategy and bring in volunteer work and applied data plans. The initial step involved data collection through the PRESSGANNEY platform, which assessed patient satisfaction across five key criteria: all through, reception by the sister/ward staff, communication with patients on likely delays, easy access by the clients, the time they spent waiting as well as comfort while waiting. The duties for the Patient Experience Department were to include a proper method of data collection, and data validation checks were implemented to pinpoint oversights. After data collection, analysis of the results was made to come up with PHCs with lower satisfaction levels depending on their level of deficiencies. This analytical phase proved useful in setting up proper frame of reference about satisfaction levels and later guide any subsequent intervention.

The most important strategies implemented in relation to the project were recruitment and training of volunteers. Qualified persons were hired as volunteers and few of them who knew sign language were hired to help patients with such a complications. An elaborate training course plan was provided as well as power point presentations with special regard to the concept of patient-centeredness and active environment of care. Staff and volunteers were recruited. Then deployed at specific PHCs depending of their qualification and of the needs of the corresponding center. Ongoing consultation and assessment were done with intention of handling any issue that the volunteers would encounter and with aim of maintaining positive trajectory of change in patient relations. The effectiveness of these interventions was measured in quarter, based on the changes identified from PRESSGANNEY data with patient satisfaction scores where necessary modifications and scaling up of effective interventions in other PHCs were made.

The action plan (*Annexure 1*) was derived logically to fight the noted drawbacks in patient satisfaction by integrating a sequence of tasks or activities with timeframes. This one described

definite roles for each of the departments included in the organization such as the Patient Experience Department and the Health Volunteers Department. These included a focused strategy of data gathering, data analysis, volunteer mobilization, and appellant evaluation of volunteer performance. Very specific and particular timelines were presented for each of the phases of the action plan contributing towards the effectiveness of its implementation. Hence, by integrating a feedback loop and judging the activity after set time, the action plan expected to build a long-term approach to patients' satisfaction, which can result in a better experience of a majority of patients who attend PHCs.

Results

Details on the impact your project achieved referencing impact on dimensions of health care quality:

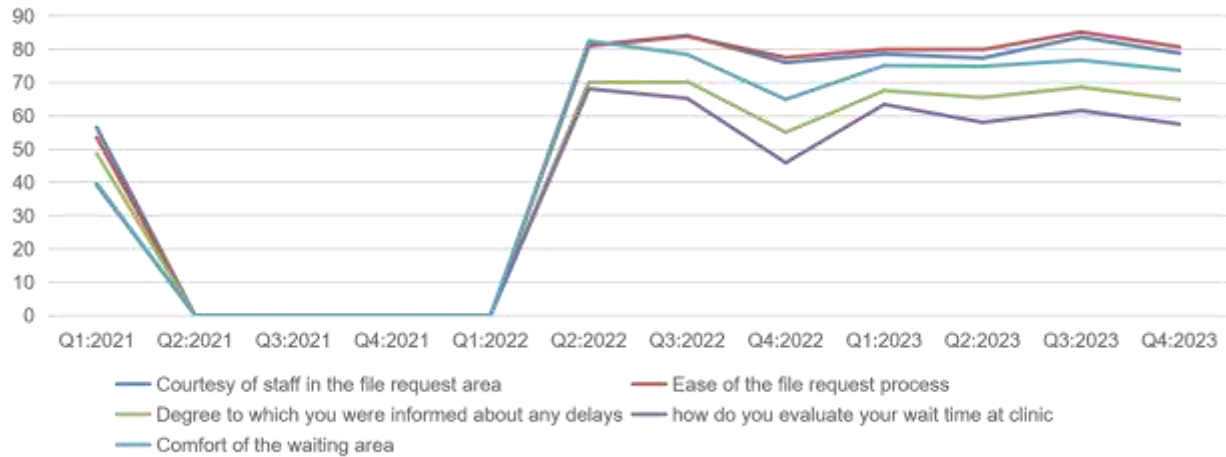
A noticeable escalation in the satisfaction rate among beneficiaries of the primary health care centers targeted in this initiative, as elucidated by PRESSGANNEY data. Especially with the five factors mentioned previously as axes for evaluating this initiative. In addition, baseline data for each factor influencing the visit evaluation. Show how the project has influenced these factors over time. Furthermore, Use statistical analysis to determine the significance of the changes observed. Highlight any statistically significant improvements in patient satisfaction. Showcase direct patient feedback gathered through surveys or other means. Include positive comments related to the courtesy of staff. etc.

Highlight specific instances where their guidance and support positively influenced patient experiences.

Share information on the participation rates in post-visit surveys. A higher participation rate indicates increased engagement and interest in providing feedback, contributing to a more comprehensive impact assessment. Emphasize the humanitarian and social dimension of the project. Share stories or testimonials illustrating how the provision of digital assistance to the elderly and support for individuals with special needs has positively affected their well-being. Compare the patient satisfaction indicators in the primary care centers with Health Guides to those without. This comparative analysis can reveal the specific impact of the volunteer program. The economic return of this initiative, which was statistically estimated from the health volunteer platform, exceeded 1137000 Saudi riyals one of the most important effects that testify to the impact of this initiative. Also, demonstrated the project control plan as well (*Annexure II*).

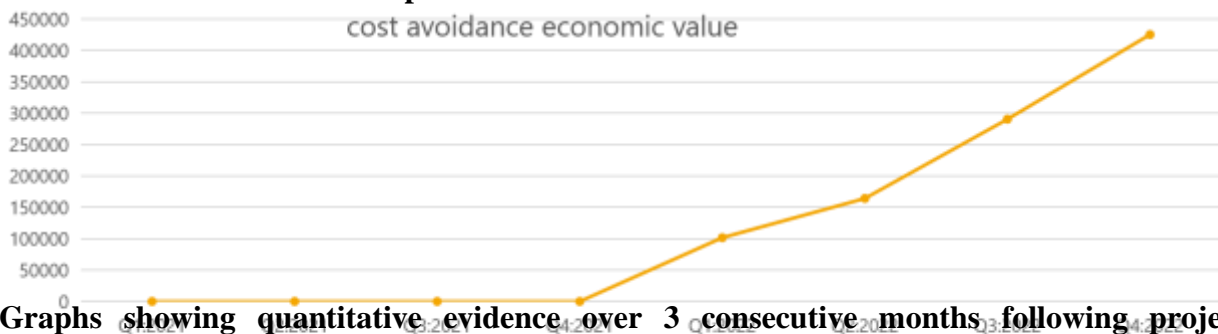
Dynamic Changes in PRESSGANEY Factors at Tuwiq General PHC during Program Implementation Period

Reference: PRESSGANEY PATIENT EXPERIENCE CONNECT



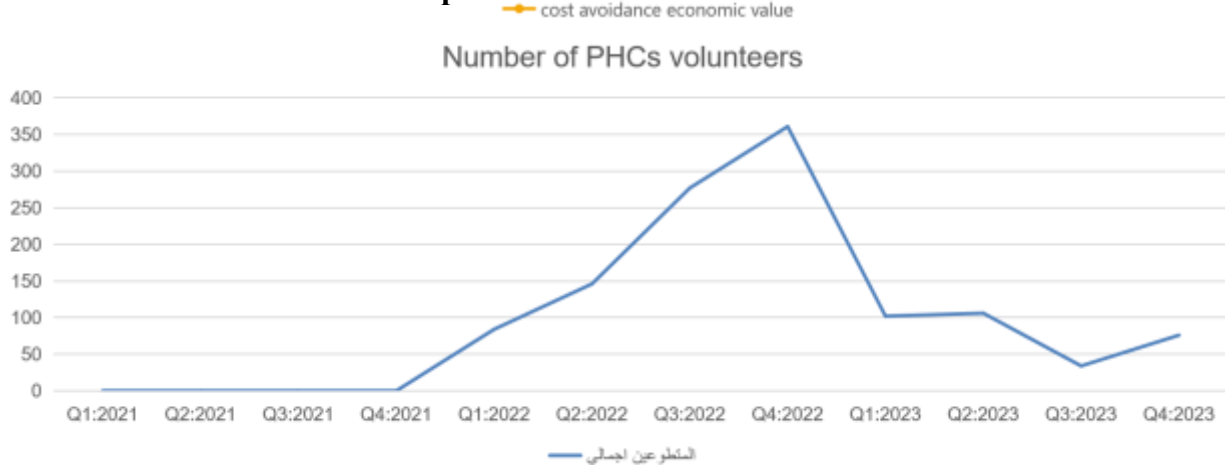
Graphs showing quantitative evidence over 3 consecutive months following project implementation

Reference: Health volunteers platform



Graphs showing quantitative evidence over 3 consecutive months following project implementation

Reference: Health volunteer's platform



Results Outcome

The project identified several key lessons that may be otherwise beneficial in enhancing fundamental patient satisfaction within primary healthcare prevalent in NHSSC particularly in the task and incorporation of volunteerism. These lessons were actually helpful in finalizing the program and these could be implemented in other and similar programs in healthcare network.

- **Identification of Target Patient Groups:** It was observed from preliminary screening that patients with special needs that would best be addressed by volunteer involvement include the elderly, patients with reduced mobility, and those who may need more follow-up. The Department identified these needs, understanding them helped the team guide the program efficiently by targeting those who might benefit most from the endeavor.
- **Effective Volunteer Recruitment and Training:** First, it becomes mandatory to develop a proper system to recruit volunteers to become effective participants, RONDA also needed to set up proper recruitment and training procedures to have well-equipped volunteers in place. The recruitment criteria were based around finding people with the right level of skill, attitude, and interest in making a positive change for patients. Patient privacy was also trained, and communication as well as empathy so that they would be in a proper and befitting manner of interacting with the patients.
- **Clear Guidelines and Expectations:** Another training area involves the general explanation of roles, responsibilities and expected behaviors in relation to volunteers given that proper communication saved time when handling volunteer issues that may disrupt program continuity. Reporting procedures were clarified, careful instructions regarding interactions with the patient were given in order to prevent any overlapping with a clinician's work so that volunteers can provide support and maintain a positive atmosphere for patients with health issues and staff members.
- **Regular Evaluation and Monitoring:** Part of program development was also undertaken through program evaluation and performance monitoring aimed at result measurement and improved effectiveness. Patients' staff and volunteers were surveyed for effectiveness improvements, problem-solving and solutions modification in the program. The idea was to support ongoing quality improvement and to sustain the identified effect on patient satisfaction.
- **Enhanced Communication and Collaboration:** ENSURING ANGLES OF COMMUNICATION VOLUNTEERS HEALTHCARE STAFF ADMINIS-TATION WAS AN IMPORTANT ASPECT Another important consideration was promoting group discussion and cooperation between volunteers and between the staff and administrators of the healthcare center. The more frequently business and feedback meetings were held, the better the focus was established and unity and positivity was fostered which enhanced volumes and worth of patient and volunteer experiences.
- **Volunteer Recognition and Appreciation:** Rewarding of volunteers made an important part as it enhanced voluntaries' contributions and boosted their morale. Special recognition activities such as awards and banquets promoted volunteerism, and commitment that enabled many volunteers to stay loyal.
- **Continuous Improvement Based on Feedback:** Results from initial and follow-up surveys of patient, volunteers, and staff were helpful in identifying continuous improvement areas. Due to the respond directly to feedback, the program continued to be flexible and relevant and therefore described how volunteer intervention was improved, and patient experiences were boosted.

- **Sharing Success Stories and Outcomes:** To promote dissemination of findings on successes and outcomes of implemented strategies and plans served to reveal the positive results of the program at work to influence other healthcare centers network to consider similar program. From the aspect of demonstrating the possibility of volunteer support in the health care industry the initiative was based on presenting measurable trends in patient satisfaction.

Dissemination across Networks

This has been disseminated widely in the Ada'a Network as well as other networks in the MOH to encourage emulation by other facilities and to spread the idea for emulation by other primary health care centers. Original slide presentations and papers were created for reporting the method, the outcome, and the best practices that may be adapted to other centers.

Discussion

The conclusion derived from this project gives a holistic appreciation of the roles of structured volunteer support to the satisfaction of patients in the general primary healthcare, with consequent identification of systematic approaches to meeting the needs of the patients. First, the work was carried out to determine which patients with the lowest activities of daily living using questionnaires would most require help from volunteers. In fact, studies show that a more specific form of support preferably for the needy is important in lending new meaning to place and that such extra effort taken for such health care innovations can change the people's perception, increase satisfaction levels and make them happier with their experiences (Wali et al., 2020). In selecting these groups, the project not only saved resources but also followed generally accepted guidelines regarding the need to address patients' different needs in an attempt to make healthcare more inclusive (Biresaw et al., 2021).

Both these patient groups were effectively addressed through the project and to achieve the goals and objectives; proper volunteer recruitment and training were done to ensure that the project volunteers possessed the necessary skills for volunteering jobs. Some of the research shows that volunteers, precisely if they are prepared in such skills as communication, empathy, and patients' privacy, are able to create proper pleasant patient relations that directly influence the high rate of patients' satisfaction (Chen et al., 2024). This project follows perfect recruitment strategy for structured recruitment with volunteers with inherent empathy and good communication skills, which is well recommended in health care institution since fading volunteer-patient interaction is associated with better health care provision and perceptions from the patients (Deriba et al., 2020). The systematic hiring and training guaranteed that volunteers were both capable and empathetic and the impact can be directly linked to the overall effectiveness of the whole program.

The other key factor, which formed part of the program, was the emergence of unambiguous regulation of volunteers' obligations and duties important to reduce confusion and ensure program cohesiveness. Research has shown that factors of role clarity decrease confusion, define the professional boundaries between staff members minimizing interferences with clinical roles, and foster a professional culture in healthcare settings (Kebede et al., 2021). Volunteers in this project got elaborate handover documenting their scopes of practice that put an atmosphere of work order. Also, steadiness into the staff volunteering practice hence giving the staff and volunteers a clear direction of their tasks to perform. This clarity not only increased the confidence of volunteers but it also increased their efficiency, as concluded in similar healthcare models that clarified volunteer roles greatly improves patient satisfaction and the efficiency of the program (Siripipatthanakul & Bhandar, 2021).

Another element that was helpful to the investigation was the dedication to moreover, committed necessary program evaluation and mandate, which was received as integral to the project. The strategy of having frequent check-ups using the patient, volunteer, and staff feedbacks allowed the team to adapt early as often seen to ensure high-quality and satisfactory patients' care (Azharuddin et al., 2023). Incorporating changes due to such feedback makes a project dynamic and receptive lessons that the project keenly followed to improve on itself continually. Recursive changes follow practices in healthcare literature of review and reflection for quality enhancement, which makes the project a prototype of permanently enhancing service improvement in volunteer-based healthcare (Nilakantam et al., 2021).

The last stage of the program was to present the results and achievements within the Ada'a Network and other MOH platforms in order to exchange good practices and motivate other healthcare centers for the same. According to the literature, it is crucial to disseminate the program successes to hub spread practice across the healthcare networks (Khalid et al., 2023). With the intention to prove the aspects of the program such as, better patient satisfaction that can be measured and compared across the centers, this initiative offered a scalable model for other centers as an evidence of the role played by volunteers in improving the quality of health care. Finally, the project provides a model solution, which meets patients' needs at present but also increases overall organizational development within healthcare systems and maintains an ethos of ongoing improvement through collaboration.

Lessons Learned and Comparative Insight

From this case study, there are important lessons that can be learnt in terms of the following: Target Population for Volunteer Support: Volunteer Support in Primary Care: Organization Model & Training Template Volunteer Support Implementation: Role Definition Monitoring Principal among them is the patient centricity where masses such as elderly and physically disabled people have been given focused attention. This approach correlates with the literature by Armstrong Nilakantam et al. (2021) that pointed out how relevant personalized patient assistance is. In addition, the relevance of systematic recruitment experiences and training are similarly intuited by Nánási et al. (2021), which affirms that involvement of trained volunteers is beneficial for patients. Stating responsibilities and roles available to each staff member reduced overlapping with clinical work that is in line with Dhakate and Joshi. (2023) who observed that volunteers' satisfaction improved where roles were clearly outlined. Another point was program evaluation done continually to enhance adaptability. This is consistent with what Yadav et al. (2023) found regarding the importance of feedback toward the improvement of healthcare systems. These common understandings confirm that focused volunteer involvement, if properly organized, can raise patient satisfaction in various treatment environments.

Conclusion

It was possible to establish that the application of volunteer support in primary care could be effective in increasing patient satisfaction. Since the use of patients' needs assessment, the structured recruitment process, comprehensive training, and regular evaluation of the program's performance, the program succeeded in meeting needs related to patient-centeredness. This success of this intervention further confirms the need for focusing on patient specific approaches and provides staff and other health care centers with a model to mirror. The same filed of outcome from the project along with real-life successful stories of integration of healthcare networks for the particular program establish a foundation for comparable programs in any healthcare sector all around the world to demonstrate how the volunteer support can make a significant contribution for the development of a healthcare system that is proactive and inclusion.

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ANNEXURE 1: Project Action Plan

Mitigation plan	Risk	Task Delegated to	Time frame	Description	Task
<ul style="list-style-type: none"> Assigning an employee for periodic follow-up with the Employee Experience Department. Giving volunteer hours in case of work pressure to complete this task outside working hours 	<ul style="list-style-type: none"> Late response Shortage of staff 	Patient experience Department	2-1weeks	Utilize the PRESSGANEY platform to collect data on five key satisfaction criteria: Courtesy of staff, Informing about delays, Ease of access, Waiting time, and Comfortability at the waiting area.	Data Collection
<ul style="list-style-type: none"> Communicate with the directors of the relevant centers to ensure the accuracy of the data Present the data to graphic analysis specialists 	<ul style="list-style-type: none"> Wrong analysis Unexperienced staff in analysis 		2-1weeks	Analyze the collected data to identify PHCs with lower satisfaction rates in the specified criteria. Prioritize based on severity.	Data Analysis
<ul style="list-style-type: none"> Preparing a reserve list of volunteers, detailed with skills 	<ul style="list-style-type: none"> Low number of volunteers week skills 	Health volunteers department	2weeks – 1 month	Screen and select volunteers based on their capabilities, especially those with diverse skills such as sign language.	Volunteer Recruitment
<ul style="list-style-type: none"> Preparing online training courses 	<ul style="list-style-type: none"> Volunteers Not attending training courses. 		2weeks	Conduct detailed meetings with selected volunteers, providing insights into the current PHC situation via a PowerPoint presentation. - Emphasize the importance of creating a welcoming environment and understanding patient needs.	Volunteer Training

<ul style="list-style-type: none"> Preparing a reserve list of volunteers, The neighborhood closest to them 	<ul style="list-style-type: none"> How far the health centers are from the volunteers 		A week	Assign volunteers to specific PHCs based on their skills and the identified needs of each center	Volunteer Assignment
<ul style="list-style-type: none"> Preparing a reserve list of volunteers, detailed with skills 	<ul style="list-style-type: none"> Volunteers not responding to feedback 		Continuous On a weekly basis	implement ongoing counseling sessions for volunteers to address challenges and provide additional training if necessary. - Monitor volunteer performance regularly to ensure sustained improvements.	Continuous Counseling and Monitoring
<ul style="list-style-type: none"> Using and integrating more than one evaluation method, such as 937 reports Taking impressions from patients directly in the waiting rooms 	<ul style="list-style-type: none"> Low patient responses at PRESSGANEY. 	Patient experience department and health volunteers department	Every 3 months	Performance Evaluation : Every three months, evaluate the impact of volunteers by examining PRESSGANEY data on patient satisfaction. Adjustments and Scaling: Based on evaluations, make adjustments to the program as needed. Consider scaling successful initiatives to other PHCs or expanding volunteer programs.	Feedback Loop

Annexure 2: PROJECT CONTROL PLAN

Task Delegated to	Frequency	Description	Task
Patient experience Department	Daily	Establish a standardized data collection process using the PRESSGANEY platform. - Ensure regular and accurate data updates from all PHCs. - Implement data validation checks to identify and rectify any anomalies	Data Control
	Monthly	Assign a dedicated team to conduct thorough and consistent data analysis. - Define clear criteria for identifying PHCs with lower satisfaction rates. - Regularly review and validate the analysis process to maintain accuracy.	Analysis Control
Health Volunteers Department	Weekly	Develop a standardized volunteer screening process based on essential capabilities. - Implement a checklist to ensure volunteers possess necessary skills, especially those relevant to identified patient needs.	Training Control
	Upon each new volunteers batch	Establish a comprehensive training program for volunteers. - Implement periodic assessments to confirm volunteers' understanding and readiness. - Regularly update training content based on evolving PHC needs.	Assignment Control
	Daily	- Design a structured counseling and monitoring framework for continuous support. - Conduct regular check-ins with volunteers and provide timely feedback. - Establish protocols for addressing challenges and escalating issues when necessary.	Counseling and Monitoring Control
Patient Experience Department and Health Volunteers Department	Quarterly	Establish a change management process for making adjustments to the project. - Clearly define roles and responsibilities for implementing changes. - Document lessons learned and update project protocols accordingly..	Adjustment Control