Abstract

Staff adequacy, healthy work environment and patient centeredness are predictors for sustaining the outcomes of care. There are few researches that have been examined the function of patient centeredness in the multiethnic countries. A model of improving quality of care and patient safety in Malaysia proposed.

1.0 Introduction

Quality of care and patient satisfaction are key factors for an organization to improve healthcare performance (Naidu, 2009). Patients who are involved and participated in their care and treatment plan are more likely to prevent adverse events, while, the quality of care is fair and poor for patients with low participation rates (Weingart et al., 2011). According to the Malaysian Ministry of Health (MOH) Annual Report (2011), the numbers of patient and family complaints were increasing as shown in Figure 1 (MOH, 2011a).

Country profile

Malaysia is an upper middle income developing country (Tan et al., 2014), and occupies an area of 329,758 km², located in the Western Pacific region in South East Asia (Merican & bin Yon, 2002). Malaysia consists of 14 states. The population numbers 28.96 million, with 1.3 per thousand population annual growth rate (MOH, 2011a). Malaysia has a multiracial population, consisting of Malays 67.4%, Chinese 24.6%, Indians 7.3%, and 0.7% other ethnic groups (MOH, 2011b).

2.0 Background

Researchers found that patients who are involved and well informed about their medication have better compliance of prescribed medication. Similarly, patients receiving optimal nutrition and proper nutritional instruction and education have lower lengths of stay, mortality rates, readmission rates, hospital acquired infections, pressure ulcers, anemia and gastric and cardiac problems (Tappenden et al., 2013). Strengthening patient-provider relationships to increase patient involvement improves quality of care and increases patient compliance with treatment (Fischman, 2010). These findings show the importance of a patient-centered approach in healthcare organizations in order to improve the outcomes of patient care (Woodard et al., 2012). However, research which examined the function of patient centered care is limited in the multi hierarchical countries.

Multinational institutions which had diversity in the staff ethnicity, showed variety in the behavior of their employees (Cox, Lobel, & McLeod, 1991). Managing diversity in the multiracial countries required knowledgeable leaders who can successfully empower, direct and engage employees towards the organization goals. Formal leaders training and education are required to manage such diversity (Robbins et al., 2015). Hofstede (1983) labeled four dimensions which contribute significantly to build a successful multicultural institution: “power distance, uncertainty avoidance, individualism versus collectivism, and masculinity versus femininity”. Thus, managers should understand these issues in order to successfully lead and manage a multinational corporations in various settings (Randolph, Sashkin, Sashkin, & Randolph, 2014). So, knowledge of the cultural elements is required to empower the employee to sustain the performance (Randolph et al., 2014). Thus, studies are required to examine how to provide high quality, safe patient-centered care to patients in hierarchical societies. Furthermore, researches should also explore how to empower healthcare workers and professionals to deliver best care practices by managing diversity in the multiracial context.

3.0 Methods

A Cross-sectional survey using a questionnaire will be conducted to investigate the impact of staffing, work environment, managing diversity and patient centeredness on the outcomes of care. Figure 2 shows the proposed model of improving quality of care and patient safety in Malaysian hospitals. Multistage stratified simple random sampling will be performed to invite nurses working in small size (less than 100 beds), medium size (100-199 beds) and large size (over than 200) hospitals to participate in the study. This will allow nurses from all shifts to participate in this study. Internationally validated instruments will be used to measure the work environment, staffing, quality of care and patient safety (Aiken et al., 2012; Coetsee, Klopper, Ellis, & Aiken, 2012; Laine, 2002; Van Bogaert, Meulemans, Clarke, Vermeyen, & Van de Heyning, 2009; Warshawsky & Havens, 2011; You et al., 2013). Questionnaires developed by Planetree and Picker Institutes will be adapted to measure the degree of patient centeredness (Frampton et al., 2008).

4.0 Closing remarks

Healthy work environment and managing the diversity in the multiracial countries are required for sustaining the outcomes of care. The function of the patient centeredness expected to suppress the negative impact of the poor work environment and/or the staff inadequacy on the outcomes of care. So, the expected findings may contribute to theory building by explaining the previous studies inconsistencies of the effect of staffing on work environment on the outcomes of care. The expected findings will contribute to the proposed model and reinforce the components of the magnetism program, which surveyed by the American Nurses Credentialing Center. Furthermore, the findings will help the leader managers and policymakers to manage diversity in hospitals with multiracial healthcare providers.

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