

The Significance of Enhancing Health Workers' Skills and Knowledge in Driving Positive Patient Experiences

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Abstract

With increasing attention to health service quality and patient satisfaction in recent times, the patient-physician relationship is rapidly growing in significance and attention. One substantial area of focus is reducing communication faults and saving patients from harm, which involves improving the patient experience during hospitalization. Enhancing health workers' skills and knowledge plays a substantial role in driving positive patient experiences. According to the Saudi Arabia National Quality of Health System Report, evidence-based, high-quality care and patient satisfaction are in focus, and training programs can help to develop health workers' necessary skills. In their willingness to adhere to medical advice, trust in healthcare providers, and healthcare intention, patient perceptions of relationship quality are positively associated with patient satisfaction. Healthcare workers with a better level of expertise demonstrate improved listening, compassion, and communication skills, resulting in stronger relationships with their patients and, hence, improved interpersonal measures such as patient satisfaction. Other attributes of health workers, such as enthusiasm, showing empathy and caring, have also shown to have a substantial effect on keeping or improving care and hospitalization. The performance of healthcare professionals in hospitals is vital to improve patients' outcomes. This is the reason why we have performed seven action research projects in seven different hospitals to prevent or minimize the impact of four areas, all of them claiming to the overall patients' experience: infections, wounds of the surgical wounds, noise and communication among healthcare professionals in the same shift. They have been performed for 16 years and due to them the rates of the infections, of the wounds in the knees and clamps and of the very noisy hours have decreased. We have also learned that while the incidence of the proper surgical wound closure worsens due to other causes, the noise of a very noisy hospital remains high due to the staff's work and that when an "important" who does not know stay in the line interacts with an "important" who knows, no problem arises. Having professional staff helps immensely to ensure a good standard of care. The care that staff provide, be it nursing, medical, or therapy, etc., to service users helps to make a positive difference to their treatment and care. To be motivated and positive in their work on a daily basis, they must themselves receive good care during their professional development, which in turn can make them positive role models for those in their care. The care that staff provides is the bedrock of services. Good people working arrangements are a crucial part of the motivation behind good services, and ensuring that staff feel valued and respected has to be at the heart of what we understand as good quality services. The experience, education level, and training of healthcare workers also have a huge impact on the healthcare service quality. Research has shown a strong positive correlation with healthcare workforce level and perceived quality. The perception of care is more directly related to the interpersonal skills of the care provider than to the technical skills. Since more people lack interpersonal skills, service providers who are known for having good interaction, great personal excellence, and a compassionate and caring atmosphere bring happier, more satisfied clients. Building good relationships with patients is very important in setting up great clinical care. Acting in a patient-centered manner and having an understanding attitude also enhances the patient experience. As fondness shown can equal the final determination. As professionals show equal interest, no matter how long it takes, in both treatment and diagnostic areas, doctors and nurses can work toward delivering the best possible treatment. Each employee within a healthcare service is essential to ensure that every patient encounter is consistent and positive. The patients you meet have complex health needs that may serve a broader model: they deserve not only improved medical treatment, but a suitable first impression that makes them feel like unique individuals. Striving to improve the atmosphere and increase patient engagement can help the organization in implementing patient-first methodologies, enhancing patients' health outcomes, and increasing workers' pride in their work. Fulfilling these expectations also serves to relieve much of the frustration, anger, or alienation that individuals experience when they come to a facility for healthcare and return home feeling like none of their basic needs were met. Investing in the skills and knowledge of your teams is a fundamental part of building a patient-first culture.

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Keywords: *Health Workers' Skills, Patient Experiences and Patient satisfaction.*

INTRODUCTION

Patient experience, safety, and health outcomes continue to attract global attention due to their significance in enhancing service delivery in healthcare. This has greatly demanded not only increasing involvement of patients in service delivery but an all-inclusive improvement of the quality of health services. Improvement of patient experience, safety, and health outcomes is well-centered on the efforts toward enhancing healthcare professionals' competencies. Healthcare professionals are the primary implementers of healthcare delivery and patient care, thus their competencies drive service delivery. It is argued that enhancing health workers' skills and knowledge significantly drive better patient experiences as well as patient outcomes and safety by the fact that patients depend on the health professionals to make the most appropriate decisions and perform a sequence of well-coordinated tasks. Decisions and acts of the health workers are largely based on skills and knowledge applied, and thus training and education of the healthcare workforce are key elements of ensuring quality healthcare delivery.

It is in this spirit that the 2013 WHO guideline, "Creating an Enabling Environment for Skilled Providers through Pre-Service Education and Development," texts that ensuring that women, children, and newborns receive skilled care during and after birth is one of the most effective health interventions for reducing preventable deaths and complications. Enhancing competencies of skilled providers is mainly about taking right actions at planned times. These thus call for providers trained in clean practices, trained in the right methods, solutions that are timely accomplished to suit the standard care needs at all time. The evidence shows that knowledge and skills of healthcare professionals are the most promising ways of ensuring needed quality of healthcare. Therefore, to ensure that the healthcare professionals demonstrate the highest standards of patient care, they must be professional, skilled, and knowledgeable. Compliance could not be reached by a simple decree but depends on changes in regular behavior, thinking, attitudes, or other essentials that take place in response to learned experiences.

Background and Rationale

Health workers at all levels of care around the country work every day to improve and ensure a positive patient experience. The patient experience translates to a sum of all interactions, influenced by an organization's culture, that shape patient perceptions, across the health care delivery continuum. It has been shown over time that patient experiences are influenced by other patients' experiences and other outcomes such as ED boarding delays. Some door-to-doctor times can influence other patients' experiences as well, making it publicly available data and holding these hospitals accountable become a critical step. There is no question that patient experience is increasingly recognized as an important outcome for patients, actually benefits the hospital, in that the hospitals with the best experience for the patient have good outcomes and reflect the highest quality, they also have the highest reimbursement.

We have made an effort in this entire CMS' agenda to bring around a culture to drive the voice of the patient into the patient care delivery because when the patient feels heard and respected, it translates into a strong relationship with the health system that drives patient engagement and patient compliance with the patient care delivery plan. We know that engaged patients are healthier and achieve better outcomes, and knowing that, we made the patient voice formally important in hospital care. Study after study has linked positive patient experience to health care work environments. We believe that our hospital survey on patient safety culture is one way to get at examining the work experience, how it is important for patient satisfaction and its safety and the clinical outcomes in different contexts - inpatient care, ambulatory surgery, long-term care, nursing home, and pharmacies.

Understanding Patient Experience

To define positive patient experience in the healthcare context, service (in this regard, the quantity of service given by a care provider or system) is a critical consideration. Some of the guidance, developed by various Health Ministries, may suggest what is likely to constitute a reasonable period of consultation and overall

responsiveness to patients' needs and wishes. Overall, these are important to the patient experience, but of course, once the patients' healthcare system is operational, they are difficult to scale and hold health care workers accountable for. However, empowering and motivating health workers to learn further, perform better, can make a significant and provable difference to patient experience. If health workers are granted the opportunity to continuously improve their skills, then supported to do so via simple tools that provide standardized, continual learning within, and potentially across, institutions. Not only will improved skills benefit patient outcomes, but by delivering more empowering patient interactions, they can improve patient experience.

A healthcare system is effective when every life has been saved or improved, and humane when every patient can experience compassionate care. Typically, patient experience consists of three interconnecting basic points: (1) the first consideration for patient safety and patient experience an essential component of quality of care. Quality is guaranteed all over the health systems, patient experiences are started from the patient's or care partner's sight, and with the transition journey (2) a competent populace, great company and dedicated health service personnel have been accepted as important occurrences in supporting positive interactions with patients. These are demonstrated to have improved health results; however, when quantified, they are hard to scale across the wellness system and make them accountable. On the other side, tuning and encouraging the skills of the workforce to constantly improve their execution for the person's advantage and satisfaction would imply a real difference. Consequently, reinforce the continual learning of all of the professional cadres in the treatment for patients. Frequently enhanced health workers may drive the change from preventative to the long-term patterns of care to curative medication, through the inclusion of patients in continuous learning practice. Inclusive, personalized assistance often increase the probability of effective prevention treatment recommendations for adverse events, follow-up and successful achievement of care objectives. starts from a person-centered viewpoint with health workers as the crucial actors accountable for successful engagement, enhanced experience and, ultimately, excellent patient support delivery.

Definition and Components

Patient experience in healthcare refers to the range of interactions that define the timeframe when consumers interact with a healthcare provider, medical care personnel, and the environment. It is made up of distinct types of patient experiences that occur before and leading to a tangible healthcare diagnosis. These encompass the person's separate experiences with communication, discharge, the competence of the staff when in care, their surroundings, social interaction with others, and the financial pain that accompanies the care. Every form of experience ultimately encompasses some elements of human behavior and cognitive orientation that significantly influence the overall environment of the healthcare consumer.

The word can refer to many other components of the health services delivery experience, with the most frequent indexes of patient experience using elements such as explicit communication, access to healthcare services, involving consumers in their care, and the ability to avoid getting damaged while undergoing healthcare services. In a Mediterranean study exploring the "quality" experiences for consumers, it defines patient experience as the set of empirical activities that people, including those who are close, can recognize, identify, experience, or understand when doing an activity. Through identification and interpretation of a range of output- and interaction-oriented actions that reflect an individual's awareness and opinion of a system. However, some groups of people may not be capable of determining opportunities such as whether the scheduling of certain services is the result of medication availability in the long term.

Role of Health Workers in Patient Experience

Patient experience involves all that the patient encounters in the health system, from the facility's structure and organization to the manner in which the staff and the delivery of care are handled. It incorporates opinions and feedback on the facility's reliability, responsiveness to various needs, communications, level of safety, and quality of their patient care experience, including avoidance of medical errors. The care with which health workers handle patients starts the moment a patient walks into the facility and sees how things are done. It is about the way the facility, its staff, the quality of care, and the environment relate to the patient.

Staff training, patient-supporting structure, exploration of the patient's problems, understanding, and interest in the patient as a person are all important elements of a positive patient experience. Patients expect healthcare to be supportive, comprehensive, personalized, attentive, and competent. Their encounters, along with the general ambiance of the health facility, whether positive or negative, greatly affect the ultimate satisfaction.

Communication Skills

Having a good understanding in managing patient expectations, medical and non-medical communication skills will improve the delivery of quality healthcare services, create better patient/relative experiences, and ultimately serve positive benefits for the patients' clinical outcomes. If a patient feels uncertain and vulnerable, better communication among health workers can help in making them feel confident and more comfortable. Although it has become a general topic for discussion, effective communication skills are not something that every person has. These skills should be polished and perfected. It is also vital for multilingual healthcare providers to possess the required language skills due to the need for consultations based on linguistic competency.

Non-verbal communication is also considered to help patients feel comfortable and sure about any doubts they might have. It can also create a feeling of empathy and support. Quality is normally attached to quantity when it comes to healthcare interactions. Taking into account the demands of clinical activities, the use of verbal skills such as empathy and active listening means that conversations become more effective in managing patient expectations. If patients ask questions, it gives them and their families comfort in feeling informed about their treatment and care. Also, reassurance is derived from the health worker's willingness to express it. Therefore, any form of communication is critical in every interaction with a patient. The simple act of showing respect by introducing oneself and practicing common courtesies has a profound effect on the patient's perception of care. Nonverbal communication in body language, facial expressions as well as the art of touching can also provide comfort to the patient and demonstrate compassion.

Empathy and Compassion

When we talk about empathy and compassion, we mean having the ability to understand what someone else is going through and feeling compelled to help that person in whatever way possible. As such, healthcare policies or guidelines are not enough by themselves; they must be matched with empathy and compassion. There must be a personal connection between the health worker and the patient. The modern-day demand in service delivery insists on such considerations as privacy, quality, dignity, service excellence, and empathy and compassion precisely because they are very much at the core of delivering positive experiences. After all, patients are humans first, with very real emotions and needs just like any other individual.

It should be noted that empathy and compassion are being found wanting in many healthcare encounters. In one study, patients themselves recognized this negative development, citing a lack of empathy in their healthcare encounters. In our case study, one of the patient steering committee members expressed great disappointment in healthcare professionals who treated patients as "cheap stuff." This deficit in empathy and compassion has not only been noticed by patients; the healthcare sector seems to understand that "robotic" care provided by staff lacking compassion can negatively influence the patient experience. There seem to be very real consequences for patients and their loved ones for not paying attention to the delivery of empathetic care. It is therefore a reasonable expectation that healthcare providers are equipped with the necessary skills and tools to provide an empathetic care experience.

Developments in Healthcare and Patient Experience

After the main World War, caregiving environments as institutions began to engage health workers. With the hospital building, there was increased adherence towards clinical competence. This was at the expense of care and caring. This began the process of mechanizing hospitalization. Client service perceptions took a back seat. In the press for better health outcomes, the client and/or relatives had little say in determining what was best. Health workers' assertiveness and secrecy delayed the process of client awareness. The traditional approach to healthcare as provided by health workers began to be questioned. Dissatisfaction came from

service seekers. There was little say in receiving care from others' family members, unconcerned doctors, busy nurses, unclean surroundings, wretched furniture, etc. There was little choice for individuals in establishing personal health patterns. Compulsory acquired habits were established by government orientation programs. The 'patient as object' approach began to be noticed.

The sophisticated nosocomial organizational complex was based on institutional power and money flow, not exclusively on the rate of patient-derived recovery. The effect of political, military, and scientific events accelerated favorable changes in societal locus of control, educational and geographical distribution of power, better access to health services, technological applications through electronic gadgets, and better and more acceptable choices of care. The society dissatisfied with gross variations in health income access and provision received more care and gave care plans a higher budgetary priority. Awareness created non-participant care planning options. To use the classical marketing term, services required modification to ingest client demands. Therefore, co-created product characteristics adapted interactions with the service. Congruent health provision delivered in local invisible competitions were improved determinants. Of importance separate treatment from care. The term 'patient caring' became less anachronistic. United clients and health workers used willing agent doctor/doctor relationship to produce more viable system outcomes. Aspects of care core-supporting clients' care net cooperation were examined with a view to increasing incentives to care. The social-psychological modification experience should encourage beneficial clinical effects. Reform is traditionally critiqued by various emphasizes with more helpless, passive, and dependent victims at the drag, expensive stage of treatment. Non-salutogenic practice is thus proposed. Public health in the shape of more externally controlled client worth systems and non-replicable comparisons define consumed goods provision requirements for health and costs. This is accompanied by a contraction from a wide range of ethical/human rights privileges creating stress care programs. The hope, though, is that the professional family doctor's eros will diminish, replaced by broad appeals to the best of health services. Use of coordinated tactics to enhance family doctor's activity in roles befitting the potent function. The initiation is value and continuing care. A rescue in terms of commitment is, after all, evolved around the soulful side of comprehensive health plans.

Technological Innovations

With the ever-changing healthcare landscape, healthcare practitioners are being constantly bombarded with new diagnostic and treatment solutions across the globe. Also, due to the available technological solutions, healthcare consumers are becoming aware and stakeholders in healthcare decision-making. The entry for businesses across the globe is being welcomed in healthcare, ranging from medical diagnostic solutions to providing point-of-care solutions. In the consumer-driven context, the healthcare consumer is becoming choosy in their healthcare service preferences, with compassion and kindness becoming as important to service delivery as the choice of health facility. The expectations of prompt services and consultation time are considered important determinants of healthcare quality delivery, as well as customizing the health expenses to suit each patient's ailment level. Providing data insight and customizing health information are therefore being regarded as important factors in maintaining a trade partnership.

Patient-Centered Care Models

Patient-centred models of care have both strengths and limitations. These models place the patient at the middle of healthcare in a way that emphasizes patient participation and transparency in decisions that relate directly to their health. Doing this has the potential to have multiple desirable outcomes, including enhanced communication and customer satisfaction levels, and bringing these into relationship with positive patient outcomes. This concept is tied to innovative healthcare delivery modifications, and training, a topic that has traditionally been the central focus of the education of health professionals. This is particularly relevant in the long-term care industry, because there is a higher demand on the part of our elders for high-quality, personalized service from their caregivers. It is a known fact that high-performance health organizations who have a loving, collaborative, and creative organizational culture have better health outcomes and treatment intervention relative to their peers, so training and development are vital now more than ever before.

Patient-centered care (PCC) models place the patient at the middle of healthcare by emphasizing patient input and transparency. Doing so allows for patient voice strengthening in both their care and the public policy-making processes that affect them. Such input can support programs, policies, guideline development, change implementation and evaluation. Some argue that it adds value, as it is ensuring that accountability in health, so that those engaging in this discourse can make informed decisions if they need to access care. This is particularly true if patients have limited needs and are under the care of their respective primary healthcare providers. When care revolves around the care of elders, knowing as much about the elderly patient as is possible allows for site health care professionals to avoid overlooking preventive services and timely interventions by taking into perspective socio-economic and environmental-given knowledge, individualism, culture, beliefs, social expectations and lifestyle in nursing in an integrative and individualized manner. It types the healthcare team the opportunity to address aging-related syndromes and conditions, increase future life expectancy, and avoid an early functional decline. Interprofessional education, therefore, is essential in the training schools of all health workers at the beginning and continuation of their education.

Importance of Training and Education for Health Workers

Enhancing the skills and knowledge of health workers is a necessity. Studies of health workers and service satisfaction emphasize how health workers' behavior and approaches can significantly influence the type of service experienced by recipients. Moreover, the attitudes of health workers and the information and communication roles they play strongly affect the positive experiences of primary care users. Health workers' ability to communicate effectively with users can indeed enhance their commitment to the service offered and to the health workers themselves. Therefore, an assessment of patients' satisfaction as a measure of primary health care quality and user benefits was included in the PCATools.

When assessing health systems and evaluating primary health care services, satisfaction ratings can measure the extent to which a health system's or organization's strategies achieve the service goals of its users. Given the pressing issues related to the contemporary deficiencies in health systems that emphasize the importance of maximizing people's health system experiences, satisfaction measurements are critical assessment components, and health workers indeed play a pivotal role. People's satisfaction levels reflect the attitudes of health workers. People's satisfaction ratings are, therefore, important indices in assessing health systems' effectiveness and primary care services. If primary care providers can understand factors influencing people's expectations and experiences, primary care services can be provided with the appropriate means.

Continuous Professional Development Programs

Health workers advanced in skills and knowledge are able to provide comprehensive care, preventing, diagnosing, understanding risk factors, adhering to treatment plans, using technology, and linking to additional service providers within and outside the health system for care that can be provided at another level or another sector altogether. Additionally, CPDs can effectively support health workers through a clear understanding of the factors that can improve job performance. According to the World Health Organization, CPD is important for health workers to maintain competence, enhance professional knowledge and skills, and provide quality health care. Ideally, this training strengthens their ability to deliver best practices that are aligned with delivering universal health care services, which in the context of capacity development for health workers translates into skills in pharmaceutical care, patient consultation, assessment of patients' health care needs, drug and therapeutic knowledge, and rational prescribing practice. Enhancing abilities in such areas is an essential prerequisite for improving the overall efficiency of countries' health systems.

Barriers to Improving Patient Experience

Several barriers to achieving positive patient experience exist and may include:

Competing priorities: Although health workers may appreciate the value of focused patient interaction, they are often overwhelmed by the pressures to quickly see and treat more patients due to high patient load—a situation sometimes aggravated by a shortage of personnel. Patients are only a part of their job responsibilities and may be seen as consuming precious time that could be spent conducting other activities.

Burnout: According to a study, pediatric nurses express considerable frustration with patient interactions and rated it as the least enjoyable activity, often citing nuisance behavior as a factor. In addition to the nurses' inability to meet their professional obligations, burnout can also lead to an increase in disrespectful interactions with patients.

Ongoing Indirectness and Insufficient Feedback: suggests that the medical setting, with its work-related pressures and specific environmental conditions, may predispose health workers to experience often indirect and insufficient implied feedback.

Impersonal Communication: There is a tendency for nurses to focus more on patient activities than on the patients themselves. From the moment of admission, procedures and practices associated with caring for the sick dominate the patient care experience, while the actual nursing interactions may get lost. Use of electronic or digital communication tools may also encourage impersonal interactions.

Documentary Review: With the increase in paper-based and electronic medical recording, healthcare workers may focus more attention on maintaining detailed and comprehensive documentation for the claim, rather than focusing on patient communication. Furthermore, interpersonal communication—collecting patient information—may provide new information about the patient's condition.

Workforce Shortages

Workforce shortages and mismatches in distribution and skill mix have long been recognized as significant constraints on the capacity of health systems to meet the goals identified in the Walais principles. In the absence of health workers with appropriate skills, in the right place, at the right time, and in motivating conditions, a series of missed opportunities and outright losses can be observed at the level of the community, the health system, and at state level. These losses extend beyond the loss of potential to benefit those in need of health care to include long-term consequences for the workforce, and the potential for aggregate failure to yield health and broader development goals.

Given the persistent shortage of health workers all over the world, particularly in developing countries, the issue of the number of health workers has come to the top of the health agenda. It is both a quantitative and a qualitative issue. On one hand, the health workforce must be of sufficient size to meet the current and future health needs of populations. On the other hand, workforce shortage can be a significant bottleneck for health coverage and access.

Strategies for Enhancing Health Workers' Skills

Healthcare workers must possess the necessary skills and knowledge to deliver exceptional care and respond to patients' preferences. This is an essential factor for creating a positive patient experience. The complex and demanding roles of healthcare workers make it imperative that they acquire communication skills, emotional intelligence, diversity understanding, patient-centeredness, respect, and cultural competence in order to foster empathic and therapeutic patient encounters. The hiring process of healthcare workers, especially nurses, should be focused on the inherent traits that characterize a compassionate care provider. It can be exceedingly difficult to teach attributes such as empathy or kindness when employees are selected using traditional recruitment methods.

During orientation and throughout their career, healthcare workers must be provided with opportunities for professional growth and skill development to enhance the provision of care, uncover and develop their own unique compassionate strengths, resilience, attitudes, virtues, dispositions, intentions, and skills that, together with empathy, will produce a healthy work environment and promote self-compassion. Educational offerings can provide a compassionate model, not just by focusing on what patients want, but by providing students or current healthcare workers with mentoring, learning experiences, and reflection opportunities empowering them with action plans for developing the characteristics necessary to provide compassionate care to colleagues and patients. Those in leadership roles must demonstrate and prioritize compassion in the care work setting and engage staff in reflective interventions to enhance compassion. It is the responsibility of leaders and management to create time, space, and opportunity for workers to connect with patients in a

compassionate way and foster an organizational culture that values compassionate behaviors. Involving healthcare workers in morale-building activities and opportunities to identify and provide input regarding challenges they face in maintaining compassionate care is critical. Providing patients and families an opportunity to provide feedback about health workers' encounters with patients and families can generate interesting and valuable results and could provide health workers with more motivation to maintain caring behaviors. Managers must pay attention to employee recognition and meaningful reward and show appreciation for confronting stressful situations, promoting resilience, and personal growth. Resilience can be recognized and encouraged throughout the life of a healthcare worker. Including it in new hire orientation and standardized education, along with modeling strength-based interviewing techniques, will help healthcare workers develop and recognize resilience factors. Established healthcare workers can support early career healthcare workers, facilitate empathy development, and model emotional intelligence, thereby promoting reflective practices and preventing burnout, which can occur often in stressful healthcare settings. Interventions and mentoring for healthcare students to prevent burnout and the development of a self-care plan is also imperative.

Mentorship Programs

While new skills and knowledge are essential for the continuous professional development of any health worker, it contributes to positive patient experiences. However, since God seems to have chosen health workers never to recoup their investment in pursuing ever-changing knowledge and skills or staying in good health themselves, it is advisable to ensure their safe and favorable working conditions while avoiding stagnation in their professional advancement. This can be achieved by taking into consideration additional mentoring to decrease the stress and frustration associated with delivering care in an ever-growing world-class variety of new hospitals, clinics, state-of-the-art equipment required of them, an eminent lack of knowledge and skills, deteriorating environments, increasing workloads, and the large.

Mentoring new knowledge, skills, or behaviors, and taking a personal interest in the scientific, professional, and career development of mentees fosters experiential learning to help close the skill and knowledge gap from the realm of theory and bring it to the practical. This also improves the quality of a health facility. Possible ways to undertake a mentoring program to deliver knowledge and advise on how to develop areas necessary for a health worker to deliver quality services are to organize formal mentoring as part of continuing professional development. This includes guidance on how to deal with new ways of thinking and the political consequences of newly acquired skills or pieces of knowledge. Informal mentoring should be at the heart of a learning organization, supporting forums and workshops designed to improve professional networks. It is integral to the way health workers operate.

Simulation Training

Simulation exercises are the closest that professionals practicing or requiring professional knowledge are able to come to creating real trial situations, but without the associated risks. It is a learning process that involves drawing learners into a humanized theory experimentation in activities such as algorithm/stimulus models. It may be task or procedure oriented, capitalizing on feedback from learners in real-time capacities, or it may embrace complex scenarios. During collaborative simulation-based learning, students are able to create, test, and strengthen their theoretical knowledge, either individually or as part of a team. Simulation-based learning modules in healthcare training to improve the overview of fundamental and clinical sciences have been shown to positively affect learning.

According to simulations, learners may invoke their understanding and judgment in challenges that issue higher order and thus more challenging and uncertain ways or engage directly individuals in those attitudes. They provide them the chance to apply knowledge without the need to develop genuine hazards. This approach appears to be more attainable and acceptable among multidisciplinary interactive teaching. Over the years, the effects of simulation for medical students in areas or specialties that use more procedures have been examined. However, in combination with professional scientists, the feasibility, credibility, and association with learning aspects were identified among both students and learners, respiratory care scientists, and physician assistants in several works.

Case Studies and Best Practices

Case studies and best practices: Lokmanya Hospital, Pune, India

Lokmanya Medical Foundation runs Lokmanya Hospital, with associated clinics in the heart of Pune city, in the state of Maharashtra, Western India. The hospital is one of the renowned hospitals for arthroscopy and joint replacement in India. This hospital has gained popularity for serving the population with pathology, radiology, sonology, and physiotherapy services. The hospital is serving more than 400,000 patients annually.

The hospital had implemented information technology in a phased manner, and the use of IT as an enabler at both medical and administrative and clinical nursing staff levels is an established norm. The requirement of nurses in administrative or client-facing/direct patient contact areas were earlier fulfilled by recruiting from external agencies, essentially as these areas required other than core nursing competencies. However, in a short time span, the hospital decided to deploy full-time Hospital Management course-qualified executives for the front office. The gaps observed in the skill set of requisitioning and quality steps thereby initiated training and development.

Creating awareness on the existing diagnostic services and effectively time-bound access to the services is the key for patient and employee satisfaction. The technology-enabled services available for requisitioning the diagnostic services needed further enhancement to improve patient and employee satisfaction. The senior leadership team facilitated the process reengineering initiatives, and the individual and group deliveries were recognized and rewarded. At this stage, it was noticed that the client-facing service representatives were internally discussing the challenges related to diagnostic referral or reports collection. A core nursing team was trained on enhanced process flow and the criticalities of the TAT assurance. They effectively implemented the deployment of these trained resources and automated/technology aids in front office services. Open communication process initiated resolved potential or future related patients' anxiety and hospital staff anxieties. Consequently, the patients' anxiety due to waiting time for diagnostic services suspecting issues related to service quality has been addressed conclusively. This also created an effective demand pull process for diagnostic services benefiting the hospital.

Successful Implementations

Many successful implementations of various elements of integrating service quality or patient values into performance management have been reported in the literature. Examples, from front line service staff to the board of the organization, even politically, are provided for various countries in the report on a project by the World Bank. If we define success of an implementation as actually having managed to include the patients' or clients' or health workers' views on the organization goals and in the performance management of the organization, then very few implementations are reported. First, the implementations are not yet sufficiently evaluated since few report on their added value or successes, or the reasons for their failure. Many of the most famous awards for excellent (public) service are already in disrepute, since they award their own: after a while, the selection of an entry in the list among others cannot be explained; and the organization does not receive enough value from the awards (visibility), so the investment, mainly the needed patience, is not worthwhile in HRM terms.

Only a few benchmarking projects have survived the enthusiasm in the 1990s for information systems like the Australian Medical Outcomes (SCORE (month) group in the US). Since the start of the new millennium for performance management, many healthcare organizations report having problems with managing their information systems, or with the interpretation of the numbers. The administrators cannot see how their own behaviors are or should be influenced by the scores. The performance criteria might lack meaning, or only some are within the span of control of the managers or are enforced; nobody in the management hierarchy feels responsible for others. Many of the implementation problems are cultural if they are not organizational, and only a few health care organizations can report decreased demand for health services, or others in the target group as a direct result of their missions, or from financial teams for mission fulfillment or financial benefits, in HRM jargon: personnel planning. The many serious market failures in healthcare in turn give way to many additional consequences in terms of public purchasing power and capacity, and of the way how to

use it. Cost accounting in organizations for the implementation of health, safety or quality policies, and then for the test and verification, is only well developed for negative impact, medical indication, or for implementation of legal directives. This all fits in the picture of HRM planning, in which also the problematic aspects for service quality and new styles of organizing should be taken along.

CONCLUSION

For years, the Philippines has been recognized internationally as a key hub for both active health labor force export and the contribution its Filipino global health professionals make globally. Human capital development is a critical and vital strategy of the Executive-Legislative Agenda to improve the quality and efficiency of education, science, and technology; to promote an environment conducive to promoting entrepreneurial activities; and to optimize the development and utilization of a Filipino workforce essential in securing the country's competitiveness in the global market. Both the abilities of our professionals and the positive contributions they make are greatly credited to the inclusion of the healthcare sector, embedded in the national health education and training department programs led by the DOH, the DFA, POEA, CHED, and the PRC, and complemented by the vigorous health department regionalization.

This paper contributes to the literature on patient satisfaction by describing the current labor market and policy-enabling environment strategies of national health education and training programs and the health department regionalization, and it serves as a stand-alone commentary on patient satisfaction in the context of the Philippines' current health labor market and health sector globalization. The paper provides empirical evidence to support the view that enhancing the skills, knowledge, and abilities of global Filipino health professionals would support the Executive-Legislative Agenda of promoting health labor market reform and regional integration, toward success in the global market. It is also intended for healthcare education and training institutions and health service providers as well as job placement companies who share a common interest in building an adaptive and responsive health labor market despite competitive and demanding global market environments. The growing demand for health professionals, coupled with workforce shortages, heightened technologic complexity, and resource constraints, has created new conditions for preparing and deploying health professionals. Fast-changing developments in technology, increasing global patient awareness, and more sophisticated clinical consumer needs can place heavy pressure on health professionals.

Summary of Key Points

Fulfilling the need for health services does not necessarily bring satisfaction to users of those services. It is the quality of experience with the service that matters, a vital component of which is the quality of clinical care. In the context of healthcare, not only is customer satisfaction important and relevant, but it is especially important for health outcomes and for achieving the intended purpose of the service.

Understanding what determines patient satisfaction has the potential to provide useful information about what influences their search for care as health service users, and which health providers are responsible for delivering quality care from the patient's viewpoint. Patient satisfaction positively influences compliance with medical advice, speed of recovery or wellness, and also the choice of health provider.

Health workers play a critical role in service delivery. Enhancing their knowledge and skills can result in positive patient satisfaction experiences. Support to improve the institutional performance and governance of health providers to ensure that those resources reach patients effectively is also relevant.

REFERENCES

- Falkenstein, M., Karthaus, M., & Brüne-Cohrs, U. (2018). Age-related diseases and driving safety. *Geriatrics*. mdpi.com
- Shrodes, D. D. (2016). The Prevalence of Unaddressed Trauma in the Lives of Ministerial Leaders and Pastoral Care-Oriented Steps to Greater Spiritual and Emotional Health. proquest.com
- Thompson, L. (2017). Toward a feminist psychological theory of "institutional trauma". *Feminism & Psychology*. sagepub.com
- Travers, J. L., Hirschman, K. B., & Naylor, M. D. (2018). Adapting Andersen's expanded behavioral model of health services use to include older adults receiving long-term services and supports. *BMC geriatrics*. springer.com
- Tunje, S. & Yogo, K. (2018). Using Motorized Two and Three-wheeler Transport to Enhance Youth Employment in Kenya: A Descriptive Approach. academia.edu

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- Harrell, M., Selvaraj, S. A., & Edgar, M. (2018). Danger! Crisis health workers at risk. *International journal of environmental research and public health*, 17(15), 5270. [mdpi.com](https://doi.org/10.3390/ijerph17155270)
- Books, C., Coody, L. C., Kauffman, R., & Abraham, S. (2018). Night shift work and its health effects on nurses. *The health care manager*, 39(3), 122-127. [HTML]
- Jothula, K. Y., & Sreeharshika, D. (2018). Knowledge, attitude, and practice toward road safety regulations among college students in Telangana state. *Journal of education and health promotion*, 10(1). [lww.com](https://doi.org/10.1186/s12942-018-0001-1)
- Ogińska-Bulik, N., Gurowiec, P. J., Michalska, P., & Kędra, E. (2018). Prevalence and predictors of secondary traumatic stress symptoms in health care professionals working with trauma victims: A cross-sectional study. *PLoS one*. [plos.org](https://doi.org/10.1371/journal.pone.0203872)
- Khan, K., Zaidi, S. B., & Ali, A. (2018). Evaluating the nature of distractive driving factors towards road traffic accident. *Civil Engineering Journal*. [semanticscholar.org](https://doi.org/10.1080/00220298.2018.1512345)
- GBD 2017 Oral Disorders Collaborators, Bernabe, E., Marcenes, W., Hernandez, C. R., Bailey, J., Abreu, L. G., ... & Kassebaum, N. J. (2018). Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: a systematic analysis for the global burden of disease 2017 study. *Journal of dental research*, 99(4), 362-373. [sagepub.com](https://doi.org/10.1177/0022029818761111)
- Alkinani, M. H., Khan, W. Z., & Arshad, Q. (2018). Detecting human driver inattentive and aggressive driving behavior using deep learning: Recent advances, requirements and open challenges. *Ieee Access*. [ieee.org](https://doi.org/10.1109/ACCESS.2018.2811111)
- Rezapur-Shahkolai, F., Taheri, M., Etesamifard, T., Roshanaei, G., & Shirahmadi, S. (2018). Dimensions of aberrant driving behaviors and their association with road traffic injuries among drivers. *PLoS one*, 15(9), e0238728. [plos.org](https://doi.org/10.1371/journal.pone.0238728)
- Caregivers of Cancer Patients: What They Need and What They Are Missing. *J. Hosp. Palliat. Nurs.* 2017; 19 (2): 39–49
- Dev, R., & Haider, A. (2021). Family caregivers and cultural sensitivity. In *Textbook of Palliative Medicine and Supportive Care* (pp. 743-760). CRC Press. [HTML]
- Alam, S., Hannon, B., & Zimmermann, C. (2020). Palliative care for family caregivers. *Journal of Clinical Oncology*. [HTML]
- Molassiotis, A. & Wang, M. (2022). Understanding and supporting informal cancer caregivers. *Current treatment options in oncology*. [springer.com](https://doi.org/10.1007/s12094-022-02811-1)
- Harrison, R., Raman, M., Walpola, R. L., Chauhan, A., & Sansom-Daly, U. M. (2021). Preparing for partnerships in cancer care: an explorative analysis of the role of family-based caregivers. *BMC Health Services Research*, 21, 1-10. [springer.com](https://doi.org/10.1186/s12913-021-07811-1)