



MEDICAL STAFF SATISFACTION SURVEY IN A MAKESHIFT EMERGENCY PANDEMIC COVID HOSPITAL



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INTRODUCTION: The recent Corona Virus Disease pandemic required medical staff to be deployed at short notice to a makeshift COVID-19 hospital. A questionnaire-based study for finding the satisfaction levels of the medical staff working in the emergency makeshift COVID-19 hospital was conducted to ensure the right kind of working environment for the staff.

THE PREMISE

- Sardar Vallabhai Patel COVID Hospital, a hangar based medical facility was created in a record time for catering to symptomatic cases in Delhi
- Therapy protocols are changing frequently for a new disease with high mortality rate

The Challenge: VUCA environment

VOLATILE: High mortality rate

UNCERTAIN: Number of cases rising & falling sharply.....Can't plan properly

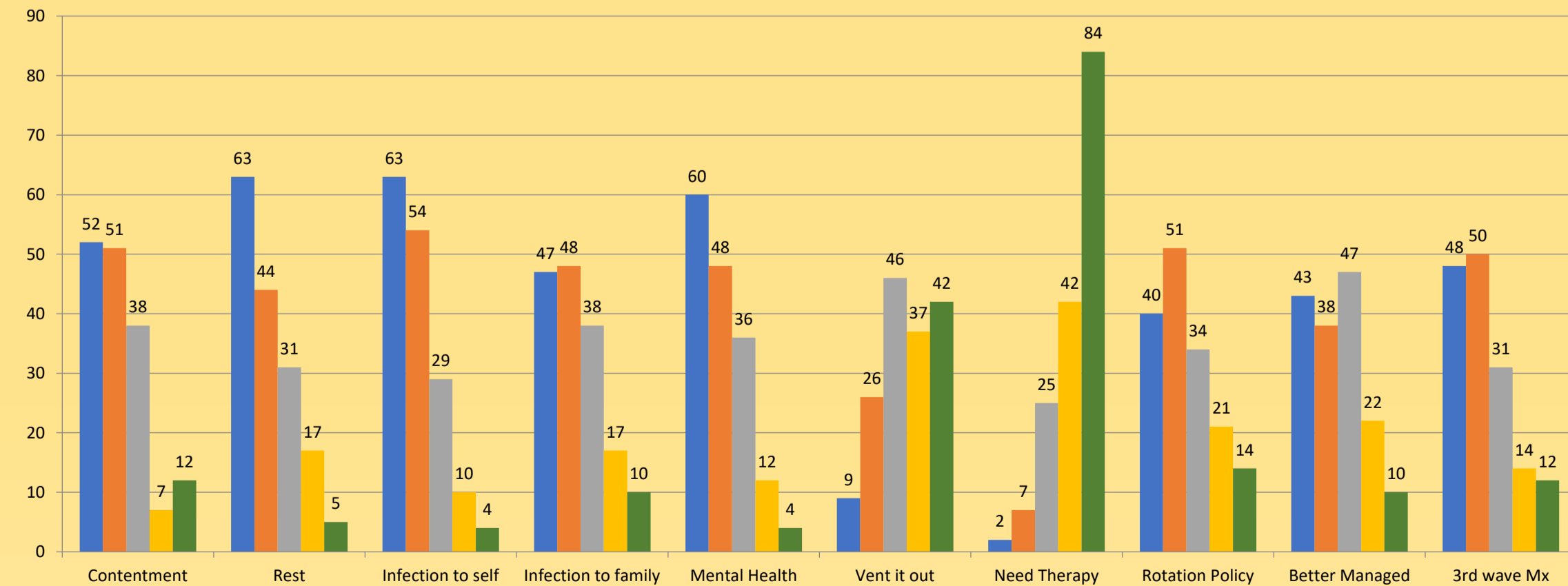
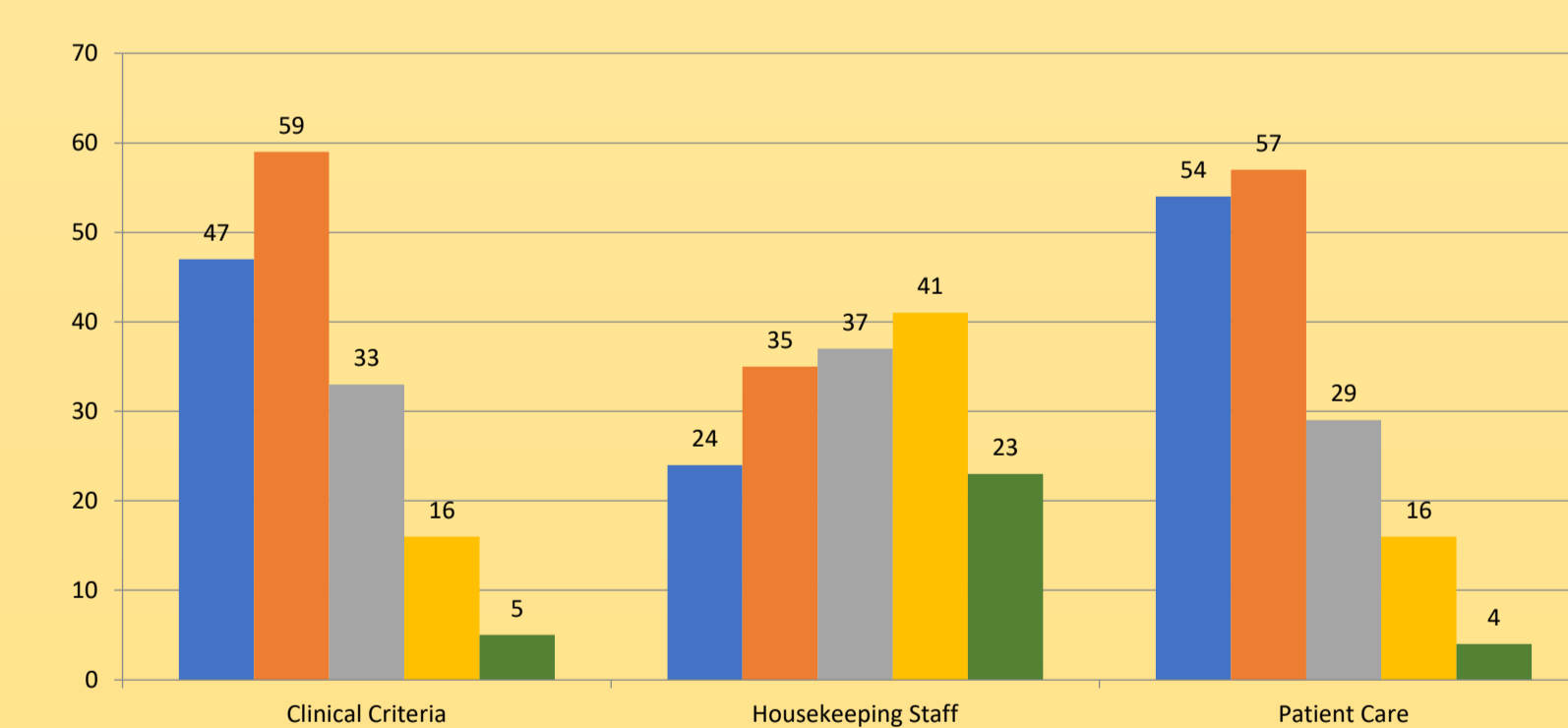
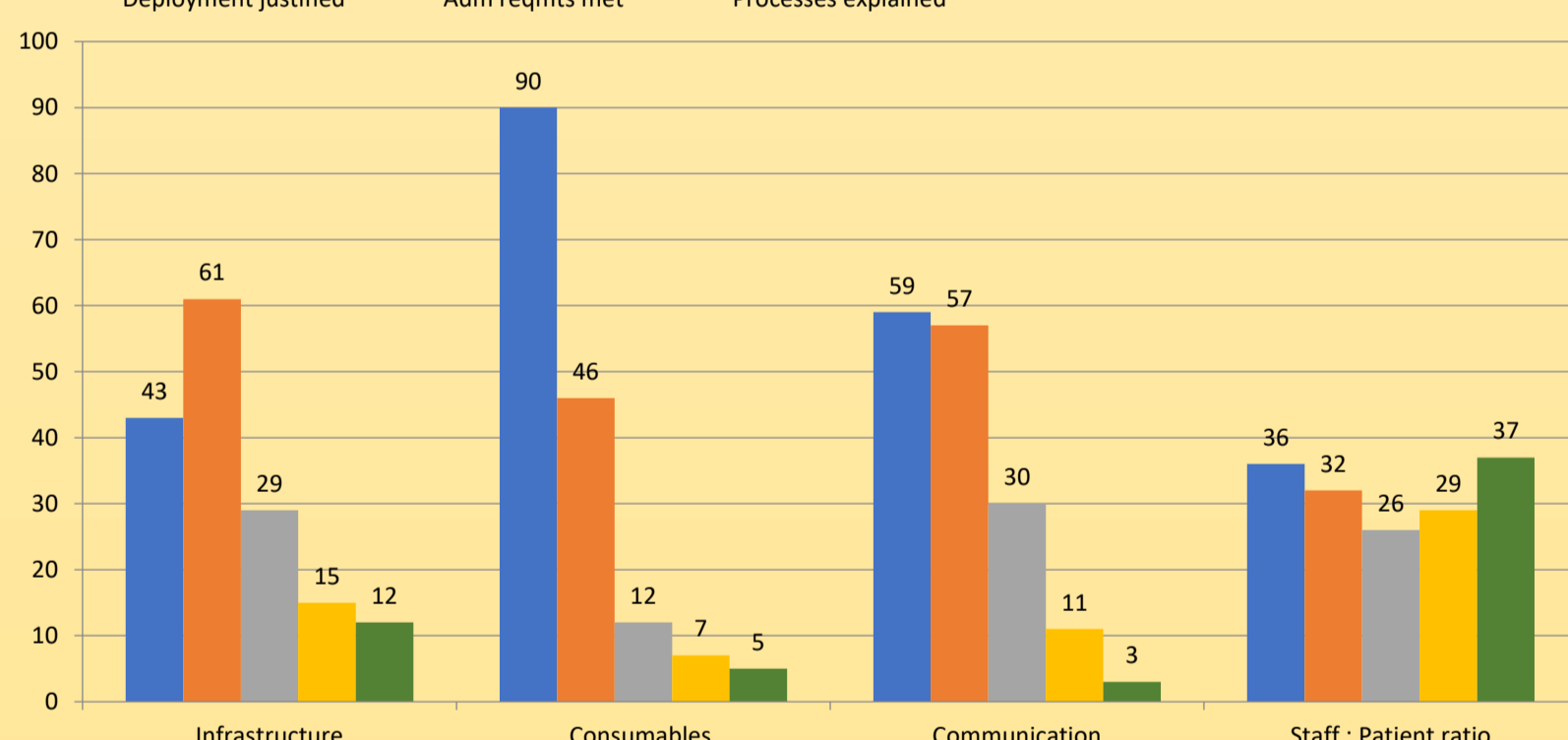
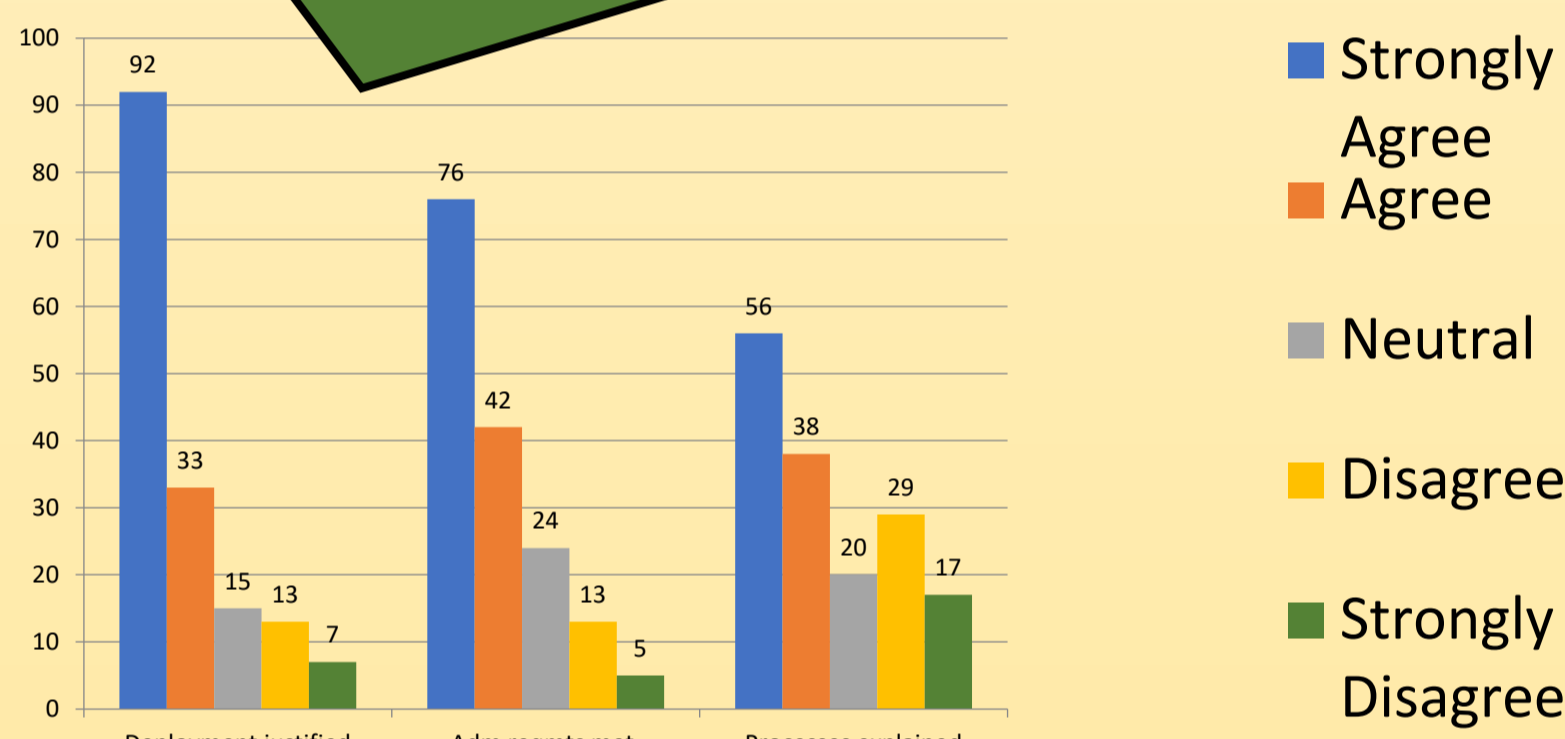
COMPLEX: Multiple stakeholders with varied goals

AMBIGUOUS: Treatment protocols & Staff availability

OBJECTIVES

- To Delineate the factors that are involved in deciding satisfaction levels
- To find out specific causes of dissatisfaction
- To give recommendations on improvements

Results : A total of 160 out of 198 responded (79%)



The Urgency

Provisioning The Facility

- Manpower
- Medicine
- Structural adequacies

Establishing Protocols

- Time slots
- Treatment
- Security

Ensure Smooth & Effective Functioning

- Address logistic challenges

Methodology

A questionnaire was developed by the authors and validated by experts in the field and then circulated amongst the medical staff in the facility. The responses were marked on a Likert's scale with five options. The data on various aspects of difficulties such as administrative, structural, process and personal fronts was collected

Discussion

ADMINISTRATIVE

75% of the participants felt that their deployment was well justified, and their administrative requirements were well looked after

STRUCTURE

41% of participants felt that the patient : Staff ratio was not enough to impart adequate treatment to the patients.

PROCESS

- 40% respondents felt that the housekeeping staff did not perform as per the basic necessity
- 79% were quite content after their shift with the quality of care provided to their patients.

Recommendations

- Arranging alternate accommodation for staff for the duration of their stint in the emergency hospital
- Inadequacy of the housekeeping staff demands better accountability to be sought and requires means of better contract management with the vendor
- A better matrix needs to be calculated for the patient: staff ratio

PERSONAL

- 53% of the participants concerned about taking the infection back home
- 68% respondents kept their morale high & 78% were even willing to lend a patient ear to another in need of counseling
- 58% were optimistic about the handling of the 3rd wave (in case it came)

CONCLUSIONS

- The comparison of actual work situation & personal aspirations of the medical staff is a very important factor for determining professional satisfaction of an individual
- The pandemic created a highly stressful situation for the medical fraternity whose personal experiences should be accounted and learnt from for better organization of future swift and calculated responses

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