

Need Assessment of Staffs' Welfare Services at Tehran University of Medical Sciences: A Cross-Sectional Study

Reza Dehghan, Shiva Mafimoradi¹, Mohammad Hadi²

Department of Health Management, School of Allied Medical Sciences, Tehran University of Medical Sciences, ¹Department of Health Policy, Ministry of Health and Medical Education, Tehran, ²Department of Health Management, Chancellor's Office, Isfahan University of Medical Science, Isfahan, Iran

ABSTRACT

Background: Reviewing the human resources management literature shows an absence of attention given to the employee's benefits. Taking a look at functions of the Tehran University of Medical Sciences' wellbeing services system, it uncovers a gap between employees' real needs and what is delivered to meet their needs. So it requires an improved comprehensive system for delivering wellbeing services (financial, insurance, health care services, educational and training services, etc). Wellbeing need assessment can help planners to identify vital needs of employee and response to them effectively. Moreover it can be used to evaluate the effectiveness of the current services which are delivered. Thus, the aim of this study is to assess wellbeing services of staffs working in TUMS to (1) evaluate the satisfactory rate of services which are delivered, and (2) exploring those wellbeing needs which were not fulfilled by the organization. **Material and Methods:** Being a cross-sectional and analytic-descriptive survey including 98 responding participants, it is conducted by a questionnaire collecting employees' demographic information, their satisfactory rate of the implemented services, and determines unfulfilled wellbeing needs which were not already covered. **Result:** Results indicated that services related to financial, educational, non-financial, insurance, occupational health and tourism/recreational services were the most satisfactory services successively. 'Staff's unwillingness to receive services' and 'poor announcement' (unawareness on the wellbeing services), were found to be the most frequent reasons for not receiving the existing wellbeing services. **Conclusion:** To increase the satisfaction rate and responsiveness to the real needs of the staff, the current delivery system of wellbeing services in the TUMS should be redesigned by defining new wellbeing packages.

Key words: Need assessment, need, university staff, wellbeing services

Address for correspondence: Dr. Mohammad Hadi, Department of Health Management, Chancellor's Office, Isfahan University of Medical Science, Isfahan, Iran. E-mail: hadi@mui.ac.ir

Access this article online

Quick Response Code:



Website:
www.jehp.net

DOI:
10.4103/2277-9531.151888

INTRODUCTION

Labor wellbeing refers to all efforts of employers, trade unions, voluntary organizations, and governmental agencies, which help employees feel better and perform (work) better. It is a comprehensive term that refers to the physical, mental, moral, and emotional wellbeing of an individual including *intra and extra mural facilities*.^[1]

Although wellbeing includes a wide range of programs and services in organizations, the focus of this study is on the employee assistance programs and employee group services, which are provided by employers according to the real needs

Copyright: © 2015 Dehghan R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

This article may be cited as: Dehghan R, Mafimoradi S, Hadi M. Need Assessment of Staffs' Welfare Services at Tehran University of Medical Sciences: A Cross-Sectional Study. *J Edu Health Promot* 2015;4:7.

of the employees. This is also emphasized by Armstrong^[2] in the field of employee groups' services. Hence, it is necessary for organizations to identify the real needs, as a base to provide a wellbeing package for their employees through wellbeing need assessment techniques.

Wellbeing Need Assessment is a systematic process of gathering information to determine and address the 'needs' or 'gaps' between the current conditions and the desired conditions. A need can be a desire to improve the current performance or to correct a deficiency.^[3]

The wellbeing needs assessment includes two main targets; exploring the effectiveness of the delivered services and exploring those wellbeing needs that are not fulfilled by an organization.^[1] It is also an effective tool to identify interventions or solutions.^[4] Davis and Gibson^[5] emphasize on the importance of a comprehensive Wellbeing Needs Assessment, both for obtaining the required information needed to design the appropriate interventions and also for providing the basic required information to evaluate the effectiveness of the wellbeing program.

Wellbeing assessments are vital for the determination of the economic and social needs of employees and for the best decisions to be taken in response to such needs.^[6]

Reviewing the human resources management literature showed an absence of attention given to the employee's benefits. Moreover, various expectations of employees in the field of wellbeing services caused organizations, especially the human resources (HR) offices, to face many challenges (Chen *et al.*).^[7] Therefore, for keeping employees satisfied with the wellbeing services, all challenges had to be truly and effectively met (Hyde *et al.*).^[8] Research indicated that satisfaction of the employees was not positively correlated with the benefits of the welfare package (e.g. Dreher, Ash, and Bretz).^[9] Dencker, Joshi, and Martocchio^[10] argued that individual differences in benefit preferences emerged from particular employment relationships, with individuals having greater experience.

The Tehran University of Medical Sciences (TUMS), including 69 research centers, 25 hospitals, 11 educational and health care centers, three health networks, and 10 faculties with more than 2020 faculty members and 19,000 students (TUMS 2012), requires an improved comprehensive system for delivering the *wellbeing services* (financial, insurance, healthcare services, educational and training services, etc.). Taking a look at the functions of the university's wellbeing services system; it uncovers a gap between the employees' real needs and what is delivered to meet their needs. It is because of the lack of a participatory strategic wellbeing delivery plan that is based on prioritized wellbeing needs (requirements). As the first step to make a strategic plan is identifying the needs, the main purpose of this study is to assess the wellbeing services of the staff working in TUMS – first to see if they are satisfactory enough or they need to be changed, and second,

to help decision-makers develop services that are essential to improve the well-being of employees, as also the quality and effectiveness of the TUMS's wellbeing delivery system. More specifically, two main questions have been examined. The first one is, 'what are the services used and to what extent they have been satisfactory?' This question aims to explore the reasons why they are not delivered. The second question is, 'what type of services are essential to be provided by the university?'

With respect to the main purpose of this research, the wellbeing delivery system of TUMS is assessed with a thorough answering of the questions mentioned above.

MATERIALS AND METHODS

The research design was a cross-sectional survey (2008-2009) using a structured non-disguised questionnaire.

The Cochran's formula was used for sampling. The sample size was 98 with a 95% level of confidence and absolute error of 0/01. Cluster sampling based on the 'occupational scope' as the main variable, was used as the sampling method, with regard to the existence of different occupational scopes. Data was collected from 98 officers working at different departments of central organizations of TUMS (Tehran University of Medical Sciences) including logistics, education, research and technology, student and cultural affairs departments.

The research participants were assured of the confidentiality of their personal information at the beginning of the questionnaire.

The questionnaire included 45 questions (43 close-ended questions and 2 open-ended questions¹⁾ organized into two separate parts (Cranach alpha = 0.85):

According to Table 1, within the first part, the respondents were supposed to mark the wellbeing services if they had ever used any of them. Those who used the services were supposed to show their level of satisfaction by choosing from 'totally satisfied', 'almost satisfied', 'almost dissatisfied,' and 'full dissatisfied', and those who had never used the services, were supposed to express their reasons by choosing from 'poor announcement', 'unwillingness to receive the service', 'undesirability of the service,' and 'undesirability of the receiving process of the service'.

In the second part, the respondents were provided with a list of not delivered wellbeing services to choose which of them is 'essential', 'neither essential nor non-essential' or 'non-essential'.

For making sure if the questionnaire was valid content-wise, first a comprehensive collection of wellbeing services delivered both in TUMS and in other organizations was identified

¹⁾ The aim of putting two open questions at the end of the questionnaire was to allow the employees to express what had mattered to them, but this was not covered by the questionnaire's scope.

according to the comprehensive definition of wellbeing services. Next, according to the main purpose of the research, they were put into classified groups to form the research tool. Furthermore, to make sure about the appropriateness and transparency of each question and also the whole tool, in addition to its comprehensiveness, the questionnaire was sent to five professionals and experts in the relevant field.

The reliability of the questionnaire was determined after thoroughly calculating the Cronbach Alpha, which was reported to be around 0.85.

The tool was piloted with 30 participants. Subsequently, after improving and clarifying the instrument, the participants of sample group were asked to fill in the questionnaire.

The data was gathered by means of filled questionnaires, and were analyzed with the EXCEL software and SPSS, by calculating the frequency rate of the staff that used the welfare services and those who did not use the services. In addition, the *t*-test was used to calculate the satisfaction score for each service used by the staff.

RESULTS

Among all the 98 respondents, almost 46 employees with a mean satisfactory score of 48.46 used the existing services, for which the satisfactory rate was distributed as shown in Table 2.

The result shows that financial services, including loans for buying a car, emergency loan, loan for buying commodities, awards for staffs' children, and two other kinds of non-profit loans in comparison with other categories is considered as the most satisfactory service (average T = 61.83).

Among respondents who did not use the categorized services (52 persons on an average), as shown in the Table 3, the most frequents reasons for not receiving services was, 'staff's unwillingness to receive the service' (38.75 in average) and 'poor announcement' (unawareness on the wellbeing services) (37.6 in average).

Table 4 presents the 'frequency of wellbeing services' and 'necessity' (delivered by other public/private organizations), which were asked to be judged by respondents (to be added or replaced by the delivered wellbeing services list), as follows:

It is clear that all the proposed services are considered essential. 'Educational subvention for children of the staff, who were under their patronage' is the only non-financial service, with the highest frequency (92.85), identified as the most necessary wellbeing service among all.

Among other services that were mentioned by respondents (61 persons of the sample group), the provision of

Table 1: Main parts and the main purpose of asking questions for each part

Main parts of the questionnaire	Aim of asking
Part (1): Services that were delivered by the wellbeing office and other subsidiary service providers	<ul style="list-style-type: none"> Figuring out if the employees have ever used them Figuring out if the employees who have used the services are satisfied Figuring out the level of satisfaction Recognizing the reasons for not using the existing services
Part (2): Services that were delivered neither by the wellbeing office nor by other subsidiary service providers	<ul style="list-style-type: none"> Figuring out which of the identified delivered services', are essential from the employees'² point of view Are not essential from the employees' idea Make no difference to the employees, from their point of view

²: For this part a comprehensive list of welfare services were gathered from other organizations, from which none of their services were included into the wellbeing package delivered by welfare office of the Tehran University of Medical Science

Table 2: Satisfactory scores of categorized wellbeing services

Title of delivering services	Average number of respondents who have used services	Satisfactory score ³
Financial services	44	61.83
Training services	44	57.2
Non-financial services	58	50.93
Insurance services	30	50.12
Recreation and tourism services	25	47.63
By case services	75	23.05

³: As each service within the table consists of a series of sub-services, the score represents the average score of all sub-services of a service

discount cards for using other organizations' services (frequency = 12), providing employees with free health care services (frequency = 7), and contracting with adult higher education institutions (frequency = 6) had the most frequency among other items.

DISCUSSION

As mentioned, the objectives of the study were to measure the staff's satisfaction with the wellbeing services received, identify the reasons for not receiving the existing wellbeing services, identify the wellbeing services that were not delivered, but were essential as per the staff, and then ask the staff about other wellbeing services that were possible to be delivered and sort them according to their priority. With regard to the first purpose, the results showed that almost half of the respondents used the wellbeing services provided by the wellbeing office of the university, among which almost half of them were satisfied with the services. The results suggested that not only were most of the staff not interested in using the provided services, but also more than half of

Table 3: Frequency rate of reasons for not receiving welfare services

Title of delivering services	Frequency rate of reasons for not receiving welfare services				The most frequent reason
	Poor announcement (unawareness on the wellbeing services)	Staff's unwillingness to receive the service	Undesirability of the service	Undesirability of the receiving process of the service	
Financial services	29.25	34.93	14.91	20.91	Staff's unwillingness to receive the service
Training services	75.87	9.92	1.75	11.42	Poor announcement (unawareness on the wellbeing services)
Non-financial services	25.95	46.23	16.31	10.53	Staff's unwillingness to receive the service
Insurance services	47.35	36.08	11.46	4.41	Poor announcement (unawareness on the wellbeing services)
Recreation and tourism services	28.04	46.68	3.06	22	undesirability of the receiving process of the service
By case services	19.55	58.7	2.15	19.55	Staff's unwillingness to receive the service

Table 4: Frequency distribution of wellbeing services 'Necessity'

Title of delivering services	Frequency rate of welfare services 'Necessity'		
	Essential	Neither essential nor unnecessary	Non-essential
Financial services ⁴	86.31	8.12	5.02
Non-financial service ⁵	92.85	4.08	3.06
Health services ⁶	89.75	6.80	3.80
Safety and occupational services ⁷	80.01	11.80	8.16

⁴: These services include loans for housing, buying a house, subvention for unexpected events and in advance retirement, ⁵: This service includes educational subvention for children of staff and those who are under their patronage, ⁶: These services include primary health services, outpatient services, inpatient services, diagnostic services, rehabilitation and consultancy services, ⁷: These services include periodical examination, case examinations, screening plan for occupational contagious diseases

those respondents who used them were not really happy. With regard to the second purpose, the results showed that among those who did not use the services, most of them decided not to use it by themselves. Of course, they had their own reasons for not using them. This was recommended to be surveyed in a separate study in the future. As was evident, it can be concluded that the functional desirability of the wellbeing service delivery system of TUMS was not evaluated as satisfactory enough, because of the almost high dissatisfaction level of services that were used. With regard to the third purpose, the results indicated a big gap between the required wellbeing services (by employees) and what was provided by the office, as almost all the respondents agreed with the necessity of services such as health, education, and safety.

The existing gap can result from lack of managerial attention to differences in the demographical characteristics and expectations of employees. Consistent with the arguments of Boudreau and Ramstad,^[11] Dencker *et al.*^[10] argued that market segmentation of employees (offering market segments have different benefits) may

strengthen the benefits' 'return-on-investment.' One of the most significant reasons for the dissatisfaction and unwillingness of employees to use the services refers to the different priorities and type of services they prefer to include, according to their individual differences. 'Need assessment' as a useful technique can help planners to pay more attention to employee's priority differences in wellbeing services and what they really need to include, by designing the appropriate interventions, as Davis and Gibson^[5] emphasized. Considering the employees as the most important organizational stakeholders makes them to participate in the wellbeing decision-making process, such as, asking them to add what services they prefer to be included within the wellbeing package.

Although the wellbeing service delivery system of TUMS has not been effective enough to meet the real needs of the staff by delivering the appropriate services, the most prioritized service type preference of most respondents can be identified. As in the first place the satisfactory score of educational and training services among those who used them was rather high, and second, the most necessary identified services were related to educational services, and of course, among the identified wellbeing service priorities, provision of educational opportunity was one of the preferences with high frequency, therefore, it was clear that educational and training opportunities were important for a majority of the respondents.

The findings show that the functional desirability of TUMS wellbeing services is not satisfactory enough by the staff's view point.

CONCLUSION

The following conclusions can be drawn from the present study; the first major finding is the existence of a big gap between the required wellbeing services (by employees) and what is provided by the wellbeing office of TUMS. The second and the most obvious finding of this study is the

importance of the educational and training opportunities from the point of view of the staff, which has not been paid attention to by the wellbeing service provider in TUMS.

Although we tried to assess the overall quality and functional desirability of the wellbeing service delivery system of TUMS, some further studies are required in the researcher's view. It is recommended that the factors that cause dissatisfaction and unwillingness to use services in employees be identified, and also the real needs and wellbeing requirements (based on employees' preferences, job categories, genders, age, and other considerable individual and social factors) as a strategic basis for redesigning the current wellbeing service delivery system that appears not to be desirable enough in the employees' view, be determined.

REFERENCES

1. Reid. A, Malone J. A Cross-Sectorial Study of Employer and Employee Occupational Health Need and Priorities within the Irish Civil Service. *Occup Med* 2003;53:41-5.
2. Armstrong M. *A Handbook of Personnel Management Practice*. Replica Press 2009; 850.
3. Kizlik B. Needs Assessment Information. Available from: <http://www.adprima.com/needs.htm> [Last accessed on 2010].
4. Fulgham SM, Shaughnessy M. Q and A with Ed Tech Leaders: Interview with Roger Kaufman. *Educational Technology*; 2008. p. 49-52.
5. Davis AM, Gibson LW. Designing Employee Welfare Provision. *Pers Rev* 1994;23:33-45.
6. Dulebohn JH, Molloy JC, Pichler SM, Murray BJ. Employee Benefits: Literature Review and Emerging Issues. *Hum Resour Manage Rev* 2009;19:86-103.
7. Chen CJ, Silverthorne C. Leadership effectiveness, Leadership style and employee readiness. *Leadersh Organ Dev J* 2005;26:280-8.
8. Hyde P, McBride A, Young R, Walshe K. Role redesign: New ways of working in the NHS. *Pers Rev* 2005;34:697-712.
9. Dreher GF, Ash RA, Bretz RD. Benefit coverage and employee cost: Critical factors in explaining compensatin satisfaction. *Pers Psychol* 2006;41:237-54.
10. Dencker J, Joshi A, Martocchio J. Employee bnefits as a source of intergenerational conflict. *Hum Resour Manage Rev* 2007;17:208-20.
11. Boudreau JW, Ramstad PM. *Beyond HR: The New Science of Human Capital*. Volume 48. Boston: Harvard Business School Press; 2007. p. 469-72.

Source of Support: Tehran University of Medical Sciences' Policy Council,
Conflict of Interest: None declared