The purpose of any academic or professional research is to contribute to the existing knowledge on the subject. This helps the society enhance its standards. Further, researchers need to adopt an appropriate methodology to conduct the work. This chapter, therefore, begins with a note on the need for this study to define the objectives, followed by a description of the methodology.

3.1 Need for the Study

The literature review, conducted on the subject of the study and as presented in chapter-2, leads to the following observations. Total quality management (TQM) has a great potential to address quality problems in a wide range of industries in the manufacturing sector and improve the organizational performance (Harrington, 2005; Zakuan et al., 2010). Organisational excellence has been described a key measure of TQM effectiveness (McAdam, 2000).

For various reasons, the service sector does not seem to have been benefited by the TQM practices to a great extent (Yasin et al., 2004; Samat et al., 2006). The situation is even more pathetic in sectors like health care where services are directed at customers. This situation draws attention not only in the developing countries, like India ad Iran, but also in the developed world (Rad, 2005; Khamalah and Lingaraj, 2003; Ghahramani, 2000; Feng and Manuel, 2008). However, if implemented in its true spirit and format, TQM has proved its potential to improve business results and customer satisfaction even in health care organizations (Kunst and Lemmink, 2000; Øvretveit, 2000).

Though there are evidences of recent studies in India and Iran pertaining to total quality management and performance in health care (Maleki and Izadi, 2008; Hamidi and Zamanparvar, 2008; Manjunath et al., 2007; Duggirala et al., 2008; Padma et al., 2009), none of them claims for having addressed the issue in totality.
The current state of research in the area of health care quality along with the inadequacy and cost of health care services in India and Iran (GHO, 2009) seem to justify the present study entitled “Organisational Excellence in Health Care Industry: A Comparative Study of TQM Practices in India, Iran and the United States of America”. The purpose of including the United States in this study is to learn from their experiences and benchmark the Indian and Iranian services against those in the United States.

3.2 Objectives and Hypotheses
To address the issues covered in the topic of the research, the following objectives have been identified.

- To develop and validate a framework for the health care industry to measure its quality practices and performance.
- To compare, using this framework, the quality practices and performance of the health care organizations in India and Iran.
- To benchmark the quality practices and performance of the health care in India and Iran with that of the United States.

The following three broader hypotheses are formulated and tested to answer the second objective of the study.

- India and Iran are not different in practicing the philosophy of total quality management for performance excellence in health care.
- Health care organizations have no difference in TQM implementation and its results whether they are government, semi-government, or private type.
- The size of hospitals does not affect the implementation and effectiveness of total quality management.

3.3 Research Design and Sampling
In the light of the objectives listed above, an exploratory-cum-descriptive type of research design has been considered suitable for the study. While working for the first objective, the approach was exploratory, whereas, the rest of the work has been based on the descriptive design of research (Malhotra, 2007). The primary data are collected from India and Iran. In India, the researcher has contacted the Ministry of Health and
Family Welfare in New Delhi seeking its permission and requesting the support required for this purpose. With the help of this office, 43 hospitals from all over the capital city and representing the government, semi-government, private, small, medium, and large types were initially contacted on convenience basis. The contact persons were mainly administrators and managers. 32 responses could be obtained from this city. Another 25 hospitals were approached for data collection in Aligarh, a district headquarter in the state of Uttar Pradesh, where the researcher is pursuing the work at the Aligarh Muslim University. These hospitals were identified using an official directory and the basis of including them in the sample has again been the convenience sampling method. 21 respondents completed the questionnaire. A similar procedure was adopted in Iran to collect data from the capital city, Tehran and the state Mazandaran, the researcher’s home town. After scrutinising and editing the filled-in questionnaires, 110 were finally complied for further processing. Out of which, 50 are from India and the remaining 60 from Iran. Prior to the actual collection of data, a pilot survey was done in Aligarh to judge the suitability of the questionnaire. For Iranian respondents, the questionnaire was translated in Persian to make it more compatible with their system. The translated questionnaire was first tested for its validity using a pilot study of 10 experts.

3.4 Data Collection and Analysis
In addition to the information gathered through literature survey, two documents, namely, guidelines for hospitals in pursuit of excellence (AHA, 2009), and the Baldrige health care criteria for performance excellence (NIST, 2010) have been used as sources for secondary data. The primary data are gathered through a structured questionnaire that was initially developed based on these secondary data. The responses are gathered on a five-point Likert scale (Khamalah and Lingaraj, 2003; Schniederjans, et al., 2006). This questionnaire then has been modified using factor analysis and validated empirically as the first objective of the study. The primary data for this purpose were collected from the sample health care organizations in India and Iran. The primary data were further analysed for the second objective using analysis of variance (ANOVA) and post-hoc Turkey test. The results so obtained are compared, for the third objective, with that of the ten American health care organizations, which have received the Malcolm Baldrige National Quality Award during the period 2002-2009.