CHAPTER SEVEN

CONCLUSION

In the present era of liberalization, globalization and privatization, the word 'quality' is not a catchy phrase, but is 'survival'. Quality is both a challenge and an opportunity for the healthcare organizations: a challenge because the role of private sector has been increasing in health care services and an opportunity because quality is considered as the key to competitiveness. In today's highly competitive environment, hospitals are increasingly realizing the need to focus on service quality as a measure to improve their competitive position. Customer based determinants and perceptions of service quality, therefore, play an important role when choosing a hospital. In this context, improving management systems and operational processes is critical to providing the customers with quality healthcare. As India is emerging as one of the healthcare destinations of the world, Indian hospitals have enthusiastically embarked on healthcare quality improvement by adopting TQM practices.

The rationale behind undertaking the present research study was to understand the patients' perception of service quality in hospitals as measured by the five dimensions—tangibles, reliability,
responsiveness, assurance and empathy and to investigate the status of TQM in the hospitals in India.

The study began with an extensive literature survey on service quality, total quality management practices in healthcare, its relationship with hospital performance, ISO 9000 certification in healthcare services. The literature on the obstacles to the implementation of TQM in healthcare was also reviewed.

Chapter three presented the concept of Total Quality Management (TQM) along with the meaning of quality, definition of TQM, the essential elements and models of TQM. Chapter four discussed the application of TQM in healthcare services. The meaning of healthcare quality, the dimensions of healthcare quality followed by the role of TQM in healthcare, and models of TQM in healthcare were discussed. A detailed description of the SERVQUAL model and Malcolm Baldrige National Quality Award (MBNQA) including ISO 9000 certification in healthcare services was also presented. The research methodology of the present study including the sample for the study, research models, research instruments, data collection and analysis, reliability and validity were discussed in Chapter five.

Chapter six addressed the results of the patients’ perception of service quality and the extent of implementation of total quality management and its
impact on hospital performance. Stratification of data with respect to profession, ISO 9000 certification, bed size of hospitals and type of hospitals were discussed with descriptive statistics and ANOVA results. The findings of obstacles that the hospitals were facing for the implementation of TQM practices were also presented.

The research showed that with respect to all the SERVQUAL dimensions, the patients' expectations exceeded their perceptions of hospital services. This is evident by the negative Gap-5 scores across all the five dimensions. The negative scores across all the dimensions clearly showed that there was room for service quality improvement in the hospitals. In this study, an overall service quality index (Gap 5), was found negative, represented a fairly typical result, because whatever be the quality of service provided by the management, the expectations of patients on the service quality of the hospital will be higher than that of the what the management provides. Because patients always compare quality to the cost incurred to get the services, which is very difficult to assess. This means addressing this gap seems to have a logical basis for formulating strategies and tactics to ensure consistent expectations and experiences, thus increasing the likelihood of satisfaction and a positive quality evaluation. More consistent expectations and perceptions
can be achieved in one or both of the following ways—altering the professional behaviors and expectations, and altering patients’ expectations and perceptions.

The major objectives of TQM programme found for the surveyed hospitals were—patient satisfaction, employee happiness, increased patient number, hospitals, work safety, and societal security. The other objectives mentioned by all the hospitals are ethical practice, healthy competition and no cheap propaganda and advertisement.

It was found from the study on the extent of implementation of TQM in the surveyed hospitals, effective leadership existed in most of the hospitals. Strategic planning processes of the hospitals integrated strategy development and deployment. Hospitals were undertaking a detailed analysis of emerging market trends that addressed the economic environment, general public and patients. A formal listening and learning process to recognize the key requirements of patients, other customers and markets have been used. All the hospitals systematically and regularly measured the extent of patient satisfaction. There was less agreement in effectively using the analysed results in some of the hospitals. Most of the surveyed hospitals were consciously creating a working environment that facilitates a performance-driven culture. It was also
found that there was a renewed emphasis on training and development of staff. The study found that there exists a continuous improvement of processes that match the current healthcare in most of the hospitals.

An investigation into the status of TQM practices in hospitals found that there exists positive and significant relationships between the six TQM elements (leadership; strategic planning; patients, other customers and markets; measurement, analysis and knowledge management, and process management) and the ten hospital performance results (increased hospital popularity, hospital reliability, patient satisfaction, easy absorption of technology, training and development). It was also found that there exist negative and significant relationships between the six TQM elements and hospital performance results measured in terms of decrease in infection rate, mortality rate, morbidity rate, waiting time in OPD, and cost reduction.

The study also revealed that there were statistically significant differences in the perceptions of executives and physicians with respect to all the six TQM elements. There were significant differences in the perceptions executives and physicians with respect to increase in hospital reliability and increase in easy absorption of technology by adopting TQM practices. However, the differences between the perceptions of executives and
physicians were insignificant with respect to increase in hospital popularity, increase in patient satisfaction, increase in training and development, decrease in infection rate, decrease in mortality rate, decrease in morbidity rate and reduction in waiting time, and cost reduction if TQM practices are adopted by the hospitals.

The study results also revealed that there exist statistically significant differences between the ISO 9000 certified hospitals and non certified hospitals. The differences were highly significant with respect to the strategic planning; focus on patients, other customers and markets; and process management. The differences are statistically insignificant for leadership; measurement, analysis and knowledge management; and staff focus between the ISO 9000 certified and non certified hospitals. However, no statistically significant differences in all the ten items of hospital performance results between the ISO 9000 certified and non certified hospitals were found by adopting TQM practices.

Between the private and public hospitals, there were statistically significant differences in TQM elements. It was found that there exist highly statistically significant differences in the elements of strategic planning and focus on patients, other
customers and markets between private and public hospitals. The elements of leadership; measurement, analysis and knowledge management; staff focus and process management were statistically insignificant. But, there exist statistically insignificant differences between the private and public hospitals regarding increase in hospital popularity, increase in hospital reliability increase in patient satisfaction, easy absorption of technology, increase in training and development, decrease in infection rate, decrease in mortality rate, decrease in morbidity rate, waiting time reduction and cost reduction by practicing TQM.

Among the small, medium and large hospitals there were significant differences in TQM elements. There exist statistically strong and significant differences in all the elements of TQM among the three categories of hospitals. That means, the adaptation of TQM practices depends largely on the bed size of hospitals. However there exist highly significant differences in the hospital performance results as measured by hospital reliability, and significant differences in hospital popularity and easy absorption of technology among the small, medium and large hospitals. There also exist insignificant differences among these hospitals in the remaining seven items of hospital performance results.
The study found that there were certain obstacles for the successful implementation of TQM in hospitals. The most serious barrier found was the inadequate knowledge or understanding of TQM. Lack of staff support, lack of management support and insufficient infrastructure and resources for implementing TQM were not considered as very serious barriers for TQM implementation.

A Comparison between the perceptions of hospital executives and physicians about the barriers for TQM implementation showed that both executives and physicians rated inadequate knowledge or understanding of TQM as highest barrier for total quality management implementation. That means there is lack of understanding of TQM philosophies and concepts among all the categories of respondents.

It was found from the surveyed hospitals that the hospitals are facing many strategic challenges in the current competitive and dynamic scenario. The strategic challenges being - facility capacity, aggressive competition with other private entities, other acute care hospitals, other out-patient diagnostic and treatment facilities and other ambulatory surgery centre, balancing excellence with financial constraints,
rapidly changing environment, physician facilities, and significant technological advances.

The overall findings from this study are consistent with other research from different parts of the world that emphasize on the practices of TQM for hospital performance. As the research instrument used is a self-assessment questionnaire, derived from the health care criterion of MBNQA, for the hospitals intending to investigate their TQM implementation status and practices, this would be an appropriate tool.

**Suggestions for Practice**

The study offers a research model with a reliable and valid instrument to examine the extent of TQM practices in hospitals. The study implies that the personnel of the hospitals should not be frustrated at the slow results of TQM in its early stages of implementation, because the focus of TQM is on continuous quality improvement, and not only on fixed fast goal achievement. The recommendations of this study include setting up of a reward and recognition system for the staff of the hospitals, evaluation of TQM education and training courses, to maintain an effective leadership and communication system in the hospitals. In the long run,
change strategy plan need to be executed by the top management along with adopting a systems approach to create a continuous improvement culture for the overall effectiveness of the TQM practices.

The hospital leaders should participate in a daily line up programme, becoming trained in effective employee relations skills, such as how to conduct performance evaluations, the value of rewards and recognition, and how to lead open communication and how to keep transparent atmosphere. Besides addressing values, direction and performance expectations, the hospital leaders should take a systematic approach to ensure that the hospital stays focused on providing value for patients and employees. This can be done through leadership retreats, open door policy, administrator on call etc. The ethics advisory committee of the hospitals should maintain the clinical care and the hospitals' ethical standards.

While undergoing strategic planning processes, the hospitals should use both internal inputs (information on key clinical indicators; employee satisfaction surveys and forums; cost and financial performance data; staffing and productivity data; and suggestions generated by the employees such as brain storming) and external inputs
(market data and research; clinical data and financial
data of competitors/other healthcare organizations;
patient satisfaction survey results; physician surveys
and customer feedback).

The public hospitals should set customer
service offices (information points) to provide
information on facilities and services offered. A lot of
attention needs to be given to external customers,
recognizing that it is not only important to meet their
needs but to exceed their expectations and delight them
too. The hospitals should research on customer loyalty
so that they can identify features that are expected by
patients as general satisfiers and thereby increase
customer loyalty.

The hospitals should involve their contractors
into various measurement systems such as productivity
measurement systems and patient satisfaction systems.
The contract manager needs to become part of the
hospital culture. The managements of the hospitals must
give quality improvement teams the power to develop and
recommend solutions, and implement as well.

To popularize TQM among physicians, the management
should appeal to the physicians' scientific backgrounds
and avoid TQM jargon which will ease the attempt to adopt TQM. Physicians are data oriented. As long as the data are credible, timely and presented in a blame-free, non-threatening environment, physicians are very supportive when asked to look at their practice patterns. In order to introduce TQM to the medical staff, a physician with a Masters degree in business administration is ideal. He will more effectively interface with other practicing physicians about TQM practices than a management person can.

**Suggestions for Future Research**

The future research studies may look into the environmental and economic factors into consideration to examine their impact on TQM effectiveness as medical tourism is fast catching up in India. Furthermore, the strategic alliance also provides a salient topic to examine, particularly, whether it has any positive influence on hospital performance. Further research may include a single hospital for study over a period of five years to examine the effects of TQM implementation.