

FACTORS AFFECTING TQM PRACTICES IN THE INDIAN HOSPITAL INDUSTRY WITH SPECIAL REFERENCE TO DELHI NCR

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Abstract:

During the last few decades, total quality management (TQM) has emerged as an important topic in the healthcare industry (hospitals). As a result of government regulations, customer demand, and hospital management operations, quality has risen in importance in the healthcare industry. Healthcare firms tend to be tough to manage in a competitive economy with limited government backing, particularly in a developing country like India. The objective of this research is to provide a framework that is culturally appropriate for the implementation of the full quality management concept in India. The adoption of Total Quality Management (TQM) in healthcare organisations is impeded by traditional Indian culture, leadership styles, and the mentalities of medical practitioners. The proposed TQM integrated framework model can greatly assist healthcare organisations in overcoming obstacles and successfully implementing TQM principles and practises.

Keywords: - *health care, organisation, hospitals, concept, quality.*

Objectives:

- 1.To study and analysis the factors that affect the TQM practices in Indian hospital industry in Delhi NCR.
- 2.To examine various factors effect and improve the issues of health care organisations in Delhi NCR.

Introduction

Over the last few decades, quality management has become a big deal in hospitals and other places where people get care (hospitals). All of these things have led to a greater focus on quality: government regulations, customer pressure, and hospital management ideas. As a result, the government's role as the main provider of health-care services has changed. Furthermore, because customers and the public are becoming more important, the healthcare business is moving from a producer-oriented market to a customer-oriented market. It turns the patient into a customer or even a part of the decision-making process. Changes in the environment, society, and politics all have a big impact on how hospitals are run. In a competitive market, especially in a developing country like India, running a healthcare business without official support can be very difficult. Only the rise of concepts like TQM and Six Sigma has widened the word's scope. TQM, or "Total Quality Management," is used in a wide range of businesses, including hospitals.

There are a lot of people who say that TQM (Total Quality Management) is a new idea that comes from the Japanese way of managing. According to Zandin (2001), TQM helps improve service and product quality by encouraging teams to work together and performing the same tasks in the same way. Whyte

and Witcher (1992) say that TQM is a way to think about Total, Quality, and Management as a whole. In TQM, every department and person has a say. TQM is total because it includes input from everyone. Quality because it helps the company get better customer service and customer happiness; and management because it comes up with new ways to run the company. The researchers seem to think of Total Quality Management as a management philosophy that aims to make businesses better. For this article, the goal has been to give a culturally appropriate way to use TQM in India's business world. The research shows that the framework model suggested is an unbiased, objective, and comprehensive way to look at the reality of a hospital. People and other resources, patients, and activities to organisational units can all be checked by the research.

TQM – Definition for Healthcare

TQM stands out from other approaches in healthcare because of three things: "TQM is a strategy of organisational and attitude change that helps people learn and use quality methods in order to reduce costs and meet the needs of both patients and other customers" (Ovretveit, 2000)

"Maximizing the patient's happiness, taking into account all the benefits and costs of a healthcare procedure" (Donabedian, 1989).

"TQM is a management method." They claim that there are four "distinctive roles" that are commonly considered the foundation of excellent management.

RESEARCH APPROACH

Primary research is a type of research that allows researchers to get information from people instead of relying on data that has already been gathered. They "own" the data in a technical sense. The term "secondary research" refers to studies that use information that has already been found. To make the research more useful, the available data is properly summarised and compiled. Secondary research is research that has already been published in peer-reviewed journals, conference proceedings, or other documents that are similar to those used in research. Interviews and surveys were done with the help of primary and secondary research methods. The descriptive method was used in this study, and it was very helpful. When you look at official websites, you'll find secondary data. When you look at questionnaires, you'll find primary data. This data also used data from other sources. The researcher has chosen to get primary data through a survey.

Sample size

As part of the survey procedure, the researcher has selected 200 people as participants, all are from hospitals Management and various level of health professionals like (doctors, staff, ward boy, nurses,

health care workers etc.) are from. As a result, there are 200 participants in the study. I have randomly selected all participants from hospital management and health workers from Delhi NCR.

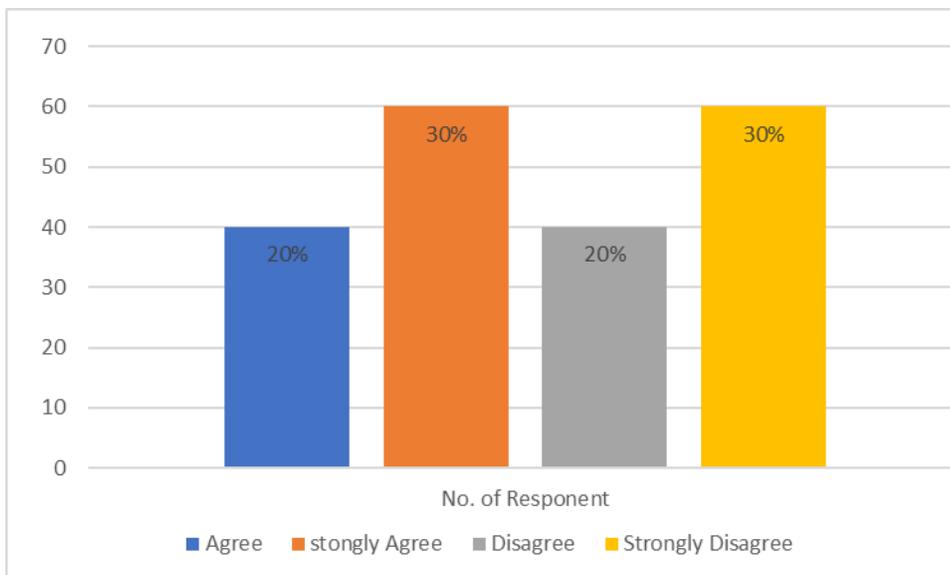
- **Tools for data collection**

According to the International Organization for Standardization (ISO), data collection and analysis tools are a collection of charts, maps, and diagrams that are used to collect, analyses, and present data for a variety of applications and industries. The researcher used Microsoft Word and Excel to organize and save data from a large number of individuals.

- **Questionnaire for survey**

Q.1. Do you think that the importance of TQM as a strategy to improve organizational performance in hospital industry in Delhi NCR?

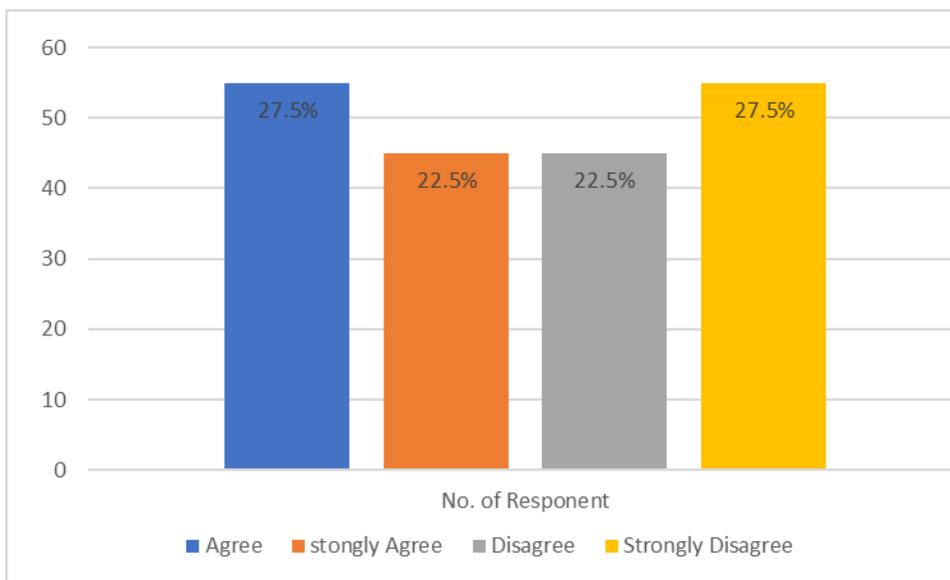
Agree	40
Strongly Agree	40
Disagree	10
Strongly Disagree	10



When researcher asked the importance of TQM as a strategy to improve organizational performance in hospital industry in Delhi NCR then 20% people were agreed 30% people were strongly agree 20% were disagree and 30% people were strongly disagreed with the statement.

Q. 2. Do you think that the role of TQM is helpful in enrichment of the system quality improvement, quality management, and total quality control?

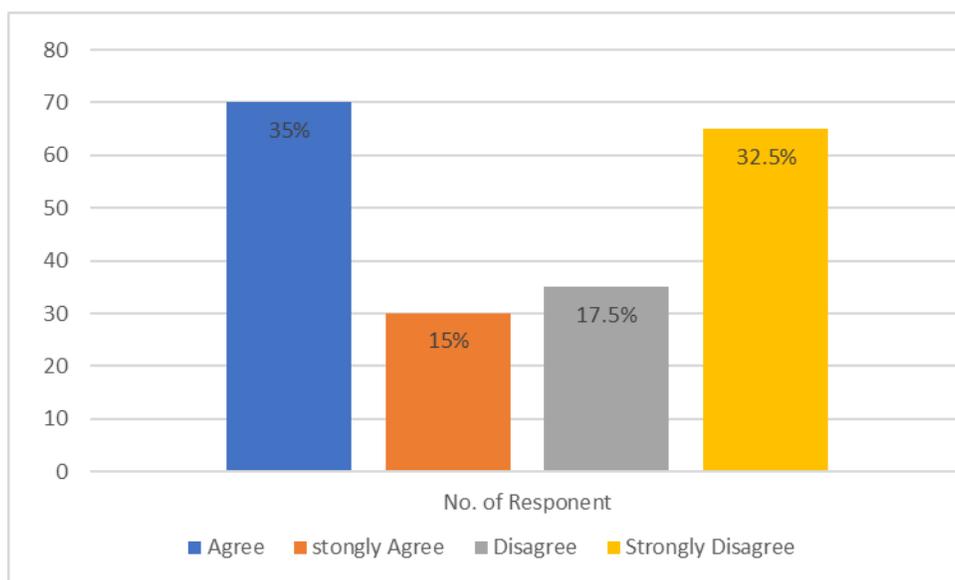
Agree	55
Strongly Agree	45
Disagree	45
Strongly Disagree	55



When researcher asked that that the role of TQM is helpful in enrichment of the system quality improvement, quality management, and total quality control then 27.5% people were agreed 22.5% people were strongly agree 22.5% were disagree and 27.5% people were strongly disagreed with the statement.

Q .3. Do you think that training programme and education of health workers are the one of the important factors to improve the quality towards hospital industries?

Agree	70
Strongly Agree	30
Disagree	35
Strongly Disagree	65

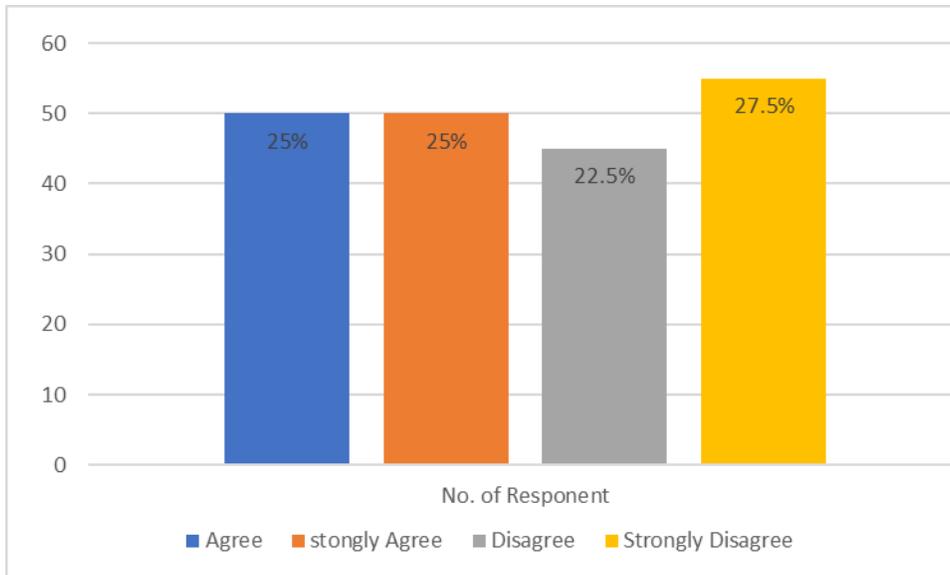


When researcher asked that training programme and education of health workers are the one of the important factors to improve the quality towards hospital industries then 35% people were agreed 15% people were strongly agree 17.5% were disagree and 32.5% people were strongly disagreed with the statement.

Q .4. Do you think that performance of the hospital industry TQM effects the overall growth of Delhi NCR?

Agree	50
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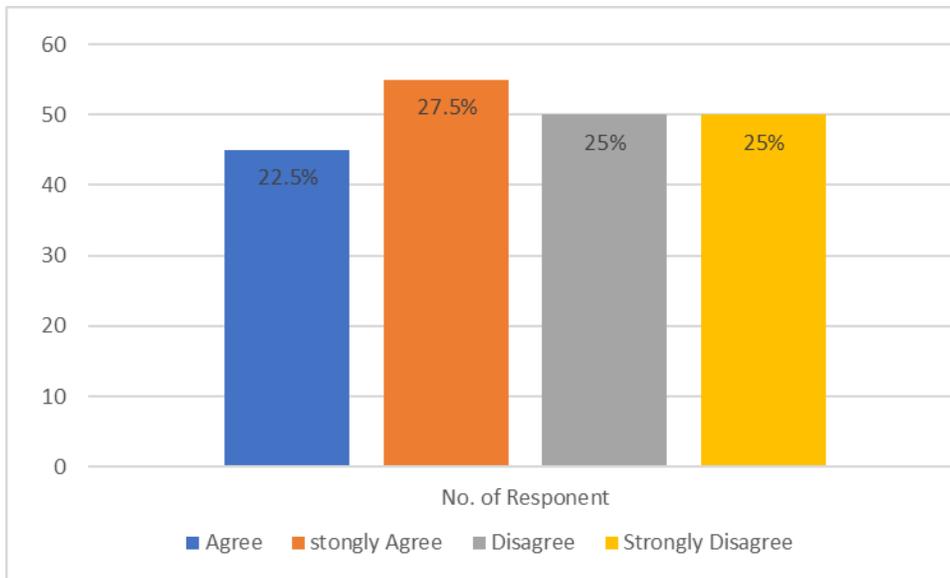
Strongly Agree	50
Disagree	45
Strongly Disagree	55



When researcher asked that the performance of the hospital industry TQM effects the overall growth of Delhi NCR then 25% people were agreed 35% people were strongly agree 22.5% were disagree and 27.5% people were strongly disagreed with the statement.

Q. 5. Do you think that Indian hospital industry is playing a key role towards the society development in Delhi NCR?

Agree	45
Strongly Agree	55
Disagree	50
Strongly Disagree	50



When researcher asked Indian hospital, industry is playing a key role towards the society development in Delhi NCR then 22.5% people were agreed 27.5% people were strongly agree 25% were disagree and 25% people were strongly disagreed with the statement.

Measuring Service Quality

Healthcare services have three characteristics that make it hard to measure them.

- The service is not tangible. Due to a wide range in performance,
- Customers and producers can't be separated

However, unlike other healthcare services, the patient or customer is involved in the delivery of the service. Performance and quality will be affected by the actions and mood of the patient or customer, as well as how willing they are to work with the service provider.

Barriers

Limited Commitment: To make TQM work in hospitals, everyone has to be involved and committed to the service. It may be that doctors' resistance to quality improvement in medical care is the single most important thing that stands in the way of it working out.

1. Structure of the Hospital: It's hard for doctors to get involved in TQM because of the structure of the hospital, which makes it hard. There are two bodies in most hospitals: the hospital and the medical staff, with all of their disagreements.
2. TQM is viewed by doctors as a programme that will replace a mostly subjective process that they control with a more objective, statistically based discipline that they do not control.

3. Putting Quality First: It is very important for doctors to put quality first. This can be done by not putting the TQM programme in a bad light, and by involving doctors from the start. This will make it more likely that the programme will work.
4. Infrastructure, equipment, and manpower aren't enough or don't work the way they should to get the job done. There are a lot of and medical supplies and drugs. Non-availability of critical pharmaceuticals and supplies, as well as fraudulent or contaminated drug preparations, have a significant impact on the patient's long-term health.
5. To keep equipment from breaking down, it is important to make sure there is enough after-sale service. Employees who aren't well-trained, skilled, or motivated can hurt the quality of care.

Problem Statement

As we talked about, there are a lot of problems with tertiary care hospitals right now. It's getting more and more expensive to get medicine. Infirmaries and hospitals are in bad shape. The death rate is going up. Further proof comes from the current statistics from Crisis, which show that there is a lot of medical infrastructure in India.

In India, it's hard to use TQM, and the message is very clear about that. Even if someone wants to, there are a lot of huge barriers in the way. TQM (Total Quality Management) is a term that this study goes beyond to look for problems with its implementation and a possible solution.

Implementation

Monitoring and evaluating the clinical performance of all practitioners • Identifying opportunities for improvement. Providing a way to make changes:

1- Making sure you're willing to make the change. It's important for the top people at the healthcare company to believe that TQM will work well. This trust must be passed on to the employees by telling them why TQM is good for the company.

2- Making sure that the rules and regulations for good quality are set. First, to make TQM work well, you need to start changing the way your company thinks about quality and customer service. If you want this change to go well, the top management has to start listening to the people inside the company, joining teams, and so on, there must be real support for the programmes from the top level of the company now, in other words.

3- Making sure that the right infrastructure is in place for the change to take place. A new concept of quality must be ingrained in the top management and its change partners in a way that is correct. This means that meetings should be centred around the new concept, and the new mission, vision, and goal statement should be based on this new concept.

The following are ways to keep an eye on things:

People who don't meet set standards for the outcome

- People who compare groups in the same field • Surveys • Peer-review • Peer review

Four important things to keep in mind when you're implementing a plan are...

- Medical audits should be kept simple and easy to understand. Educating others. Employees must go through lengthy training programmes designed to help them learn. Creating a team. TQM must work properly overall. Teamwork and involvement are powerful instruments in medicine. It's about leading differently.

They should start now to abandon the old management technique of dominating people and forcing them to do what they want. Instead, they should adopt a more open attitude that emphasises listening, collaboration, and creativity.

Key-steps

- Knowing what the customers outside of your company want. People who work for TQM have a great tool that can help them figure out what customers want. Quality Function Deployment (QFD) is often used to figure out what the customers want, what they need, and what they expect, so that you can do something about it.
- Standardization to help people deal with the changes that are coming. So that the service – medical care – is good and saves money, time, and effort, it's important to make sure the clinical path is the same for everyone. At this point, we should keep improving. Based on the results of using QFD, management must keep making changes to keep its customers happy, so they will keep coming back.

Result and discussion

During the present survey carried HRM increasingly important in today's public sector organization mentioned in table 1 have been observed to most of the participants think that importance of TQM as a strategy to improve organizational performance in hospital industry in Delhi NCR. TQM focus to give better performance that can improve the quality in hospital industry, next in table 2. Observed that most of the participants the role of TQM is helpful in enrichment of the system quality improvement, quality management, and total quality control. In table 3 has been observed that training programme and education of health workers are the one of the important factors to improve the quality towards hospital industries. Education and training give quality improvement. Table 4 observed that the performance of the hospital industry TQM effects the overall growth of Delhi NCR. TQM gives growth and development in hospital industry. Next in table 5. have been observed that Indian hospital industry is playing a key role towards the society development in Delhi NCR. Role of hospital industry is very important in society to improve the nature of health care quality.

Conclusion

This model and how it's used can help the healthcare facility get both customer and employee satisfaction. In healthcare organisations People in India have a different culture, a different way of

running a business, and a different mindset when it comes to TQM. Use the TQM framework model to help healthcare organisations get past the barriers and start using TQM concepts or practises. This can be a very good thing to do. People and other resources, patients, and activities in the hospital should all be connected to the different parts of the hospital that make up the framework model. This is a point of view that will help hospitals avoid being able to be proven wrong. Which can happen in two ways:

- A lot of people don't pay attention to all of the good things that happen at the hospital.
- In some departments, patients with very serious medical conditions (Cancer) make it look like they aren't as good at their jobs as they should be.

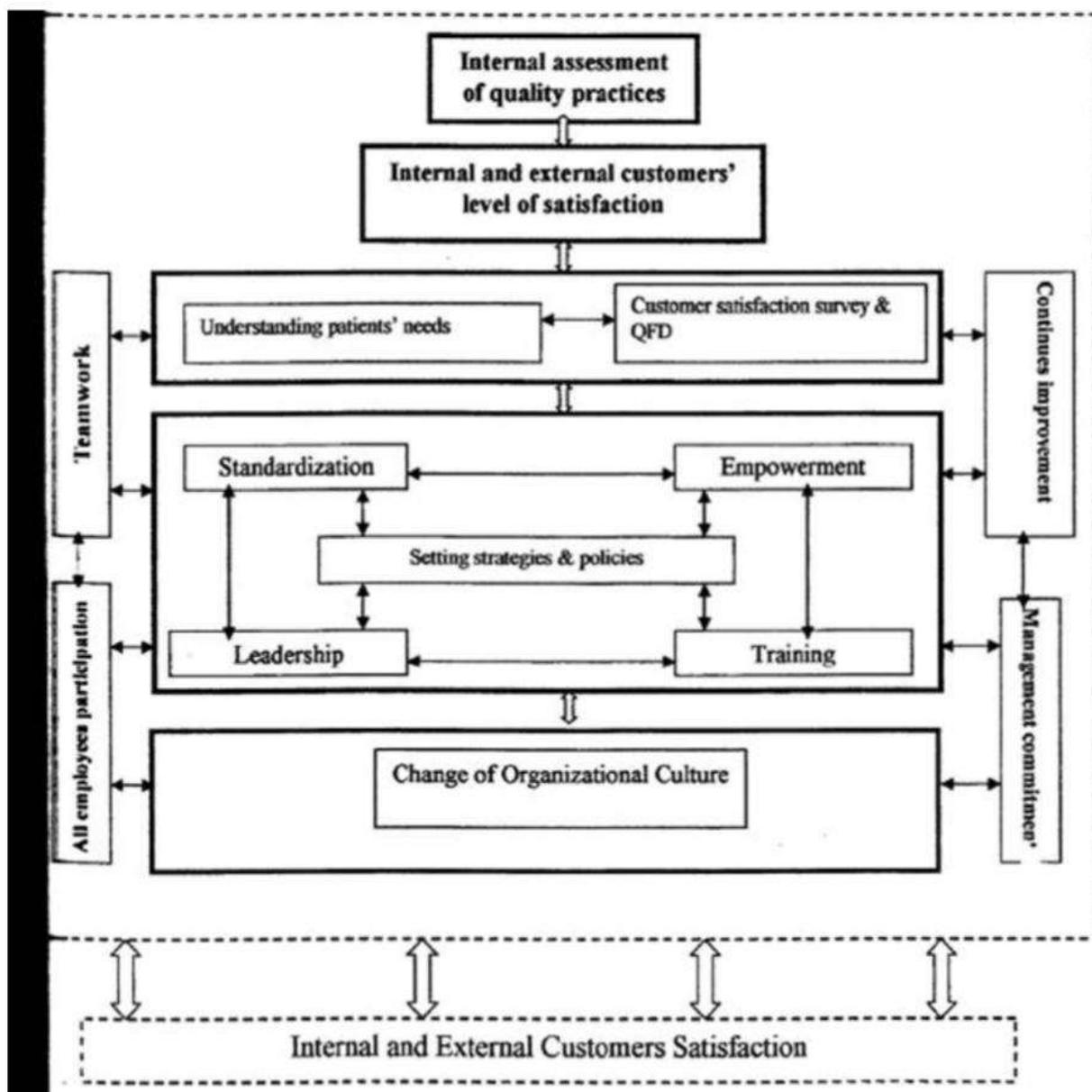


Figure: - 1 TQM implementation framework model

References: -

1. Alsharif B. F. T. 2008. Patient's satisfaction with hospital services at Nablus district, west bank, Palestine. Unpublished master thesis.
2. Badri M. A., Attia S. and Ustadi A. M. 2009. Healthcare quality and moderators of patient satisfaction: testing for causality. *International Journal of health care quality assurance*.
3. Ching H., and F. Huarng (2002), "TQM adaption by hospitals in Taiwan", *Journal of Total Quality Management.*, Vol. 13, No. 4, 2002.
4. Donabedian, A, (1989), "Institutional and professional responsibilities in quality assurance", *Quality Assurance in Healthcare*, Vol. 1, 3-12.
5. Gorst, C. et. al. (1998), "Psychological squeal of torture and organized violence suffered by refugees from Iraq. Trauma-related factors compared with social factors in exile", *The British Journal of Psychiatry*, 172: 90-94.
6. Kovner A. R. and Knickman J. R. 2008. *Health care delivery in the United States*, 9th edition, Springer Publishing Company. New York.
7. Laffel G, and. Blumenthal, (1989), "The case for using industrial quality management science in health care organizations", *JAMA*, Nov 24; 262 (20): 2869-73.
8. Larrabee, J. H, and L. V. Bolden, (2001), "Defining patients perceived quality of nursing care", *Journal of Nursing Care Quality*, Vol. 16, No. 1, pp. 65-75.
9. Lopresti, J, et. al. (1993), "Total Quality Management: Doing Things Right, *Nursing Management*", January, Volume 24 - Issue 1, 7-76.
10. Lynn, M. R. et. al, "2007", *Understanding and measuring patients 'assessment of the quality of nursing care'*, *Nursing Research*, May/June, Vol. 56, No. 3, 159-166.
11. Naidu A. 2008. Factors affecting patient satisfaction and health care quality. *International Journal of health care quality assurance*
12. Newman, K., (2001), "The nurse retention, quality of care and patient satisfaction", *International Journal of Healthcare Quality Assurance*, Vol. 4, No. 2, 57-68.
13. Overtveit, J., (2000), "Total quality management in European healthcare", *International Journal of Healthcare Quality Assurance*, Vol. 13, No. 2, 74-90.
14. Overtveit, J., (1996), "medical participation on a leadership of quality program", *Journal of Management in Medicine*, Vol. 10, No. 5, 21-28.
15. Parasurman, A, and et. al., (1991), "Understanding customer expectations of service", *Sloan Management Review*, Spring.
16. Plochg, T, et. al, (2005), "Intermediate care: for better or worse? Process evaluation of an intermediate care model between a university hospital and a residential home", *BMC Health Service Res.*, May 24; 5: 38.

17. William, A. S, and J. K. Johnson, (2013), "Mclaughlin and Kaluzny's continuous quality improvement in healthcare", 4th.ed. Jones & Bartlett Learning.
18. Whyte, J., & Witcher, B. (1992). *The Adoption of Total Quality Management in Northern England*. Durham: Durham University Business School.