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## **APPLICATION OF TOTAL QUALITY MANAGEMENT (TQM) IN HEALTH CARE SYSTEMS: IMPLICATION ON PATIENT'S SATISFACTION IN KWARA STATE SPECIALIST HOSPITALS.**

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### **ABSTRACT**

*This paper seeks to investigate whether the implementation of Total Quality Management in Specialist Hospitals in Kwara State has a relationship with the patients' satisfaction or not.*

*Total Quality Management (TQM) practice has been adjudged to be a magic wand that helps management to check product or services defects on the spot. TQM enables the management to trace the point of breakage of quality and engenders the commitment of all organization members to quality goals of the organization.*

*Four specialist hospitals were selected for the study from four different local governments Ifelodun, Ilorin East, Moro and Offa. 200 questionnaires were distributed among the local governments on the basis of 50 per local government.*

*This paper concludes that there is a direct linkage between patients' satisfaction and the implementation of TQM in specialist hospitals in kwara state. In other words, TQM enhances patents' satisfaction.*



**INTRODUCTION**

The success of Total Quality Management implementation in manufacturing industry has reduced the cost and defects items in organizations that implement TQM than those who do not implement TQM. The success recorded has made other sectors more vulnerable to TQM adoption.

TQM has had a major impact since its relatively recent development. It is now almost indispensable as a means of releasing the many benefits accruing from increased in quality. The most appealing aspect of TQM is that it provided the opportunity to achieve better outcome with fewer resources. Thus, TQM has become an important aspect of a hospital's competitive strategy. Hospitals in competitive market are more likely to differentiate themselves from their competitors on the basis of their greater service quality. Thus TQM which places a heavy emphasis on improved customer satisfaction offers the prospect of greater market share and profitability.

TQM activities concentrate on the processes for continually improving the efforts of all organizational members, including staff who work in the practical care (i.e the clinicians). Webster defined a process as a series of action or operations that lead to a particular result. Similarly, TQM is defined as a series of operations linked together to provide an outcome which have utility in form, place or time. For health care such as hospitals, the process is the care services rendered from the point at which a patient enters the hospital and the output of improved quality of life.

The consequences of poor quality health are enormous. These include loss of goodwill, loss of patronage, redundancy, resource misallocation and high mortality rate. These poor consequences are what the TQM implementation tries to avoid. The application of TQM in specialist hospitals in Kwara state has gone a long way to reducing the number of complaints of in-patients and out-patients in the hospitals.

**OBJECTIVES**

The objective of this paper is to investigate the impact of TQM implementation on patients' satisfaction in specialist hospitals of Kwara state.

**LITERATURE REVIEW**

Plek (1995) describes TQM as a cooperative form of doing business which relies on the talents and capabilities of both labour and management to improve quality and productivity continually using teams. Embodied in this definition are the three ingredients necessary for TQM to flourish in any service organization:

1. Participative management
2. Continuous process improvement
3. The use of teams



From Plek's point of view, quality management should be total, that is, it must be inclusive of all organizational members. Everyone in the organization must see himself/herself as contributing to the quality of service of the organization. In other words, a break in the quality chain by anyone will make the quality goal unrealizable.

Donaibedian (1988) suggests three different definitions of quality based upon the notion of the benefits versus the harm of care. The absolutist definition of quality considers the possibility of benefits and harm to the health as valued by practitioner with no intention to monitoring cost. The individualized definition of quality takes into account the patients' expectation of benefit/harm and other undesired consequences (such as monetary cost to the clients). The social definition includes the cost of care and the benefit/harm and distribution of health care is valued by the population in general. He sees the balance of these benefits and harms as the essential care of quality. The ability to meet customer requirements is vital not only between two separate hospitals but within the same hospital. If it is negative to the patients, it can spell doom for the hospital. This explains why nurses and paramedical staff in the private hospitals are more courteous than government owned hospitals. In every system, whether banks or hospital, there are series of quality chains which when broken at any point by one person or defective equipment has a way of finding itself communicated to the patients.

Quality involves a process, and hence all the participants in the process must ensure that they act well their parts.

Yang (1997) and Sureshehandar, et al (2001) identified the following components of TQM:

- a. **Customer Focus:** This implies that there is proper understanding of requirements of customers proactively and to take actions to fulfil the needs of the customers. This according to them is to satisfy the customers or patients that is the ultimate benefactors of hospital services.
- b. **Continuous Improvement:** This refers to the continuous discovery of the problems analysis of the critical root causes of poor quality and the elimination of those barriers completely.
- c. **Employees Participation:** Every employee is accountable for quality service. Hence they must all be committed to the quality goals of the organization. Many medical errors have been traceable to the employees of the hospitals in terms of handling of the facilities and the patients-workers relationship.
- d. **Team Work:** Selfishness and individualization must be avoided. Every section of the hospital must see itself as cooperating with others to engender quality health management for the patients.
- e. **Process Focus:** This involves both the quality health provider and the facilities

available. It must be standardized to prevent any quality defect.

- f. **Systematization:** This implies that for effective quality control, all the activities should be conducted and implemented systematically.
- g. **Empowerment:** To get good quality performance, every employee must be autonomous to do the right thing at the first time. This will help reduce errors.
- h. **Leadership:** The top management of hospital must come into fore when TQM is to be implemented and maintained. In other words, the top management should be a coach to teach, and influence the subordinates.

According to Yang (1998) if these components are reminiscent in the TQM implementation, the organization would be able to reach a holistic quality in every areas of management be it product or service.

The consequences of effective implementation of TQM in health care according to Adeoti (2008) include:

- (i) Upgrade of service quality
- (ii) Improve health care quality
- (iii) Prevention of medical errors
- (iv) Reduction in cost of medication
- (v) Satisfaction of patients and health care providers.

## MATERIALS AND METHODS

There are four specialist hospitals in Kwara state. These four hospitals constitute the population and sample for the inquiry. Questionnaires were served to 50 patients in each of the four hospitals. A likert scale of 5- points was used to measure the level of agreement or disagreement by the respondents. The response format were as follows:

SA Strongly Agree

A Agree

N Not Sure

D Disagree

SD Strongly Disagree

Frequency distribution was used to analyse the data collected.



**DATA ANALYSIS****Table 1: Gender Distribution of Respondents**

Specialist Hospitals	Male	Female	Total
Ifelodun LGA	22	28	40
Ilorin East	25	20	45
Moro	20	20	40
Offa	18	22	40
Total	75	90	165

The gender distribution of respondents revealed that 54.54% of the respondents were female, while 45.45% were male. The gender distribution suggests that the females patronized the specialist hospitals more than the males. This may not be unconnected with female related ailments particularly for those who are above the age of sixty six.

The gender distribution table shows that in Ilorin East Local Government, the male respondents were far above the female. This actually is a picture of the location of the specialist hospital.

**Table 2: Literacy Level of Respondents**

Categories	M	F	Total
No Formal Education	20	30	50
Primary/Adult Education	15	32	47
School Certificate	14	15	29
Graduates	10	20	30
Postgraduates	6	3	9
Total	65	90	165

About 30.3% of the sample patients have no formal education. While 69.7% of the respondents had formal education. The statistics shows that the calibre of patients who filled the questionnaires were not all stack illiterates. This shows that they were able to rate the service quality of the hospital based on their experience. The 30.3% illiterate patients may not be able to give proper assessment of the service quality because in most cases, interpreters must be used to interpret the medication.

**Table 3: Respondents Age**

Age range	Frequency	Percent	Cumulative
Under 18 years	18	10.9	10.9
18-30	50	30.3	41.2
31-65	32	19.4	60.6
66+	65	39.4	100
Total	165	100	

About 50% of the respondents fall within the age of 18-65 years. This shows



that the active population fall within this range. 39.4% of the respondents are older people whose ages are 66 years and above. The age distribution has policy implication for government in terms of making adequate provisions for the aged. The under 18 patronizing the specialist hospitals are just about 11% which shows that they don't really have cases that require specialist hospitals intervention. This may be as a result of the activeness of activeness of the various organs of the category of patients.

**Table 4: Distribution of Respondents and Service Quality Rating**

Service Quality Ratings	Frequency	Percent
Excellent	18	10.9
Good	96	52.8
Fairly good	36	21.8
Poor	15	9.1
Total	165	100

About 10.9% of the respondents rated the service of the specialist hospitals as excellent, while 58.2% rated the service quality of the hospitals as good. About 91% of the patients rated the service as poor. This may be as a result of no formal education which makes them to require an interpreter for the consultation and medication. Many patients prefer to discuss with their doctor one-on-one but where there is no formal education and an interpreter has to come in, the patient may not want to divulge all the information about his/her ailments. This will definitely affect his/her ratings of the quality of service in the hospital.

**Table 5: Distribution of Respondents on Staff Commitment to Quality**

Opinion	Frequency	Percent
Strongly Disagree	20	12.1
Disagree	15	9.1
Agree	80	48.5
Strongly Agree	50	30.3
Total	165	100

From the above table, 78.8% of the respondents agreed that the staff are committed to quality health delivery. This is an indication that the quality programmes of the hospitals are communicated to the staff members of the hospitals.

## **HYPOTHESIS**

The null hypothesis tested for this paper is to find out whether the implementation of TQM engenders patients satisfaction.

H0: TQM implementation in specialist hospitals does not significantly affect patients' satisfaction.

H1: TQM implementation in specialist hospitals significantly affects patients' satisfaction.

**Table 6: Distribution of Respondents on TQM and Patient Satisfaction**

Options	SA	A	N	D	SD	Total
Yes	55	34	3	2	1	95
No	10	6	2	22	30	70
Total	65	40	5	24	31	165

**Source: Administered Questionnaire 2009**

Table 6 is the observed values of the responses of patients on the impact of TQM on patients' satisfaction. To obtain the expected value, we simply use the formula:

$$fe = \frac{\text{Row total} \times \text{Column total}}{\text{Grand Total}}$$

Grand Total

Fo	fe	fo-fe	(fo-fe) <sup>2</sup>	(fo-fe) <sup>2</sup> / fe
55	37.4	17.6	309.76	8.28
34	23.03	10.7	130.34	5.22
3	2.9	0.1	0.01	0.003
2	13.8	-11.8	139.24	69.62
1	17.8	-16.8	282.24	15.85
10	27.5	-17.5	306.25	30.62
6	17.4	-11.4	129.96	21.66
2	2.12	-0.12	0.01	0.005
22	10.2	11.8	139.24	6.32
30	12.7	17.3	299.29	9.97
				$X^2=167.55$

Table 7 compares the observed frequency with expected frequency of TQM effects on patients' satisfaction.

The  $X^2$  calculated is 167.55, hence comparing this with  $X^2$  tabulated at 5% significance level and at  $(r-1)(c-1)$  degree of freedom i.e.  $(2-1)(5-1) = 4$  degree of freedom. Hence  $X^2$  tabulated = 14.29 which is less than  $X^2$  calculated. We therefore reject the null hypothesis that TQM does not significantly affect patients' satisfaction and accept the alternative hypothesis that TQM implementation in specialist hospitals significantly affects patients' satisfaction.

## CONCLUSION

This paper has argued that the implementation of TQM in Kwara state specialist hospitals has a far reaching effect on patients' satisfaction. In other words, the implementation has enabled everyone in the TQM process to know that whatever they do - positive or negative to the patients has a way of affecting the quality of health delivered to the patients.



## RECOMMENDATIONS

Total Quality Management in the last two decades has changed the orientation of employees in health care system from the nonchalant attitude of 'Oga ta, oga o ta owo alaru a pe' (meaning that it does not matter whatever the employee does so long as the salary is guaranteed ). We recommend as follows:

- (i) Since TQM implementation is contingent on employees of the specialist hospitals; refresher courses on human relationship should be put in place for all employees of the specialist hospitals.
- (ii) Appropriate sanction should be given to employee that breaks the value chain of quality to serve as a deterrent to others.
- (iii) Specialist hospitals should create a questionnaire that will make them have a feed back on the quality of health delivered to patients.
- (iv) There should be an internal agency within the hospitals that will monitor service delivery at every stage.
- (v) Employees should be taken on excursion to standard specialist hospitals that practice TQM for sightseeing.

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