CLASSIFICATION AND VARIETY OF TOTAL QUALITY SERVICE CONSTRUCTS

[1]Meenakshi Sharma, [2]Dr. Pawan Kumar Verma
[1]Research Scholar,[2]Research Supervisor
[1,2]Department of Commerce & Management
[1,2]OPJS University, Churu, Rajasthan

ABSTRACT*: - Current quality practices mainly emphasize the assessment or measurement of quality, assuming that this interest and attention will work some magic to make quality happen. Unfortunately, quality doesn't just happen! Processes have to be carefully planned, monitored, and managed to assure quality is achieved. Extensive literature survey analysis & synthesis and experts' inputs formed the basis for the development of a comprehensive measurement model with associated constructs and scales that accurately capture the Total Quality Service (TQS) criteria for hospitals, the details of which are presented in this paper.

KEY WORDS : Total Quality Service, hospital

1. INTRODUCTION

Excellence in quality in the manufacturing industry across different nations is almost legendary. Although the service industry in general and healthcare industry in particular seems to be trailing behind, the high tides of TQM philosophy are spreading fast and deep. Application and operationalization of TQM needs more scientific evidence and research so that leaders and managers in healthcare can put it to practice to achieve service excellence. Works of quality gurus in the industry namely, Deming, Juran, Crosby, Feigenbaum, and Ishikawa, have had a great impact on TQM not only on manufacturing sector but also on services and healthcare quality. In healthcare, the contributions of Donabedien, Berwick, Blumenthal, Kazandjian, McLaughlin and Kalunzy are of great interest to Total Quality Service management. A new way of thinking in terms of evidence based medicine, customer orientation and cost effective services are on the quality agenda of every healthcare professional.

In general, quality performance measurement provides hospitals about existing practices, values, beliefs and assumptions and enables hospitals to develop a systematic means of identifying shortfalls and enhance their future performance. Any such system of measurement if properly designed and implemented would help focus organizational efforts to a common purpose by directing everyone's attention into a set of key goals and objectives. Such a system would also constitute the basis to encourage the appropriate behaviors, assess individual and team performance and even reward significant contributions towards quality. Therefore it is crucial to identify 'critical success factors' for TQS in healthcare organizations and they are by definition a limited number of areas in which satisfactory results will ensure successful performance of the organization. That is they correspond to the drivers of quality performance (Kanji and SÁ, 2003). However, identifying and validating such critical factors is not so easy and direct. Research by Saraph et al. (1989) is one of the early and very successful attempts in the area of critical factor identification and validation for TQM. Psychologists and social scientists have developed rigorous methods for constructing instruments to measure such social science variables (Nunnaly, 1988; Kerlinger, 1996). The process used in this study to develop measures of the critical factors of quality management is based on the generally accepted psychological principles of instrument design. The overall approaches to identify such factors are basically tools of intellect that are forged in general management theory, fine tuned in quality management theory and practice and are continuously sharpened to be effective in highly intangible services such as healthcare. Logically, since healthcare organizations are organizations like any other manufacturing one, the factors should be transferable. However, the point to be underscored is that the nature of services

and yardsticks to measure quality are not as clear-cut as in the case of products. It is well known that transportability of quality management practice to the service sector not so straight cut. The aspects of service intangibility, simultaneity of production, delivery and consumption, perishability, variability of expectations of customers and participatory role of customers in the service delivery need special consideration. Further, healthcare specific elements of medical records data, involvement of the medical staff governance process such as quality assurance, ethical committees, pharmacy and therapeutic committees, and peer review, use of risk-adjusted outcome measures and risk management have to be included.

The research approach of this study consists of the following phases:

- Identification, selection and explanation of TQS constructs- Theoretical constructs of TQS are identified and selected based upon literature review and expert inputs-their analysis and synthesis. The literature in quality management, organizational behavior, general management theories and healthcare quality management was thoroughly searched.

- Designing TQS measuring instrument - The measuring instrument should include items that would cover the entire range of TQS constructs with necessary scales for measurement of quality performance. Here again, research from empirical, practitioner, and theoretical works of quality management as well as industry expert inputs provided a basis for selection of measurement items. The items so selected were grouped under appropriate quality constructs identified from literature. A questionnaire was developed to test and validate the TQS constructs. Questionnaire survey method has been acknowledged as an efficient tool for assessing the perceptions and experiences of a range of TQM practitioners from the industry.

- Content validation of TQS constructs – Content validity of TQS constructs was verified by two expert survey studies. One study was an in-depth case (hospital) analysis using MBNQA Health Care Criteria and second was a qualitative analysis of current practices in major hospitals using checklists surveys and interviews.

- TQS construct validation - The TQS measuring instrument was tested using cross-sectional survey of hospital managers. Ratings of the items by the hospital managers formed the primary data and the ratings would be indicating the level of implementation of quality management behaviors, actions, and strategies under each TQS construct. Applying appropriate statistical methodologies, reliability and validity of the TQS constructs are determined.

- Proposing an integrative TQS framework for hospitals - Overall ratings of quality performance by hospital managers on various quality dimensions were compared to practices in the industry and interactions (correlations) between various TQS constructs were examined. Since the quality management strategies, actions and behaviors are interactive in nature and have to be applied holistically for achieving total quality an integrated TQS framework for hospitals is proposed.

CONSTRUCTS OF QUALITY MANAGEMENT

Literature review is the first step to identify the most important factors for quality management. Based on a thorough review and synthesis of information from quality management literature 13 critical areas of managerial planning and actions to achieve effective quality management were identified. Henceforth the critical factors will be referred to as constructs. A construct is considered as a latent variable, which means that it cannot be measured directly. E.g. Leadership and Management Commitment to quality is a construct that cannot be measured directly however, if there is commitment then managers would allocate resources to quality improvement efforts.   Therefore allocation of resources is a manifestation of Management Commitment to quality. Further for a field study, each manifestation is measured with an item in a scale. Now, a scale achieves content validity when the items in a scale sufficiently span the scope of the construct. In this study the content validity of constructs was achieved through literature review and expert inputs for the selection of their representative items. Hard evidence based rigorous methodology is mandatory so that a researcher can develop reliable, valid and diagnostic measuring instrument for theory

building. It should also be useful for practitioners for implementation as well as for the evolution and dissemination of TQM programmes in the healthcare industry. For this the exploratory pilot study helped to verify the contents further from understanding of industry best practice through case study and survey managers of reputed hospitals. The exploratory research also helped developing insights about the actual implementation of Total Quality Services in hospitals in India.

CONSTRUCT IDENTIFICATION AND SELECTION

The literature on quality management indicates that as decision makers of an organization focus on better management of the critical factors, improvements in quality of products or services will occur and ultimately result in improved organizational performance financially as well as in customer loyalty and satisfaction. Though hospitals keep data on medical errors, mortality, morbidity rates, and costs, these are not measures of organization-wide quality management. Much of the healthcare quality literature indicates that TQM in healthcare would work and result in enhancing the organization's overall performance both as a health care provider as well as a business enterprise. Operational measures of quality management in terms certain critical factors would be useful to both decision makers and researchers. Decision makers need to know the status and level of variables of quality management that can be effectively controlled in order to achieve high quality. The researchers can use such measures to understand quality management practice much better and build theories and models that relate to critical factors of quality management in organization to performance of organizations and quality.

Finally, the present research identified the following some dimensions of Quality Management as critical for a healthcare organization of a TQM environment.

The constructs can be broadly classified under three categories:

1. The dimensions that are generic to quality management of organizations and extensively researched in the manufacturing set-up. Later on other researchers have investigated the validity of the constructs to service sector including healthcare. The constructs are: Leadership and Management Commitment, Strategic Planning, Human Resource Management & Development, Process Management, Management of Information & Analysis, Supplier Quality Management, Customer Focus & Satisfaction and Key Results.

2. The factors that need to be specially considered in service organizations namely Servicescapes and Service Culture.

LEADERSHIP AND MANAGEMENT COMMITMENT

The factor of 'Leadership and Management Commitment' is identified in almost all models of TQM including the quality awards of most countries. The crucial role of top management leadership in creating the goals, values and systems that guide the pursuit of quality improvement on a continuous basis cannot be missed by anyone. The understanding of senior managers that quality should receive a higher priority over cost or schedule and that in the long run, superior quality will lead to improvements in cost and delivery performance acquires special significance. A predominant theme in TQM literature is the role of top management commitment in terms of allocating resources, setting up systems, influencing and communicating the commitment to quality to all in the organization. Lin and Clousing (1995) surveyed the TQM practices in healthcare and found that top management lead the TQM efforts by putting a number of supportive systems in place such as training/education, administration, restructuring, communications and encouraging participation. The literature has consistently identified that lack of senior management commitment, fuzzy or unclear purpose or mission of organization and lack of appropriate resources of time, trained manpower and budget for quality activities would result in lack of consistency, alignment and integration of product or service quality (Gaucher and Coffey, 1993, p.21; Short and Rahim, 1995; Aggarwal and Zairi, 1997; Nwabueze and Kanji, 1997; Zabada et al., 1998; Ennis and Harrington, 1999 a & b; McLaughlin and Simpson, 1999, p. 34; Theodorakiogleu and Tsiotras, 2000; Adinolfi, 2003; Kanji and SÁ, 2003). In an empirical study by Castle (1999) on various characteristics of top management, commitment

and professional involvement were found to have a significant effect on the likelihood of adopting Quality Improvement in nursing homes (in the U.S.).

Many models including MBNQA and EQA, in fact identify leadership and management commitment as a driver to quality improvement programmes in an organization. Based on the empirical evaluation of the causal relationships in the Baldrige Health Care Pilot Criteria, Leadership is identified as a driver of all components in the Baldrige System. Meyer and Collier (2001) concluded that the Baldrige theory "Leadership drives the System which creates the Results" stands supported. Further, Kanji Business Excellence Model for healthcare depicts that the whole system is driven by leadership and organizational values, which help create culture of improvement and coordination of efforts of all stakeholders (Nwabueze and Kanji, 1997; Kanji and SÁ 2003).

STRATEGIC PLANNING

Along with leadership, strategic planning forms the key driver for quality performance. In the context of an ever-growing competition in the hospital sector, quality as a competitive strategy has become very crucial for hospitals and the top management has to address hospital performance as both a health care provider and a business enterprise. Long term planning in terms of enhancing cost and resource efficiencies or waste reduction have become essential as the industry faces failures of healthcare organizations (Huq, 1995; Jennison Goonan, 1995; Ginter et al., 2002). Since hospital essentially depends on several other key players such as suppliers, diagnostic facilities and referral hospitals, collaborative programmes with national or international organizations in medical research, training and education, setting up quality programmes in place etc., partnerships with other business enterprises is the key to continuously enhance the organizational performance. In fact, studies have shown that short term orientation of administrators and managers, limited and poor translation of the strategies and goals into actions across various departments and lack of consistency, alignment and integration as barriers to successful TQM implementation (Gaucher and Coffey, 1993, p.21; Short and Rahim, 1995; Aggarwal and Zairi, 1997; Nwabueze and Kanji, 1997; Zabada et al., 1998; Ennis and Harrington, 1999a, b; McLaughlin and Simpson, 1999, p. 34; Theodorakiogleu and Tsiotras, 2000; Adinolfi, 2003; Kanji and SÁ, 2003).

The construct 'Strategic Planning' measure in this study includes the organization's ability to develop and integrate short- and long-term quality plans; address performance as a healthcare provider and a business enterprise; partnerships with others for support; implementation of plans to various work units; use of objective measures and plan for reducing ineffective ways and compare with key competitors to ensure long-term survival.

HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT

People issues are occupying the most crucial position in management of organizations and rightly so. Role of human resources and importance of individual employee was hardly recognized by the classic quality "gurus" namely, Deming, Juran, Feigenbaum, Crosby and Ishikawa (Krüger, 2001). Though quality gurus like Deming included training as an important factor in holistic quality management, motivating employees so that they dedicate themselves to work and other aspects of human issues have further evolved in TQM. The human factor has emerged as a critical one in both manufacturing and service industries particularly so in a highly sensitive and human intensive service like health care.

Use of advanced technology in running an organization efficiently will not take away the importance of people. Human Resource (HR) and training factor measures the organization's ability to develop and realize the full potential of its workforce, including management, and to maintain an environment conducive to full participation, quality leadership and personal and organizational growth. In a service organization since the interaction between the service provider and the customer (patient and/or family) is so great that it determines the quality perceptions and satisfaction of the consumer. Employees play a crucial role in the production and marketing of healthcare services due to the nature of work in hospitals. Quality in healthcare

is largely dependent on the understanding, behavior and actions of the healthcare staff (doctors, nurses and others). Human actions in general are based on sensemaking in their present moment of experience. Making sense and meaning of life can be both in an individual and a collective perspective (Lindberg, 2002). This is so much true for TQM practices, which require strong conviction and understanding to be effective in a hospital wide context. Therefore, HR planning, bringing about change, continuous training and learning, involvement of staff various levels are essentials of success.

HR planning is of strategic importance and proper mix of professionals and recruitment practices have to be streamlined with organizational strategic goals. Proper recruitment and selection of staff determines the quality of the workforce and their participation. This will eventually determine the quality of services of any organization provides. Yang (2003) has highlighted the HR issues of shortage of physicians and problems of recruitment. Education and training is recognized as a very important factor for TQM practices in literature repeatedly. While studying the causal relationships among the Baldrige Health Care Pilot Criteria, Meyer and Collier (2001) found that Human Resource Development and Management and Process Management were significantly linked with Customer Satisfaction. Based on the comparison of empirically validated critical factors by various researchers, employee relations, training, development, empowerment, familiarity with TQM, participation and reward/recognition and union intervention emerge as important components of Human Resource Management and Development in an organization. Lin and Clousing's (1995) study showed that support mechanisms for TQM success in hospitals included training/education support, reorganizations, encouraging participation, communications and recognition and reward.

HEALTHCARE SERVICE DESIGN AND IMPROVEMENT

Designing services or products so that excellence in quality is achieved is emphasized in TQM literature abundantly. Sound product design meets or exceeds the requirements and expectations better than the competitors. Before production, new product design should be thoroughly reviewed in order to avoid problems happening during production. In manufacturing literature, experimental design and quality function deployment are effective methods in product design (Zhang et al., 2000). Kaulio (1998) highlighted selected methods for Quality Function Deployment (QFD) involving the customers in three phases: specification, concept development and prototyping. Ahire et al. (1996) have emphasized the nature of complex products which require an interdisciplinary approach such as inputs from design engineer, manufacturing design team and marketing experiences to enhance the product quality at the design stage. Such methodologies are rather very well understood and implemented in product design and services continue to implement their service design through similar approaches. Works of Motwani (2001) and Silvestro (2001) highlighted the importance of service design in non-health care set up. Sureshchandar et al. (2001a, b) included service design as a part of technical system factor in which sound and reliable service design echoes an organization's strategic quality planning abilities and enables the organization to surmount customers' needs, expectations and desires, consequently resulting in improved business performance. Two basic quality strategies can be identified which when adopted would ensure high quality services from the design stage itself. One is prevention, that is, ensuring that the design of the service avoids quality problems arising during production and two, zero fault strategy which means when the design is right and employees do the right things then the service would have zero faults. To achieve this in healthcare services, a number of medical and technological considerations are important.

Success of biomedical research and rapid diffusion of expensive high tech medical procedures into daily practice have changed the way patient care services are designed. Such rapid pace of advancements necessitate that the hospitals and physicians/specialists introduce new methods of clinical care. West (2001) has acknowledged that it is quite appropriate that the most important focus of medical and nursing care is on individual patient care. Therefore, designing appropriate service would involve the technical aspects of care

which refers to the accuracy of medical diagnosis and procedures and conformance to professional specifications (Kanji and SÁ, 2003). Here the appropriateness of medical technologies and then integrating it with patient needs becomes important. Technical aspects of patient/clinical care should involve risk management in terms of managing adverse events and medical errors (Boyce, 1997; Buchan, 1997; Sutcliffe, 2004). Chassin and Galvin (1998) have emphasized that quality of healthcare should focus of technical quality of care and address the problems of overuse, underuse or misuse of procedures or medical technologies. Reducing overuse and misuse improves quality and reduces cost too. Appropriateness of procedures and medical errors should be measured and improved upon a continuous basis so that the clinical service is of high quality and cost effective.

SERVICE CULTURE

Organizational culture is extremely important for improving overall quality performance. Edgar Schein defined corporate culture as "the basic assumptions driving life in a given organization" (Schein, 1985 cited in Gaucher and Coffey, 1993, p. 148). Every organization has a culture created by the shared beliefs, values, norms, and expectations of the workforce. A TQM process can revitalize an organization and allow people to feel passionately about work. According to Gaucher and Coffey (1993) peak performance begins with commitment: to the team, to excellence, and to changing the organization. "A strong culture, with well-socialized members, improves organizational effectiveness because it facilitates the exchange of information and coordination of behavior" (Denison, 1990 cited in Gaucher and Coffey, 1993, p.148). Jabnoun (2001) identified respect, responsibility, and empathy as values driving continuous improvement and humbleness, trust, openness and cooperation as enabling factors. Such an organizational culture would further facilitate optimum interactions with patients, families and other customers in service organizations like hospitals.

Customers in service organizations are separated by only a very thin layer from the employees in which physical and psychological closeness between them is so great that only an organizational culture that stresses service quality throughout the organization could establish the seamlessness in the service delivery (Sureshchandar et al., 2001 b). This is so very true in the case of healthcare services. Parashuraman et al. (1988) have emphasized that with good service culture in place an organization is more likely to offer a reliable, responsive, empathetic service to various groups of customers. The perceived service quality attributes namely, reliability, responsiveness, empathy and assurance included by Parashuraman and others have time and again shown to be major determinants in service delivery performance. In healthcare, for instance, responsiveness, empathy and assurance at all levels of service operations assumes the highest level of importance considering emotions such as anxieties and fears with which the patients and families approach medical and non-medical personnel for consultation. The service orientation is nothing new to healthcare but just that the features cannot be assumed to be present in sufficient amounts across all levels of staff. Also, in diverse workforce with a wide range of educational and attitudinal backgrounds, which is characteristic of healthcare services, explicitly stated cultural values and practice is essential. Service culture is actually the extent to which the employees at all levels realize that the real purpose of their existence is 'service to customers'. In general, customer focus and satisfaction is the goal of TQM and one important strategy to achieve would be through a strong internal service culture in an organization. Zabada et al. (1998) further emphasize a culture of heroism to commercial goals without losing the dignity of healthcare services as very important. Collins (1994) discussing the approaches to quality has emphasized that personal qualities based on Japanese wisdom (precepts) such as cooperation, patience, self-discipline and obligation as crucial. Importance of coordination and team work can be gauged by a quote from Jongi Noguchi "TQM is based on 100 men making one step, rather than one making 100 steps".

ADMINISTRATIVE SYSTEM

Hospitals are complex organizations wherein a number of medical and non-medical activities are set up, and issues like day-to-day functioning of hospital operations, monitoring, governing etc need to be streamlined. It is very clear that different stakeholder groups interact and influence the functioning of a typical health care in unique ways. Four major stakeholder groups were identified as important by Kanji and SÁ (2003) as important: Internal members (e.g. administrators & managers, doctors, nurses, paramedical etc); Suppliers (equipment, pharmaceutical, etc); Customers and purchasers (patients, families, local communities, other practitioners/referral sources, insurance companies, etc); and Regulators & others (government, health authorities, professional bodies, financial institutions, observers). Governance and administrative processes eventually determine the integration of various hospital activities. Healthcare organizations use a number of internal and external audits related to management of staff, patients, and other stakeholders (Nwabueze and Kanji, 1997).   Hospitals use various mechanisms to govern and integrate all activities. Clinical division and Support Directorates are essential and their overall performance is periodically assessed and reviewed. A number of committees, medical and non-medical related committees, are used to set standards and ensure the smooth running of the hospital activities. Activities such as billing, recovery, claims, waiving of fees, staff benefits etc., need to be integrated and administrative processes are very essential to overall performance. Further interdepartmental coordination and monitoring is essential for ensuring that multiple stakeholder needs are met.

Lin and Clousing (1995) surveying the practices of TQM in healthcare found that multiple measures of quality demonstrated the complexity of the phenomenon and its unique evolution in the healthcare environment. The support mechanisms to ensure TQS included administrative support in actually implementing a number of management decisions. Activities such as reallocating resources, allotting time to work on TQM, supporting policy changes, holding department meetings, creating various steering teams and monitoring becomes essential. The administrator's role is charged with the responsibility of systematically and continually exploring the quality dynamics in the hospital. Mohanty et al. (1996) discussing the parameters relating to patient care and their subsequent measurement highlighted the importance of administrative factors and functions of different boards in a healthcare organization. Aggarwal and Zairi (1997) emphasized the role of administrative activities and processes as very important in TQM in order to streamline primary health care orientation in NHS in England.

MEASUREMENT, INFORMATION AND ANALYSIS

Anything to be controlled or improved has to be measured. Measurement is a central element of any TQM effort. One of the slides quoted by Johnson and McLaughlin (1999, p.93) used in a number of training programmes in CQI read "In God we trust, all others send data". In healthcare, data are full of "factoids", opinions, and anecdotes masquerading as facts and as data. Using scientific approach requires data to evaluate the current situation, analyze and improve processes and tract progress.   For heathcare, measurement techniques can come from industrial models of quality management and those developed in the specialties of biostatistics, economics, epidemiology, and health services research. The general model of Plan, Do, Check, Act (PDCA) cycle along with data and analytical tools are useful. A number of tools are available which are very useful for measurement and analysis of data so that meaningful information can be extracted for overall improvement of various processes across the health care facilities. Flow charts, cause-and-effect diagrams, check sheets, Pareto charts or diagrams, histograms, run charts, regression analysis and control charts etc are all used in health care (Gaucher and Coffey, 1993; Johnson and McLaughlin, 1999). In general, information measures the organization's scope, validity, use, and management of data and information that underlie its overall quality system.

In many companies benchmarking is a key component of the TQM process. Profitability and growth flow from a clear understanding of how business is performing, not just against its previous accomplishment,

but against the toughest competitors or world-class organizations (Ghobadian and Woo, 1996). Harrington (1997) reported that process benchmarking showed a high correlation to high performance of organization and that SPC did not have an impact on performance though it did not have a negative effect. Benchmarking in healthcare has been emphasized as an important factor for improving services (Aggarwal and Zairi, 1997).

Integrated and accessible information is a necessary ingredient for healthcare organizations for implementing quality management strategies. Almost all quality models have incorporated information and analysis as a critical factor. Asubonteng Rivers and Bae (1999) explored the history and current status of information systems in healthcare organizations. From an extensive literature review they established that aligning information system for effective TQM implementation in healthcare organization is increasingly becoming important. Ang et al.'s (2014) empirical research on the impact of Information Technology on quality management in Malaysian public sector companies found that Information Technology had a significant effect on all the critical factors of TQM including leadership, strategic planning, output quality assurance, important innovations, information and analysis, HR utilization, customer satisfaction and quality results. West (2001) studying the performance of NHS of England found that good information system would drive change in healthcare.

SUPPLIER QUALITY MANAGEMENT

Supplier Quality Management including partnerships with suppliers measures the ability of the organization to develop mutually beneficial relationships built on trust, sharing of knowledge and integration. It is an important aspect of TQM since materials and equipment purchased actually determine the quality of finished goods and services. Organizations which manufacture the highest quality products have purchasing departments that rank quality rather than cost minimization as their major objective (Garvin, 1983 cited in Zhang et al., 2000, p.733). If organizations pursue good supplier quality management, they should establish long-term quality activities, have detailed information about supplier performance, give feedback on the performance of supplier's products, provide clear specifications about organizational requirements and regard product/service quality as the most important factor for selecting suppliers. The suppliers' role is critical in many ways according to Ahire et al. (1996). First, the quality of incoming materials (including parts in manufacturing) from supplier determines the level of inspection effort of a buyer organization. Second, the quality of the supplied materials determines the final product quality. Third, supplier's capability to react to a buyer firm's needs, in turn, can determine the buyer's flexibility in responding to customer needs (Ahire et al., 2009).

In health care, a number of supplies go into actual provision of services including diagnostics and treatment procedures. Drugs, various equipments, surgical, medical supplies, hospital furniture, patient care related, new technologies etc. are essential to producing healthcare services. Timeliness and availability along with quality materials directly influence the health outcomes and in turn patient outcomes, satisfaction and the patients' and families future relationships with the service provider. Huq (1996) has reported that supplier development, e.g. lab, radiology, EKG, medicines, hospital essentials is also consequential to the quality of care provided by the hospitals. Though the analysis showed that certification of the suppliers have not been addressed by all hospitals studied, successful ventures have been reported in moving to a just-in-time approach for much of the inventory. The supplier development was also found to be high on the average scores across the hospitals studied.

CUSTOMER FOCUS & SATISFACTION

To achieve quality, it is essential to know what customers want and to provide products or services. Customer satisfaction is the ultimate goal of any TQM programme because organizations can outdo their competitors by effectively addressing customers' needs and demands and anticipating and responding to their evolving interests and wants. A successful organization recognizes the need to put the customer first in every

decision made. The key to quality management is maintaining a close relationship with the customer in order to fully determine the customer needs, as well as receive feedback on the extent to which those needs are being met. Customer satisfaction is a very important measure of the company's performance and helps predict the future success or failure of an organization. In order to enhance customer satisfaction, customer complaints should be treated with top priority (Zhang et al., 2000; Sureshchandar et al., 2010a). The competitive advantage in a quality revolution comes from customer delight and the management responsibility is to ensure that satisfaction manifests itself as commitment in the long run (Kanji and SÁ,

2003). Ang et al. (2000) validated the customer requirements determination, customer satisfaction evaluation and relationship management as dimensions of the critical factor of customer satisfaction.

From a typical marketing perspective, parties exchange goods and/or services form the context for dis/satisfaction measures. The expectancy disconfirmation model used to explain postpurchase satisfaction suggests that consumer satisfaction can be simply defined as "……the evaluation rendered that the experience was at least as good as it was supposed to be" (H.K. Hunt, 1977 cited in Savitz, 1999). Healthcare is a market and shares similarities with conventional markets. Quality and value are currently convergent concepts in healthcare. The importance of patients as customers has increased the focus on quality management and value delivery (Walters & Jones, 2001). Concept of customers in healthcare would include patients, their families, public, health care professionals, insurance companies or third party payers etc. In fact, everyone is a supplier and a customer at different times (Gaucher & Coffey, 1993). The complexity of patient perceptions and attitudes together with sometimes-limited cognitive ability to process the nature of their own healthcare situation serves to complicate the decision process beyond attributes of patients' immediate health concern. Expectations are also shaped by a variety of inputs such as personal experiences as well those of family and friends, physician recommendations, and direct advertising campaigns (Savitz, 1999). Further, the ultimate objective of the healthcare system is to improve health and not just treat the sick patients. Therefore, a comprehensive analysis of health status and needs may lead to the ability to serve customers better and to improve the health of the community around.

Increased global competition, where high quality and low cost are at premium, has led to increased interest in continuous improvement (Jabnoun, 2011). In U.K. competition earlier was about consultant recruitment. As consumers switched to NHS from fee-paying services because of perceived improvements of NHS services, private providers of healthcare had to reorient to competitive market strategy with an emphasis on differentiation on quality. A sound understanding of the customers and their requirements is crucial in private healthcare (Holloway and Mobbs, 1994). Wensing and Elwyn (2003) have highlighted that increased participation of patients and public in healthcare is desirable. Considering patients' views can improve processes and outcomes as well as satisfaction. A number of methods are used such as questionnaires, focus groups and feedback surveys to study patients' preferences for care, evaluations of what occurred or factual reports of care. Such measures should be assessed for validity, preferably by rigorous qualitative studies. In fact, medical consumerism is on the rise and better-informed patient population and families demand high quality services (Boyce, 1997). Research by Carman (2000) on patient perceptions of service quality showed that patients evaluated technical dimensions of nursing care, physician care and outcome as more important than the accommodation functions of the hospital care. Therefore, it is important to improve both the perceived (affective dimensions of service quality) as well as clinical aspects of care.

Consumer satisfaction provides a useful outcome measure of quality of care offered. It has been reported from literature that some of the benefits of measuring patient/enrollee satisfaction include increased profitability, increased market share, improved patient retention, improved collections, increased patient referrals, improved patient compliance, continuity of care, reduced hospitalization and length of stay, increased willingness to recommend the organization to family and friends, and reduced risk of malpractice.

Intercorrelations among satisfaction, quality and loyalty have been reported to be quite significant (Savitz, 1999).

SOCIAL RESPONSIBILITY

The concept of corporate citizenship is very important for an organization to be successful, progress towards achieving business excellence and sustaining gains. In healthcare this in fact can be considered inbuilt because of the nature of the service itself. A typical healthcare delivery system such as a hospital utilizes a number of resources (human, material and knowledge), which are used in a series of processes that ultimately aim to improve the medical condition of the patient and contribute to healthier communities

(Asuboteng Rivers and Bae, 1999; Kanji and SÁ 2003). Donabedian (1973, cited in Durán-Arenas, 1999) in his seminal work on healthcare quality has highlighted the importance of social contract that a physician works under-'Physicians are responsible for the well-being of their patients as well as general well-being of society'-which is different from the one that regulates industrial work and business transactions. Therefore, in many organizations physicians face a demand to achieve equity in the distribution of the benefits of healthcare while they face the need to reach a balance between cost, quality and access. It is therefore important for both healthcare providers (directly in touch with patients) as well as managers to have a social orientation.

CONCLUSIONS

This paper presented the identification and selection of measurement model consisting of some quality constructs (critical quality dimensions) for TQS implementation for hospitals based on an extensive literature review, analysis & synthesis and expert inputs. The details of the sampling plan and scale refinement and validation of the TQS constructs are given in this paper.

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