

**IMPACT OF QUALITY IN HEALTH CARE****Bilal Kahlid Alwan\* and Angham Maky Hussein and Khulood Kareem Abed**

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**ABSTRACT**

Quality is one of the most important areas in the health services sector. Through research here, we have learned in particular the extent to which the quality of health care is applied and the main obstacles that have led to the reduction of the use of these applications after the highlight of the quality and the multiplicity of concepts, definitions, The health sector and its importance and the role it plays in the development and improvement of health care and compare all that is

the reality through this study as the results and recommendations to activate the role of quality applications in the establishment.

**KEYWORDS:** Health Care Organization-Health Care Quality-Total Quality Management-Quality Planning.

**INTRODUCTION**

The desire to implement TQM programs in the field of health care is a global goal that is expanding year by year. Quality is placed first among the priorities of basic health care in the Arab world. The services provided by basic health care have a direct impact on the lives and health of citizens and their families, Quality is the key to success in today's world depends mainly on competition, and where the modern world today is witnessing many variables in all fields, whether economic, political, social and others. Hence, it became necessary to adopt quality as a basic criterion for the differentiation between establishments and their impact on competition among the operating establishments. Providing a good or service at a specific facility depends on the extent of its application of quality management programs within the establishment, including the health facilities, which are the subject of our research. The health care sector is continuously developing and every one of them seeks to provide quality service through their application to Programs quality scientific and statistical methods and modern setting appropriate standards and performance evaluation levels and maintain high levels of

administrative and technical performance are so long-term integrated strategy going to approach the facility and have satisfactory results for all sides.

**Chapter One:** Research Methodology.

**Chapter Two:** Theoretical Aspect.

**Chapter Three:** The Applied Side.

**Chapter Four:** Discussion of the Results.

**Chapter Five:** Conclusions and Recommendations.

**Chapter One: Research Methodology**

**First: the problem of research**

Through field visits and observations of the reality of health institutions and facilities, there were several problems for service recipients and practitioners in these establishments on the basis of the low quality factor in the facilities of both parties in several aspects, which raised the desire to study this problem and to know the main obstacles that led to the failure to take quality applications, Highlighting the effective role of quality and its effectiveness to improve and improve the performance of the establishment and its impact on the profitability of the owners of the establishments.

**Second: The importance and objectives of research**

- Identify the importance of health facilities to the quality factor
- Knowledge of the most difficult obstacles and obstacles to the application of quality
- Conditions that must be met in health services to ensure the quality of high services

**Third: Research Method**

The descriptive method the method of research was based on the descriptive method based on the actual visits and observations of the health sector in both public and private sectors and benefiting.

**Fourth: The field of research**

1. Scientific limits: The study was limited to the quality factor in the health sector
2. Spatial boundaries: The study was conducted on private and public establishments in the Iraq.

**Fifth: The hypothesis of research**

There is a statistically significant positive relationship between the main dimensions of service quality (concrete, reliability, emphasis, responsiveness, empathy) and quality of service.

**1-tangibility**

1. There is a positive relationship of statistical significance between the modernization of equipment and medical supplies currently used and the level of quality of service.
2. There is a positive relationship of statistical significance between the nature of the halls and lounges and places of waiting for patients and offices of doctors and staff and quality of service.

**2-Reliability**

1. There is a positive relationship of statistical significance between what is committed and prepares the management of the establishment to provide health and treatment service and quality of service.
2. There is a positive relationship of statistical significance between the understanding and sympathy of the administration when submitting complaints and the level of quality of service.
3. There is a positive relationship of statistical significance between the confidence of patients type of service provided and professional medical skill and quality of service.

**3 -Response**

1. There is a positive relationship of statistical significance between the news of patients with the dates of service and the quality of service.
2. There is a positive relationship of statistical significance between the provision of immediate service to patients and the level of quality of service.

**4-Emphasis**

1. There is a positive relationship of statistical significance between the full confidence of the patients and the quality of service.
2. There is a positive relationship of statistical significance between the interaction of medical staff and workers with patients and the quality of service.

### 5-Sympathy

1. There is a positive relationship of statistical significance between the attention of the management of the facility personal care of patients and the level of quality of service.
2. There is a positive relationship of statistical significance between the ability of employees in the health facility to provide personal attention to patients and the quality of service.

### Chapter Two: The theoretical side Definition of quality

**Quality is:** Perform the right thing correctly since the first time with finding a chance to improve each time.

Quality is: compliance with standards.

Quality is: free of defects.

### Quality Forms

#### 1. Quality that can be measured

- Quality that complies with standards. - Achieving acceptable standards for expected service outcomes provided by the unit to the user. - Standards are evidence of excellence.

#### 2. The quality that can be estimated is

- Recognition and appreciation of excellence beyond the minimum standards and standards.
- The judgment requires the skills and experience of practicing physicians and people with sensitivity and attention.

#### 3. The quality that can be realized is

- Degree of excellence that can be perceived by recipients of the service or the observer for health care.

### Total Quality Management

Is an administrative philosophy based on the commitment of senior leaders, which gives the energy and credibility to apply the process of continuous improvement of quality within a broad strategy covering all the facilities that provide health services.

### Total Quality Management is

- A new look at the ways to deliver health services
- A new presentation of management in the field of health care

**The application of Total Quality leads to**

- Satisfaction of users - Increasing efficiency - Competitiveness
- Cost reduction TQM is superior to the needs, expectations and opinions of users of the service.

**Continuous improvement of the quality of operations**

- Management of operations based on ongoing study to improve the delivery of health care services to suit the needs of users and service providers.
- An administrative system that relies on monitoring, assessment and evaluation and creates a dynamic development of TQM.

**Quality assurance**

Is the traditional model of the set of actions governing important activities to upgrade the current system in order to function satisfactorily.

Principles of Total Quality Management:

- Focus on the needs of the user so as to understand the current and future needs to match and exceed the expectations of the user.
- Understand the overall extent of user needs and expectations of the service.

**Conscious leadership**

Is the process of creating and providing an internal environment that has the opportunity to continue to enable the service provider to participate in accomplishing the objectives of the unit.

**Decision-making based on information and data**

Effective and effective decisions are based primarily on analysis of information and data. Therefore, information and data are the basis for understanding processes and evaluating system performance in terms of directing improvement and preventing future problems.

**We therefore need to**

- Measurement and collection of data and information related to the objectives
- Ensure that the data and information are accurate enough, real and easily accessible.
- Analyze data and information correctly
- from sources such as medical survey and discussion groups to guide policy profiling.

- Making decisions and attitudes based on the results of the analysis in parallel with the experience and the foresight.

#### **4. Establish mutually beneficial relationships with service supervisors**

There is mutual reliance between health care service supervisors and service providers in the health unit. Therefore, a mutually beneficial relationship supports the ability of both to maximize the use of available resources. Therefore, we need:

- Defining the supervisor of the service and establishing a relationship based on the balance between the near and distant gains and benefits of unity and society as a whole and creating a kind of open and open communication.
- Strong participation and a clear understanding of the needs of the user.
- Sharing information and future plans.

Quality strategy in health care:

The efficiency in controlling the quality path that can be measured is measured by:

- Performance Standards.
- The cost.
- Lack of risk.

#### **Understand the value and necessity of quality that can be estimated as it increases the value of**

- Professional ethics. - Activation and increase the value of quality that can be realized.
- Because it respects the interests and views of users.

#### **The quality strategy should be supported by**

- High Leadership. - Quality Committee. - Doctors and nurses. - The middle leadership.

All employees. In an environment based on the culture of ideal quality (each one must work with all his efforts to achieve the best).

#### **Historical development of quality thinking in health management**

The history of quality in the field of health dates back to 2000 BC and to the law of Hamo Rabi, King of Babylon, where the law contains the oldest lists known to man regarding the costs and fees of services provided, which combined the quality and cost of health care (Ben Said, 1418 e). The law of Hamo Rabi also included clauses concerning penalties related to surgical errors, negligence and negligence.

In the 1990s, the concepts of Total Quality Management (TQM), or Quality Continuous Improvement, based on principles developed by quality experts such as Deming, Joran and Crosby, began to be applied in the industrial sector in Japan in the aftermath of World War II, Has gradually spread to other sectors, including health services.

### **Quality in health care**

As we have said, the desire to implement TQM programs in the field of health care is a global goal that is expanding year by year. Therefore, quality is ranked first among the priorities of basic health care in the Arab world. Services provided by basic health care have a direct impact on the lives and health of citizens and their families.

Quality is the key to success in today's competitive world. In order to achieve competition in performance, it is necessary to refer to TQM programs based on continuous improvement of quality of performance.

### **Quality of Health Service**

The American Commission for the Accreditation of Health Organizations, known as the Joint Commission on Accreditation of Hospitals (JCAH).

As a degree of adherence to generally recognized contemporary standards of good practice, expected outcomes for a specific service, diagnosis or medical problem (Said, 1994).

Good medical services are those that follow the standards and foundations that are followed and taught by the founding leaders of the medical profession in society (Lee Jones 1933).

Roberts and Prevost in 1987 and Rodríguez in 1988 suggested that the concept of quality of health care depends on who will define it. In other words, the definition of quality depends on who evaluates it and what values and criteria agreed unanimously to determine that concept, whether on the basis of objective or subjective evaluation, Quality can be defined at least through three main angles as follows:

- 1 - Quality of technical care provided to the patient Technical care quality
2. Quality of care art provided to the patient Art of care quality
- 3 - Quality of the external appearance of the health facility Ammunition of care quality may also see that the quality assessment is determined on the basis of the level of external appearance of the health facility, or the extent of medical equipment at the facility and the electronic progress and hygiene of the facility.

4. ACCEPTANCE: Services are provided to meet expectations and meet reasonable expectations of patients, service providers themselves and the community at large.

5. Adequacy: means that resources are not spent on one service or one patient at the expense of other services or patients.

### **Measuring Quality of Health Service**

Previous studies indicate that there are two methods of measuring service quality that are first attributed to Berry et al. (1985), which is based on customer expectations of the level of service and their understanding of the level of service performance already provided, and then determining the gap (or match) And perceptions using the ten dimensions represented by the aspects of QoS:

- Instant access or easy access to the service at the right location and time and without long waiting.
- Communication or accuracy of service description in the language understood by the customer.
- Competence of any employees possessing the necessary skills, abilities and information.
- Credibility, where FAO employees view the customer as trustworthy.
- Reliability, where the service is provided to the customer in a reliable manner.
- Responsiveness where employees respond quickly and creatively to customer requests and problems.

In a subsequent study (Berry et al., 1988), tangible physical aspects of service, reliability, responsiveness, safety and empathy.

It is noted that these dimensions are from the researchers' point of view, general dimensions on which the customer depends on the measurement of the quality of service, regardless of the quality of the service. These gaps occur if there is a difference between the client's expectations and management's understanding of these expectations (Smith, 1995).

Quality of health service is measured by the availability of the dimensions reached by Berry et al., In the health service provided by the hospital. These dimensions are:

#### **1. Concrete aspects, including the following variables**

- Attractive buildings and physical facilities.
- Design and internal organization of buildings.
- Modernity of medical equipment and devices.

- Appearance of doctors and staff.

## **2. Reliability, including the following variables**

- Meet the health service on time.
- Accuracy and lack of errors in examination, diagnosis or treatment.
- Availability of different specialties.
- Confidence in doctors and specialists.
- Ensure that the patient's problems are resolved.
- Maintain accurate records and files.

## **3. Response, including the following variables**

- Speed in providing the required health service.
- Immediate response to patient needs no matter how busy they are.
- Permanent readiness of staff to cooperate with the patient.
- Immediate response to inquiries and complaints.
- Tell the patient exactly when and when the service will be delivered.

## **4. Safety, including the following variables**

- Feel safe in dealing.
- Specialized knowledge and skill of doctors.
- Literature and good attitude among employees.
- Continuous follow-up of the patient's condition.
- Confidentiality of patient information.
- Support and support management for employees to perform their functions efficiently.

## **5. Sympathy, including the following variables**

- Understand the patient's needs.
- Put the interests of the patient at the forefront of management and personnel.
- Appropriate work hours and service time provided.
- Personal care for each patient.
- Appreciate the patient's circumstances and empathy with him.
- The spirit of humor and friendship in dealing with the patient (Idris 1996)

**Quality from a professional medical perspective**

Is to provide the best services according to the latest scientific and professional developments, and this is governed by three main points: the ethics of health practice, experience and quality and the health service provided.

**Quality from the perspective of the beneficiary or the patient**

The ultimate goal should be to address or overcome that complaint. The details are useful for the patient but not the goal of reviewing the treatment request. Measuring D Satisfaction of customers in the health aspect of patients, in ways that can be inferred from the quality of service.

**Health quality in terms of management**

Which is primarily concerned with the use of available resources and the ability to attract more resources to meet the requirements for the provision of outstanding service. Including the personal relationships of the health leadership to seek more resources, to engage and persuade those involved in providing such resources.

**Nursing as a measure of quality in the health service**

The profession of nursing is one of the highest professions created by man and is almost the best and most important because of its contribution to save patients from danger or death, God willing, and then with the help of doctors.

The World Health Organization (WHO) notes that nursing is one of the basic health activities that contribute to improving human health or restoring health in the event of illness. The nurse is a link between the patient and the health team in the various health institutions. Nursing is a science and art that cares about the individual as a whole body, mind and spirit, a direct service aimed at meeting the needs of the individual, family and society in health and disease. The nursing profession is based on the basics, information and knowledge of its own, and it has specialized skills.

The importance of nursing is increasing with the expansion of the provision of health services and the increase in the quality of diseases requiring long nursing care.

The profession has developed significantly as there has been a big difference between nursing in recent years and now. In the past, the role of nursing personnel was limited to giving injections and wound parts. Now they are becoming more comprehensive and larger. Nursing

personnel are currently working in specialized specialties such as intensive care departments, cardiac catheterization departments and endoscopy which need precision, technical competence and superior skill.

The development of this profession also applied the nursing care plan which made the work more organized and in which they assess the patient's condition and thus find the appropriate nursing diagnosis and accordingly provide appropriate nursing care for the patient. There are many research and nursing studies that are issued between one period and another.

### **Quality of care provided**

The objective of the application of TQM is to achieve high levels of quality in medical care provided by health facilities, optimize the use of their physical and human resources, rationalize expenditures and use, evaluate the quality of productivity of health services, and work continuously and continuously on improving the quality of health services.

### **Customers Satisfaction**

TQM aims to provide a high quality health service in line with the aspirations of the beneficiaries through a process aimed at continuous improvement of quality in line with and exceed the expectations of customers.

### **Raising staff morale**

The participation of decision makers is one of the fundamentals of TQM, and they are considered internal customers to be satisfied.

### **Operating efficiency**

The efficiency of operating is one of the most important benefits achieved by the application of the concept of total quality as a result of the elimination of waste in the performance of operations and the high level of skill workers.

### **Elimination of clinical practice differences**

One of the most important problems faced by health organizations is the different ways in which doctors perform their work, and this has implications for quality and efficiency.

1. Reducing the burden of patients on society and improving the quality of life of individuals through the provision of health services for preventive, preventive, curative and rehabilitation for all age groups throughout their lives within the framework of the concepts of primary health care.

2. Facilitate the access of the community in all categories to comprehensive health services.
3. Develop and strengthen the quality system in primary.
4. Strengthen primary health care services by developing productive and ongoing partnerships with stakeholders and achieving better health outcomes
5. Improve decision-making and planning by providing health information to all health workers in a clear, accurate, correct and timely manner, and prepare a supportive organizational structure.
6. Enhance the efficiency and skills of health professionals and support health service personnel, provide an appropriate working environment and maintain their performance in line with the best international standards.
7. Support and develop the systems and administrative procedures necessary for the success of primary health care programs.
8. Support research on primary health care services and operational research to better understand existing problems and address problems that may arise.

### **Chapter Three - Applied side-Application side**

#### **1-sample search**

The research sample was selected from the research community (private and public health establishments) of the workers, health practitioners and reviewers who constitute the appropriate basis for research.

#### **2. Test the hypothesis of research**

After the data were collected and analyzed using the Likert Scale.

#### **The general premise (main) states**

There is a statistically significant positive relationship between the dimensions of service quality: - motivation, reliability, responsiveness, emphasis, empathy, and quality of service.

This hypothesis was tested by means of the responses (sample items) on the statements included in the questionnaire. The percentages of these responses were used for each paragraph of the questionnaire:

**Reliability**

1. The health facility management is committed to its promises to patients in the provision of health and therapeutic services and to provide the appropriate environment as you expect in your mind. The result was 33%.
2. (The Health Facility Administration sympathizes with the reviewers when submitting complaints as you expect in your mind). The result was 33%.
3. The health facility management is concerned with timely and accurate delivery of services (33% do not agree).
4. (Patients place confidence in the medical profession's skills with confidence and safety) the result was 47% somewhat agreeable.
5. The health facility management is keen to record information about patients and their health status in records and computer. The result was 52%.

**Response**

1. (Patients are told about the times of service provided to them as you think) The result was 47% OK to some extent.
2. (Patients are not expected to receive immediate service from health facility workers) The result was 40% strongly agreed
3. (Although staff are busy providing services, they respond to patients' requests immediately). The result was 33% strongly agree

**Emphasis**

1. Patients should have full confidence in the health facility staff. The result was 40%
2. (The patient must be assured that he is in good hands with those who deal with him) the result was 66% strongly agree
3. (touch interaction between staff and patients where dealing gently and tactfully) the result was 66% OK
4. (Employees have merit, courtesy and credibility) the result was 66% somewhat agreeable

**Sympathy**

1. (The administration should give patients personal attention) the result was 66% strongly agree
2. (Workers have the ability to provide personal attention to patients) the result was 33% OK

3. (In fact, the administration provides the best for patients) The result was 40% somewhat agreeable
4. The department works according to patient needs. The result was 47%.

## CHAPTER FOUR -DISCUSSION OF RESULTS

### Discussion of results

Now we will try to test each of these hypotheses by using the same method used in the general hypothesis test as follows:

#### Stuff palpable

**The first** sub-hypothesis which states that (there is a statistically significant positive relation to home-updated equipment, medical equipment and supplies currently used, and the quality of health services).

According to the results of the test, it was found that the majority of the sample members agree that there is no modernity of the equipment, equipment and medical supplies currently used.

**The second** sub-hypothesis states that (there is a statistically significant positive relationship between the nature of the patient's lounges and lounges, the waiting places, the offices of doctors and the current staff, and the quality of the health services).

According to the results of the test, it was found that 40% of the sample population is indifferent to the phrase.

**The third** sub-hypothesis which states that (there is a positive relationship of statistical significance between the attention of the management of the health establishment and the workers in the manner and body of work with the level of service provided, and the quality of health services).

According to the results of the test, it was found that there is a large approval by the sample community of 47% that there is interest from the administration, workers and health staff.

**The fourth** hypothesis, which states that (there is a positive relationship of statistical significance between the possibility that the management of the health facility provided the

material requirements in paragraphs (1-3) within the available possibilities, and the quality of health services).

**According to the test results, there was no positive correlation**

**Reliability**

The first sub-hypothesis, which states that (there is a positive relationship of statistical significance between the commitment of the management of the health facility and its promises to patients in the provision of health services and treatment and provide the appropriate environment, and the quality of health services).

According to the results of the test, 33% of the sample population was found to be somewhat agreeable. This means that there is a clear weakness in the management's lack of commitment, which reflects the poor quality of service provided.

The second sub-hypothesis, which states that (there is a positive relationship of statistical significance between the management of the health establishment with the auditors when submitting complaints, and the quality of health services).

According to the results of the test, 33% of the sample population was found to be somewhat agreeable, which means that there is a low level of empathy from the management of the health establishment, which affects the quality of the service provided.

The third hypothesis, which states that (there is a positive relationship of statistical significance between the management of the health facility to provide services in a timely manner quickly and accurately, and the quality of health services).

According to the results of the test, it was found that 33% of the sample community disagree with the statement, where there is a clear weakness in the administration in this regard.

The fourth hypothesis, which states (there is a positive relationship with statistical significance between the situation of patients confidence in the skills of the medical profession, and the quality of health services).

According to the results of the test, it was found that 47% of the sample community agree to some extent to put their trust in the medical system and the extent of skill, which is reflected on the quality of service provided.

The fifth hypothesis, which states (there is a positive relationship of statistical significance between the attention of the administration to write information about patients and their health in the records and computer, and the quality of health services).

According to the results of the test, 52% of the sample population was found to agree with the role of the administration in this field and it is effective to improve the level of service delivery and raise the quality level.

### **Response**

The first sub-hypothesis which states that (there is a statistically significant positive relationship between patients' reports of service delivery times and quality of health services).

According to the results of the test, 47% of the sample population was found to be OK to the extent that attention to patient news leads to increased quality.

The second sub-hypothesis, which states that (there is a statistically significant positive relationship between the provision of immediate service by health facility workers and the quality of health services).

According to the results of the test, it was found that 40% of the sample population strongly agree that the service was not provided by the employees of the health facility in the manner required to be upgraded to an appropriate quality level.

The third sub-hypothesis, which states that "there is a statistically significant positive relationship between the desire of workers to help patients permanently and the quality of health services".

According to the results of the test, it was found that 33% of the sample community strongly agree that there is interaction among the workers, but the majority almost see weakness in this aspect, which negatively affects the level of service delivery.

### **Emphasis**

The first sub-hypothesis, which states that "there is a statistically significant positive relationship between the total trust of employees in the health establishment and the quality of health services".

According to the results of the test, it was found that 40% of the sample population strongly agree that the total level of confidence in the employees is reflected in the quality of the service provided.

The second sub-hypothesis, which states that (there is a positive relationship of statistical significance between the patient's reassurance that he is in good hands with those working with him, and the quality of health services).

According to the results of the test, it was found that 66% of the sample population strongly agree that the safety of the employees in the health establishment reflects the performance and quality of the establishment.

The third sub-hypothesis, which states that (there is a statistically significant positive relationship between the treatment of patients and workers, and the quality of health services).

According to the results of the test, it was found that 66% of the sample community agree that the tact and kindness in dealing is reflected significantly on the performance of the establishment and increase the quality of it.

The fourth sub-hypothesis, which states (there is a positive relationship of statistical significance between the availability of merit, civility and credibility, and the quality of health services).

According to the results of the test, it was found that 66% of the sample population is somewhat agreeable that it has an impact on the quality level provided.

### **Sympathy**

The first sub-hypothesis, which states that (there is a positive relationship of statistical significance between the administration's personal interest in patients and the quality of health services).

According to the results of the test, it was found that 66% of the sample population strongly agree that there was no interest paid by the administration, which negatively affects the quality provided.

The second sub-hypothesis, which states that (there is a statistically positive relationship between the ability of employees to provide personal attention to patients, and the quality of health services).

According to the results of the test, 33% of the sample population was found to be OK, reflecting the apparent weakness of staff in providing such personal care and thus poor quality.

The third sub-hypothesis, which states that (there is a positive relationship of statistical significance between the provision of management to the best of its patients, and the quality of health services).

According to the results of the test, 40% of the sample population was found to be somewhat agreeable, indicating that there is still weakness in the provision of management in the provision of health service and quality.

The fourth hypothesis, which states (there is a positive relationship with statistical significance between the flexibility of the work of the administration hours of work according to the needs of patients, and the quality of health services).

According to the results of the test, 47% of the sample population strongly agree that the management of the health facility is flexible and meets the needs of patients through appropriate working hours.

## **CHAPTER FIVE -CONCLUSIONS AND RECOMMENDATIONS**

### **CONCLUSIONS**

- There is no modernization of the medical devices and equipment currently used in the health facility and keep pace with the development in the field of health services, where the difference between a government hospital and another private between a health unit or a clinic and private clinics and the cuff is definitely to the private sector.
- The nature of the patients' lounges, lounges, waiting rooms, doctors' offices, and current employees did not fit in with some of the participants' aspirations in terms of their suitability with the nature of the work in hospitals and health units where it varies between a government hospital and another between a health unit or a clinic and private clinics Cuff is definitely to the private sector.

- that the attention of the management of the health facility in a large manner and the work body within the health facility was reflected significantly on the level of service provided and form of satisfaction to the client.

- The provision of medical devices, equipment and supplies was not at the required level and according to the possibilities available to the management of the health facility.

Thus, it is clear to us that the level of quality of health services provided through the results of the questionnaire and within the palpable variable was weak.

### **RECOMMENDATIONS**

Any health management in the health sector should improve the quality of health services offered to patients in this standard by:

- Updating the equipment, equipment and medical supplies used to suit the development in the field of health services, as is the case in the countries of the world and within the available means.

- Modernizing patient halls, lounges, waiting rooms, doctors' offices and existing staff in order to create an appropriate medical environment.

- Attention to the manner and body of work clothes because of its impact on the quality of health service provided.

- Providing high-quality medical devices and equipment, reflecting the quality of health services provided.

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