

## **An Analysis of Quality Management Strategies in Indian Hospitals to Improve Healthcare Systems**

**Mukesh Singhal**

Department of Management,  
Shri Venkateshwara University, Gajraula, Uttar Pradesh, India

### **Abstract:**

Health care in India is spread out across a wide range of quality, from hospitals that are well-known around the world to places that provide care that isn't good enough. Lack of reliable data and technical problems in measuring quality make it hard to improve the quality of care, especially for people who want to do that. In response to research that shows poor quality, increased patient expectations, media attention, and a belief that there are effective ways to improve quality and safety, both developed and developing countries have set national goals for health systems to ensure patient and staff safety and improve quality. In both the public and private sectors, ongoing efforts are being made to improve data quality, develop better ways to monitor and analyse the quality of care, and develop novel approaches to dealing with long-term issues. Changing disease profiles and a growing chronic disease burden in India make it very important for state and federal governments in India to work together with researchers and organisations that work to improve health care. Governments and funders are increasingly requiring health care organisations to set up quality systems and strategies, and this is becoming more common. It's hard to figure out which strategies are best for a specific hospital in a specific situation. The goal is to help people who make decisions think more clearly about how to plan, carry out, and evaluate their plans. To put the claims made by people who support each approach into perspective, you need to do research first. When you choose the wrong strategy or don't use it correctly, it can cost you a lot of money in the long run. There is no way to know for sure which tactics work. It is hard to compare different ways of doing things in a way that is true. To make things even better, there is a lot of useful research that gives a glimpse of the results, talks about different types of strategies, and gives advice on how to put them into practice.

Keywords: health, government, patients, quality management, improvement, Indian.

Objectives:

1. To analysis quality management strategies in Indian hospitals and examine the decision-makers will be able to better plan, implement, and evaluate strategies.
2. To examine how to improve quality and good features in Indian hospitals by health professionals.

## **Introduction**

A Health Care Organization (HCO) is a very complicated organisation because of the intangible results of service and the mix of different professionals who work for it. Quality management is very important in the health care industry, so it's important to make sure that everything is done right. It has always been a good idea to follow the rules of quality when you get health care. Even though, quality isn't something you can see or feel. Health Care Service is better than "Medical Care" at explaining the field and making it seem like something that can be assessed, monitored, and improved instead of just "Medical Care." It can be said that a good healthcare system is "one that is easy to use, appropriate, available, affordable, effective, efficient, integrated, safe, and patient- centred." A lot of people who help people get their health care are in a variety of different fields. They include dentists, midwives and obstetricians; doctors and nurses; pharmacists; psychologists; and more. People who work in health care call this "quality management." It was thought at first that it was telling the people in the health care field how to do things. Its contemporary meaning, however, is to control the care process. When you think about how an organisation works, you can think about it as a group of procedures and processes that can be looked at one at a time and together. When it comes to quality assessment, there are a lot of different models out there. Quality management has become more critical than ever before as a result of the new definition of quality, which places a premium on patient happiness as the primary objective of service. To make sure patients get good service, you need to pay attention to how well they are being cared for. The old way of looking at quality control was to look for problems. There is a desperate need to change the way health care is delivered, so this is what needs to happen. Authorities must become involved in quality, and they must do so immediately. Historically, the medical industry has placed a higher premium on quality of care than other fields, such as dentistry and nursing. Additionally, it has been more significant in the developing countries.

However, the question of whether the growing size of the industry means better services and better results for patients is still up in the air. In this scenario, the government issued the 2017

National Health Policy (NHP) as a roadmap for policymakers interested in assisting India in meeting its national and international goals. High-quality health care is about being consistent, having positive health outcomes, being patient-centred, making sure everyone has a chance to get the care they need, and providing trustworthy service. [1] To achieve the Sustainable Development Goals' health-related objectives, it's also important to improve the quality of health care (SDGs). There are a lot of things the SDGs want to improve in terms of maternal, foetal, and neonatal care. In order to keep the maternal mortality rate (MMR), infant death rates, the rate of neonatal deaths, and the rate of under-five deaths down, there needs to be better quality in these places (U5MR).

The NHP wants to cut maternal and child health problems down to 23 by 2025 and 100 by 2020, which would be a big change from what they are now. IMR should be down to 28 by 2019, NMR to 16, and stillbirths to "a single digit" by 2025, too, the government wants to do as well. People in India will be able to get health care under the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB–PMJAY). The government's main intervention has hit on the right things. As long as you keep working and make small changes to make sure the bigger policy goals are being met on the ground, you'll be able to keep them going. When planning for health, think about the WHO's top priorities. Part of this is health care. People need more than just health care to stay healthy. They also need help with things like culture, attitudes, income, nutrition, hygiene and sanitation, lifestyle, social support, and a lot of other things.

### **Quality and strategy in health care system**

'Quality' has many different meanings, from those that are more traditional to those that are more strategic. People who work for the American National Standards Institute (ANSI) and the American Society for Quality (ASQ) say that quality is everything about a care or service that affects how well it meets certain needs. It was W Edwards Deming, the man who came up with the idea of TQM, who said that quality is a strategy that is based on the customer's need. This strategy has been the most widely accepted around the world.

People think of quality as a system that doesn't have a lot of different values. It has been thought of as being the best at what they do, or not having any problems with patient care or service, or meeting all the rules, or having no problems. In health care organisation (HCO), the exact meaning of "quality of care" isn't clear. It's more than the way you thought about "clinical quality" in the past. The technical part is also there. When it comes to quality in health care, what matters most is what health care workers expect from the content they're

reading and using. Health care service quality is based on how satisfied patients are, how well they are trained, and how well they interact with other people.



**Fig 1:Chart of the Quality Control Process in a Health Care Organization.**

### **Literature review**

Bendikter H (1975) said that health care workers have learned how to monitor and evaluate their work. There are a lot of things that make some things work and some things that don't work. In this case, a project is considered a success if it yields useful results that improve care and practise. Quality assurance comes with a promise to act positively when a test or evaluation is done. When the roles of nursing practise are defined, then it is possible to measure how well they are being done. Those parts of nursing that don't meet the standards need to be changed. A well-structured and systematic way to improve quality can only be done if assessments are done on a regular basis and are an important part of professional work.

The goal of quality is a moving target, Brooks (1990) says. He also says that quality is a prize to be sought even if only imperfectly achieved. It's important to make sure that the hospital's service is the best it can be, with the resources and knowledge available at the time. This is what the WHO said in 1993.

## **LIMITATIONS OF THE STUDY**

1. The study population was limited to the selected hospitals for survey.
2. The method of data collection was limited to self-report of sample subjects.

## **RESEARCH APPROACH**

Primary research is defined as a process in which researchers collect data directly from participants rather than relying on data that has already been obtained. Technically, they "own" the data. Studies that rely on previously acquired data are referred to as "secondary research." The supplied data is correctly summarised and compiled to improve the research's overall utility. Secondary research consists of studies that have been published in peer-reviewed journals, conference proceedings, or other related publications.. Primary and secondary research methods were used to conduct interviews and surveys. The descriptive method was used in this study. Official websites serve as a source of secondary data, whereas questionnaires serve as a source of primary data. Additionally, this data incorporated secondary data. The researcher has chosen to collect primary data via survey.

### **Sample size**

As part of the survey procedure, the researcher has selected 150 people as participants, all are from hospitalsManagement and various level of health professionalslike (doctors, staff, wardboy, nursesetc.) are from. As a result, there are 100 participants in the study. I have randomly selected all participants from hospital management and health professionals.

### **2.3 Tools for data collection**

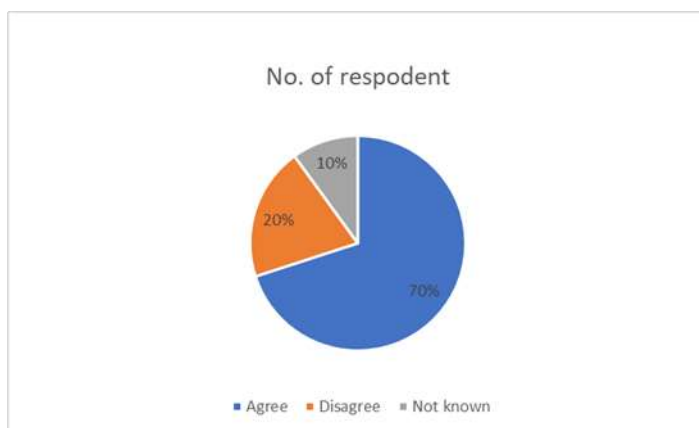
According to the International Organization for Standardization (ISO), data collection and analysis tools are a collection of charts, maps, and diagrams that are used to collect, analyses, and present data for a variety of applications and industries. The researcher used Microsoft Word and Excel to organize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

### **2.4 Questionnaire for survey**

**Q.1 Do you think quality management in Indian hospitals is necessary for the improvement of the healthcare systems?**

**Table 1.**

<b>Opinion</b>	<b>No. of Respondent</b>
<b>Agree</b>	<b>70</b>
<b>Disagree</b>	<b>20</b>
<b>Not known</b>	<b>10</b>



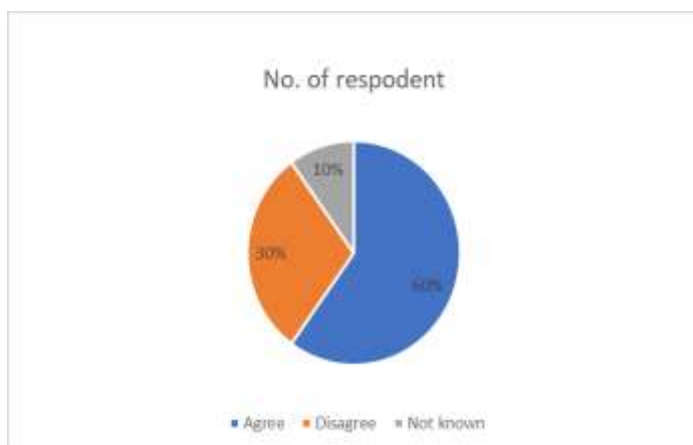
When the researcher asked a question that Do you think that “quality management in Indian hospitals is necessary for the improvement of the healthcare systems”? more than 70% of the participant were agreed with the statement but 20% disagreed with the statement. While 10% were not known about the question.

**Q. 2. Do you think health professionals are most important factor in quality management strategies in Indian to improve health care systems?**

**Table 2**

<b>Opinion</b>	<b>No. of Respondent</b>
<b>Agree</b>	<b>60</b>

<b>Disagree</b>	<b>30</b>
<b>Not known</b>	<b>10</b>

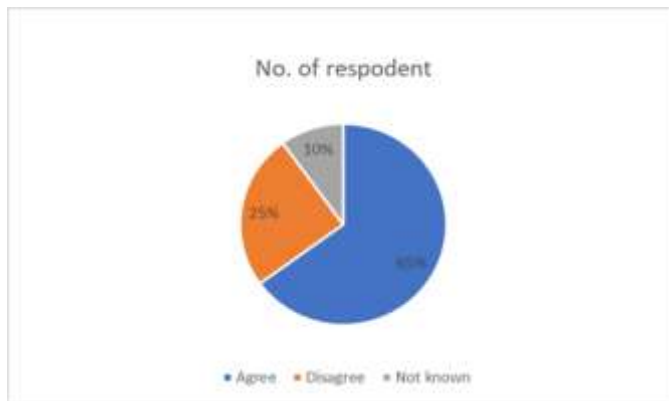


When the researcher asked a question that “think health professionals are most important factor in quality management strategies in Indian to improve health care systems?”? More than 60% of participants were agreed with the statement but 30% disagreed with the statement. While 10% were not known about the question.

**Q.3. Do you think hospital management can play a key role towards quality management strategies in Indian hospital to improve health care system?**

**Table 3**

<b>Opinion</b>	<b>No. of Respondent</b>
<b>Agree</b>	<b>65</b>
<b>Disagree</b>	<b>25</b>
<b>Not known</b>	<b>10</b>

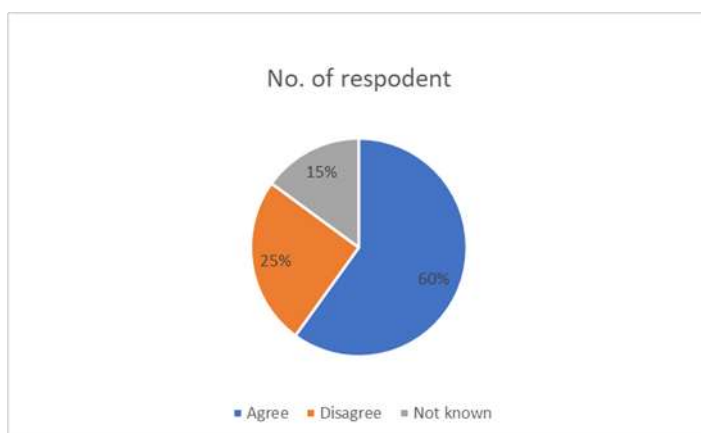


When the researcher asked a question that “hospital management can play a key role towards quality management strategies in Indian hospital to improve health care system”? to the participant than 65% people were agreed with the statement but 25% disagreed with the statement. While 10% were not known about the question.

**Q.4. Do you think that the health professionals play most important Communicator role to maintain good public relation in the hospitals?**

**Table 4**

Opinion	No. of Respondent
Agree	60
Disagree	25
Not known	15



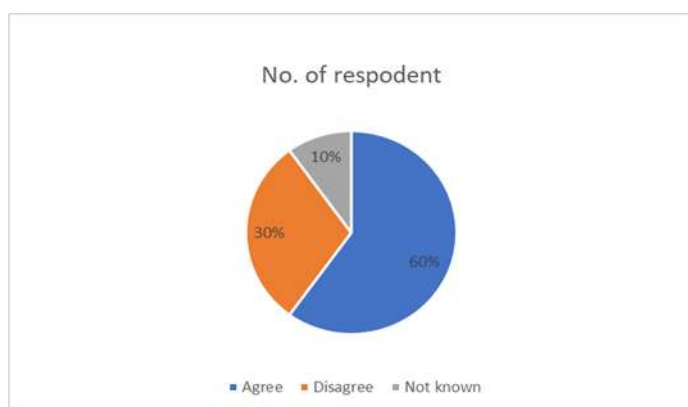


When the researcher asked a question that “health professionals plays most important Communicator role to maintain good public relation in the hospitals”? More than 60% of people were agreed with the statement but 25% disagreed with the statement. While 15% were not known about the question.

**Q.5. Do you thinkthat health professionalshave to be trained and upskills for the improvement of health care system to increase the quality of care in Indian hospitals?**

**Table 5**

<b>Opinion</b>	<b>No. of Respondent</b>
<b>Agree</b>	<b>60</b>
<b>Disagree</b>	<b>30</b>
<b>Not known</b>	<b>10</b>



When the researcher asked a question that “health professionals has to be trained and upskills for the improvement of health care system to increase the quality of care in Indian hospitals”? More than 60% of people were agreed with the statement but 30% disagreed with the statement. While 10% were not known about the question.

#### **4. Result and discussion**

During the present survey carried HRM increasingly important in today's public sector organization mentioned in table 1 have been observed to most of the participants think that quality management in Indian hospitals is necessary for the improvement of the healthcare systems next in table 2. Observed that most of the participants think health professionals are most important factor in quality management strategies in Indian to improve health care systems. They can give a big improving in hospital sectors. In table 3 has been observed that most of people think hospital management can play a key role towards quality management strategies in Indian hospital to improve health care system. the role of of hospital management is plays a vital role regarding quality improvement. Table 4 observed that the the health professionals plays most important Communicator role to maintain good public relation in the hospitals Next in table 5. have been observed that people who work in the health care system in India need to learn new skills and be trained so that the quality of care in hospitals can be better. The quality of health care can be better if a health professional is well-trained and well-equipped.

### **Conclusion:**

Health care is a religious and scientific enterprise, not a commercial enterprise.. The right people should be in charge of making sure that healthcare facilities meet high standards and provide good care. The authority should think about how the curricula should be changed to make sure that future professionals are well-trained to make patients happy, as well. Health care organizations HCOs need to start a new Quality Movement in order to get the momentum they need to improve health care service for the whole family. What we need, what we have to do, and what we want to do in the future are all part of it.

### **References**

1. Park K. Health care of the Community. In: Park K., editor. Park's text book of preventive and social medicine. 20th ed. BanarsidasBhanot; Jabalpur: 2009. pp. 780–800. [Google Scholar]
2. Salehi A., Janati A., Nosratnejad S., Heydari L. Factors influencing the inpatients satisfaction in public hospitals: a systematic review. Bali Med J. 2018;7(1):17–26. [Google Scholar]
3. Donabedian A. Evaluating the quality of medical care. Milbank Memorial Fund Q. 1966;44(3)(suppl):166-206, Reprinted in Milbank Q. 2005;83(4):691-729. [PubMed]

4. Rathee M. Quest for quality: pivotal paradigm for healthcare transformation. J IDA North West Delhi Branch. 2016;3(2):55–56. [Google Scholar]
5. Rana B.K., Behera N.S., Nair S.B. QCI - medical laboratory program journey of quality in public medical laboratories”: an experience though program evaluation. J Nat Accred Board Hosp Healthcare Providers. 2014;1:7–11. [Google Scholar]
6. Mandeep, Chitkara N., Goel S. Study to evaluate change of attitude toward acceptance of NABH guidelines: an intra-institutional experience. J Nat Accred Board Hosp Healthcare Providers. 2014;1:52–55. [Google Scholar]
7. Ungureanu Marius-Ionuț, MoceanFloarea. What do patients take into account when they choose their dentist? Implications for quality improvement. Patient Preference Adherence. 2015;9:1715–1720. [PMC free article] [PubMed] [Google Scholar]
8. Sadikoglu E., Olcay H. The effects of total quality management practices on performance and the reasons of and the barriers to TQM practices in Turkey. Adv Decis Sci. 2014;17. [Google Scholar]
9. Agarwal A., Aeran H., Uniyal S., Nautiyal A. Quality assurance in dentistry: a need in Indian scenario. Int J Oral Health Dentistry. 2015;1(4):172–176. [Google Scholar]
10. Lee P.M., Khong P., Ghista D.N., Mohammad MosadeghRad A. The impact of organizational culture on the successful implementation of total quality management. TQM Mag. 2006;18(6):606–625. [Google Scholar]
11. Murti A., Deshpande A., Srivastava N. Service quality, customer (Patient) satisfaction and behavioural intention in health care services: exploring the Indian perspective. J Health Manage. 2013;15(1):29–44. [Google Scholar]
12. Ministry of Health and Family Welfare, Government of India. Specific Targets Under National Health Policy 2017. Ministry of Health and Family Welfare, Government of India. 2017 [Google Scholar]
13. An Overview of Sustainable Developmental Goals. [Last accessed on 2018 Dec 12]. Available from: <http://www.niti.gov.in/content/overview-sustainable-development-goals>.
14. Field Visit Report. Banda UP: Dr K Madan Gopal; 2018. Dec, [Google Scholar]

15. National Institution for Transforming India Aayog, Government of India. Health States Progressive India. Report on the Rank of States and Union Territories. National Institution for Transforming India Aayog, Government of India. 2018 Feb [Google Scholar]

16. Global Nutrition Monitoring Framework: Targets for 2025, World Health Organization. 2017 December [Google Scholar] World Health Organization.