TOTAL QUALITY MANAGEMENT IN THE HEALTH SECTOR: A case study of Limi Hospital and Maternity limited, Zaria

MBA/ADMIN/9997/1992-93

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JUNE, 1997

DECLARATION

I hereby declare that this Project entitled "**Total Quality Management In The Health Sector:" A Case Study Of Limi Hospital And Maternity Ltd Is My Original WorK**. All data and work submitted have been duly acknowledged in the References.

30/12/00

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Date

CERTIFICATION

This Project report entitled 'TOTAL QUALITY MANAGEMENT IN THE HEALTH SECTOR: A CASE STUDY OF LIMI HOSPITAL AND MATERNITY LTD by Josephine Bosede Remilekun Iseko meets the regulation governing the award of the Degree of Master of Business Administration (MBA) of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

.....	19/12/2007
Internal Supervisor	Date
.....	28/06/2007
External Supervisor	Date
.....	4-10-2007
Head of Department	Date
.....	14/12/07
Dean of Post Graduate School	Date

DEDICATION

This work is dedicated to my family- my husband and my children who endured my persistent absence during both the course work and the preparation of this project.

ACKNOWLEDGEMENT

I wish to express my sincere appreciation to my Lord and saviour Jesus Christ for all He has done for me.

My sincere appreciation goes to my Supervisor Dr. (Mrs.) Joan Nwasike who through her encouragement, sisterly love and supervision spurred me on to complete this work.

May the Lord continue to be with her, in all her endeavours and grant her heart desires.

I want to express my gratitude to my husband and children for their encouragement and love, which sustained me throughout the course.

My appreciation is also to Mr. Thomas Oko who helped me greatly in proof reading the scripts. Others who were of immense assistance in completing this work. May God reward you abundantly.

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ABSTRACT

In today's demanding business climate, the private hospital executive, managers and consultants are aware that competition, whether direct or indirect; inflation; government regulatory policies, and other market forces are part of what is confronting the medical business. The understanding of these, demands for knowledge on new ideas of management's, strategies, self improvement and better staff management techniques for good results.

Perfection can only come through the acquisition of new ideas and states. It does not matter where the private health institution is located, whether in the rural or urban set-up, the principles of managing customer, workers and effective management commitment is the same. The type of management techniques that embraces all these is Total Quality Management.

CHAPTER ONE

1.1 BACKGROUND OF THE STUDY

In recent years, the quality of Japanese products and the success of most of the industrial companies has been the focus of world attention and perhaps has been the main cause of the so called "trade in balance" between them and the Western countries. Nobody can ignore the dramatic achievement of companies in Japan and around the world which have introduce the concept of Quality Circles. The current upsurge of interest could be dismissed as nothing more than the reaction of beleaguered management to the present hostile economic climate.

Today any technique which appears to offer a path to higher productivity, better quality product, and services, and more harmonious labour relations must stem worth trying. Undoubtedly present conditions are making management, increasingly receptive to ideas, which might improve their competitive position. But this attitude appears to be less a panic reaction to shrinking market and dwindling profits than a genuine realization that many policies taken for granted in the past are no longer effective and that fundamental changes of approach are necessary in many cases if businesses are to remain viable.

Of course no single concept of management policy has been responsible for the extraordinary success of Japan, but the employment of total quality on a massive scale throughout Japanese industry, has undoubtedly played a very significant role. The concept is also making its way today in countries as diverse as Brazil, Korea, Norway Sweden and in the US and in firms such as Marks and Spencer as well as Mullard in the

UK and many more companies and organisation which suggest that the concept is unduly acceptable and not rooted in the characteristics of particular culture.

In the last decade, many organizations have come to appreciate the strategic importance of total quality management to their corporate health. They have realized that Total Quality Management (TQM) will enable them to become and remain competitive in both home and international markets. TQM not only leads to improved productivity, higher standards, improved systems and procedures, improved motivation and increased customer satisfaction but also lower costs and bottom line savings.

Quality is regarded by most producers, customers, and consumers as more important than ever in their manufacturing, operation service and purchasing strategies. Waiting for a customer complaint is too late. Wherever a customer becomes dissatisfied, it results in loss of good will. It leads to extra effort being expended by the personnel within the organization- first, investigating what has gone wrong and then trying to put right what went wrong. This unsatisfactory experiences result in actual costs above budget, which directly impact on bottom line performance and result in erosion of market share.

It is a known fact that an order, contract or customers lost on the grounds of non-conforming product and or service quality, is much harder to regain than one lost on price or even delivery grounds. The customer could be lost forever. In simple terms, the organization has been unsold.

In today's business world, the penalties for unsatisfactory product quality and poor service are likely to be punitive. When the management of an organization compares its profit-to sales-ratio to its quality-costs to sales-turnover ratio, it will be found that the

costs of quality are of the same order as profitability. This provides an immediate indication of the importance of quality to its survival. Goodman and Adamson estimate that, ---'the cost of not meeting customer expectation to a British company manufacturing products which people buy several times a year, with each purchase producing a $25= profit, would be $1.5 million lost profit annually.

Customer satisfaction is the key to business success. When customers are satisfied with what they hear, see and feel, they will come back for more. To be successful then, a business must have the right product, the right price, and the right availability. Organization effectiveness is measured by its ability to provide for customer satisfaction. By adapting to changing customer needs, at a faster rate than competitors, a business assures itself of the highest level of customers' satisfaction and financial success.

In the Health sector, not only cost saving and increased profits are achieved, lives are gained which otherwise could have been lost to negligence.

The customer here is the patient. In a world, where most supplies need to meet their customers needs, the experience of many patients is not really happy. When customers have poor experience, rather than tell the hospitals (supplier in this case), they allow the situation to fester. They, infect other patients with their attitude, creating a snowball effect. This has led to the embracing of TQM by many different organizations including many Health Care Organizations.

The case study is on Limi Hospital Zaria, Nigeria, a 30 Bed private hospital, which is 17 years old and based in Sabon Gari Local Government area of Kaduna State. The management had to embrace the TQM system out of the need for continuous quality

improvement and also with realization that the productivity of business is the responsibility of management (writes Peter Drucker).

The traditional view of management is that managers carry out the function of management. Managers are people who act, direct or control the people, resources and functions of a business or organization. This is a narrow view and one that is loosing place to a new concept. Everybody in the business has something to contribute towards management.

With the advent of the deregulation of the Nigeria economy and the consequent free flow of goods and services across the borders, local companies are facing stiffer competitions, than any other time in history.

There is therefore no better time for Nigerian companies, indeed, the health sector, to introduce the technique of Total Quality Management.

1.2 STATEMENT OF THE PROBLEM

The Nigeria Medicare market is not uniform. Medicare is an essential service, hence demand is constant. However supply has been diminishing with brain drain and inflationary trends. Hence cost of care has gone up. Those who could afford to go abroad are staying at private fee paying hospitals while those who cannot afford clinics have gone to faith healers and "babalawos" or herbalists.

Hence there has been general down grading in demands, while the total demand for effective Medicare has increased due to economic depression and continuing population growth.

The loss of disposal income by rapid inflation has led to a downgrading of choice in some cases, hence smaller clinics with lower overheads are springing up rapidly leading to competitions.

Modern orthodox Medicare in our market has a more sophisticated clientele who can go abroad for service. The institutional buyers are getting stronger and dictating terms of business. There is, therefore, the need to attract and keep all the segments of the market.

1.3 AIM OF THE STUDY

The aim of the study is to find out the applicability of TQM concept in the health sector particularly as against other types of management system.

It is also to find out the advantages of and pitfalls of the system vis-a-viz practicability, costs and effectiveness. It is to ensure that customers needs are satisfied while the company objectives are met.

It is to describe the company's market in relation to the quality mission in other words, to the company's ability to generate and continuously to improve the satisfaction of its external and internal customers while simultaneously keeping costs and development and turn around times to a minimum.

Since TQM sets out to achieve the above, it is applicable in the health sector.

1.4 SIGNIFICANCE OF THE STUDY

1. The study will bring out the factors militating against the effective implementation of TQM in the health sector.
2. It will show whether there have been improvements in a number of critical areas of the sector. These are.

(a) Profitability

(b) Cost effectiveness

(c) Customer relations

(d) Hospital Image.

(e) Employer moral and sense of belonging

(f) Productivity

(g) Communication

(h) Team work.

3. It will also identify out which tools are available for solving quality problems in the organization.

4. The study will enlighten the quality policy of the hospital.

5. Other organizations in the health sector will use the experience of the hospital under study to improve overall patient care, patient attendance, and improvement of staff working conditions.

6. The study will also assist the hospital applying the TQM technique to identify and solve problems faced by the staff personnel.

As we all know, the world is now a global village and it will be a blunder if Nigeria and particularly the health sector does not adopt new management techniques. Most nations of the world including Japan, America, Europe the Pacific Rim e.t.c are enthusiastically using new methods and techniques to advance the fortune of their business and by extension, the fortunes of their nations. The study will in addition give room for how knowledge of the tool can be used to tap the ideas and energy of a whole organization. This will improve quality and hence performance thereby changing the organization culture itself.

1.5 SCOPE OF THE STUDY

The scope of the study is the health sector in Nigeria. There are two major categories.

(A). The Public Health Sector (which is funded by the government). This sector includes the state government, local government and the federal government hospital.

1. The federal government provides funds for the Teaching hospitals (owned by the federal Government). The management of such hospitals is strictly under the federal government and its bureaucracy.
2. The State Government Hospitals, usually called General Hospitals are funded by the State Government.
3. While under the Local Governments, are the Public Health centres, which are to bring the health service to the remotest areas. The public health sector gets it

grants from the government. Even though a Drug Revolving fund (DRF) system has been established in most of the designated federal and state Government maintained hospitals salaries and other contingencies are handled by the latter. Grants are usually received periodically either quarterly or annually or biannually

B. The Private Health Sector:- (where the health institution are owned by Private Organizations voluntary organization and religions bodies). They are not funded by the government.

1.6 RESEARCH METHODOLOGY

The Research Methodology used in this study is split into two categories. The first category consists of collection of data on the theoretical aspects of TQM using Books and

Journals on the subject matters. The second category involved a combination of the use of questionnaires, personal interview and study of records.

1.7 THE PLAN OF THE PROJECT

The first chapter introduced the subject of the study by bringing out the statement of the problem, aim of the study, scope of the study, methodology and plan of the thesis. The key terms used in this project are also defined.

Chapter 2 is a review of the literature concerning the topic and theoretical framework. Chapter 3 covers the environment of the study which is the private sector with emphasis on the history, management structure, sources of Revenue and trends in Labour Management Relations in the hospital.

Chapter 4- presents Data and its analysis.

Chapter 5- is the Conclusion of the project with recommendations.

1.8 DEFINITION OF KEY TERMS

Total Quality Management:- TQM is defined as the management of all aspects of quality services.

Customer:- The end-user or supplier of a product or service is a person that is usually recognized as the customer.

Quality Policy:- It is a set of values by which TQM implementation will be successful.

Zero defects:- It is the result of doing the right things right, the first time and always.

Quality Cost:- This is the cost associated with improvement and control of product quality.

External Customers:- Are users of end products.

Suppliers:- Person or organization supplying a services or product to a company.

Internal customers:- Are members of staff in the organization.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 WHAT IS TOTAL QUALITY MANAGEMENT?

There are perhaps as many definitions of TQM as there are writers on the subject. Some define it as the management of all aspects of quality services. While according to Dale et al and definition used at Quality Management Centre at UMIST is:

"TQM is the mutual cooperation of everybody in an organization and associated business processes to produce products and services which meet the need and expectations of customers". Recently, two definitions published in different British Standards are:-

A management philosophy embracing all activities through which the needs and expectations of the customer and the community, and the objectives of the organization are satisfied in the most efficient and cost effective way by maximizing the potential of all employees in a continuing drive for improvement (BS 4778; part 2(11).

A management philosophy and company practice that aims to harness the human and material resources of an organization in the most efficient and cost effective way by maximizing the potential of all employees in a continuos drive for improvement (BS 4778, part 2 (1)).

- A management philosophy and company practices that aim to harness the human and material resources of an organisation in the most effective way to achieve the objective of the organisation (BS 7850 Part 1 (21))

While there are a number of common threads running through these two definitions, it is surprising that such an eminent body as the British Standard Institution could not agree upon a standard definition for the term.

TQM means that a disciplined approach to business must be adopted, based upon a fundamental belief is the need for a continuous and company wide improvement. The process of quality improvement is the means of making progress towards TQM.

Customer requirements are becoming increasingly more rigorous and their expectations are also increasing. At the same time, it is likely that the existing competition will be improving, and new and lower cost competitions may emerge in the market place. The organization which claims to have achieved TQM will be over taken by the competition.

Starting a process of quality improvement and then developing and fostering its advancement should be a long term organization objective. It often takes at least 10 years to put the basics in place continuously. Quality improvement requires patience, tenacity, and considerable commitments from people at every level in the organization, in particular the Board of Directors and Senior Management Team.

TQM –TOTAL QUALITY MANAGEMENT.

Total:- This means that everyone in the organization is involved in the final product or services to the customer.

Quality:- Its definition as "meeting customers requirement", leaves no room for subjective opinion. This makes Quality measurable and verifiable. That means, we know what the customer needs and everybody with that understanding, speak the same language, measure and work towards the same goal.

Management:- This means that Total Quality Management is a management process in which people, tools, techniques and other resources interacts within a system. It can not just happen by accident. It is therefore a planned, controlled and managed process.

In summary, TQM can be defined in three perspectives.

Organizationally:- Means applying the quality concept to the organizational structure to facilitate team work, employed empowerment and reduction in circle time.

Operationally :- It is a process, focus and process precision and prevention rather than inspection and crisis management. It aims at achieving zero defect in products and services by reducing errors, waste and scrap.

Culturally:- It involves doing the right thing right on time, first time and every time and working as a team with everyone being a quality manager of their own job. It is also the removal of waste, error, long circle time, and delays in operations.

2.2 ORIGIN OF TQM

TQM has envolved as a management concept out of the need by the companies for continuos quality improvement and the critical importance of increased profitability and survival in the face of competitive challenges in the world market.

The origin of TQM is American and is associated with a few statisticians working in the quality control section of Western Electric in the 1920's and 1930's. Notable

among these early "quality gurus" were W. Edwards Deming, Joseph Juran, Phillip Crosby, Armand Fengenbaum, the man who carried the term. "Total Quality Control" and the late Kaoru Ishikawa of the Japanese Union of Scientists and Engineers.

However, although, the total quality idea originated in America, the most profound effects of its application occurred in Japan from the late 1940's –under the inspiration of W.E. Deming and Joseph Juran.

The pioneering works in this regard, "The art of Japanese Management", " In search of excellence", revealed that the secret of the Japanese miracle resided in a certain management approach at the heart of which was the concept of quality and the customer.

It is necessary to focus on four different approaches to TQM in order to grip with TQM evolutionary pattern which are:-

(a). The Japanese Initiative

(b). The American Experience

(c). The British Approach

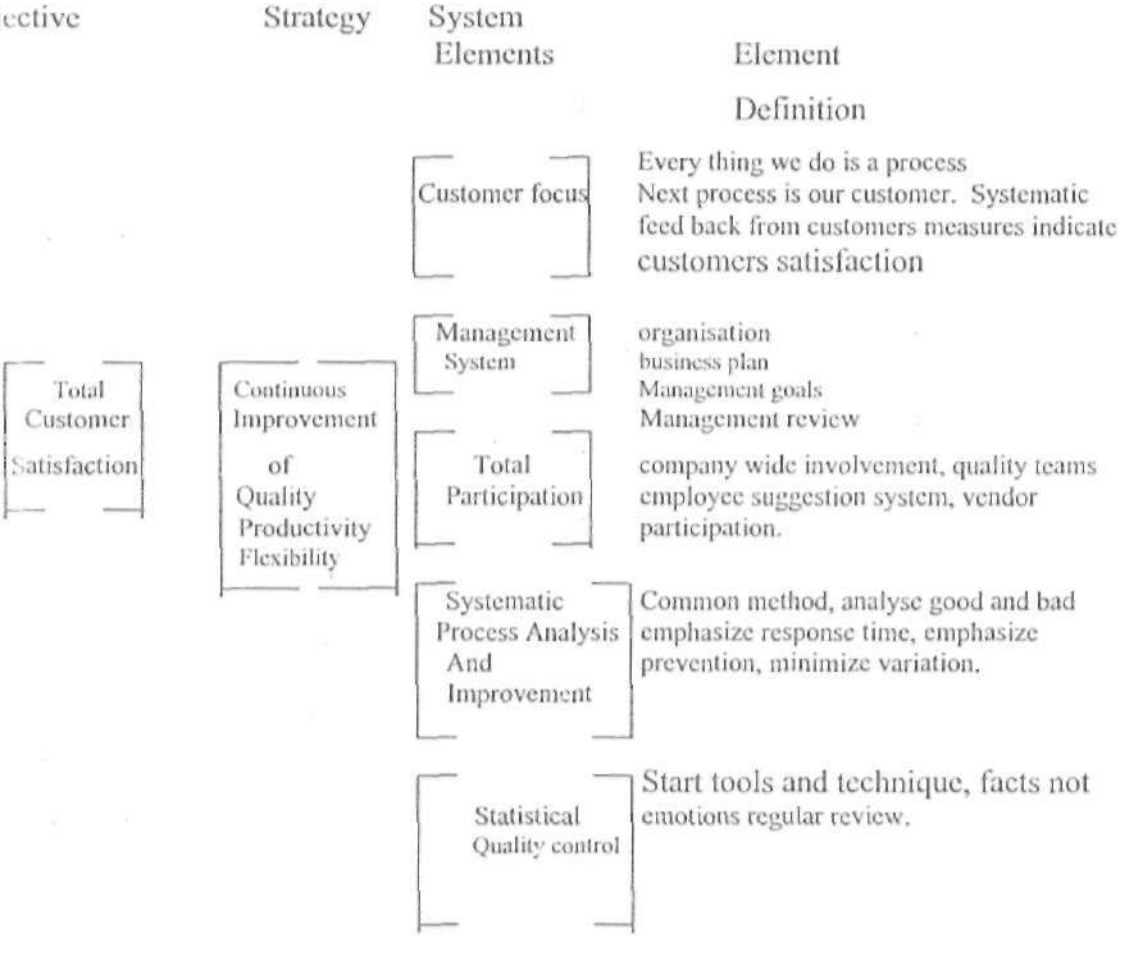
(d). Quality Circle revolution in Africa.

(a) JAPANESE INITIATIVE.

After the second world war, Japanese industries began to realize that it was difficult competing with the large Industrial Nations. In order to compete, it was essential to move speedily and embrace new management methods. They had to set aside old management methods and instead placed emphasis on in-house training at the shop floor level. Also every attempt was made to pass the ever-increasing responsibility to the foreman and shop floor operatives. These men were taught how to spot quality problems

in their work place and also to encourage their operatives to do the same. T he introduction of Quality Circles, in the early 1960's became a logical. Natural Development Quality was built into a cornerstone of Japanese industry and became the trick, the Western Companies have been trying to copy. Infact, the Japanese term for Quality Circle is the gathering of the wisdom of the people.

Fig. 2.1 source (From A TQM APPROACH TO ACHIEVING MANUFACTURING EXCELLENCE: A. RICHARD SHORES)



Japanese TQM management system

(b) THE AMERICA EXPERIENCE

In the 1970's, the United States of America began to realize the need to draw upon the knowledge and expertise available on the shop floor so as to identify and solve every day production problems.

(c). THE BRITISH APPROACH

In the 1960's, British companies propagated ideals like "Do it right first time". By 1966/67 the realization of the need for quality became so much that, year was named "Quality and Reliability Year".

By 1978, a national strategy for quality was adopted. They have also come to accept that quality initiative must be at the shop floor level where quality can be controlled, improved and practicalised.

(d). QUALITY CIRCLE REVOLUTION IN AFRICA.

The revolution is still young in the African continent however it is speedily spreading. Burdens of under development, debt repayment, decling economic growth, disease and hunger are some of the problems facing the economies of third world countries in Africa. The most appropriate moment to embark on quality and productivity improvement programs is therefore now. Incursion of quality productivity into Africa is a thing of the 1980's and 1990's.

Many organizations are now embracing TQM for their continued survival.

2.2.1 QUALITY OF SERVICE.

SOME CHARACTERISTIC OF SERVICE INDUSTRIES:

1. Service Quality is like a moving target. Production and distribution are often simultaneous, not involving intermediaries. For example, the dentist performs the operation directly on the client and not through a third person. The customer is physically present during production and delivery of the service. Therefore the customer starts to perceive service quality the moments he comes in contact with something (i.e. the cleanliness of the premises) or somebody (i.e. the receptionist) of the company and his perception continues during the entire process of service delivery. The sum of these perceptions determines in practice, customers satisfaction in accordance with the "golden rule" of service. If these perceptions exceed the customer's expectation before the service is delivered to him, then the customer is satisfied.

2. In order to ensure customer satisfaction, some companies do not promise much in order not to create high expectations, and then try to create high perception. Other companies create high expectations in order to have a great impact in the market, and the most great effort is ensuring that their operations are at the level of the expectation created. Yet other companies promise nothing and try to supply what they have.

A [illegible] them as well as expectation of subjective value. For it is in [illegible] where great opportunities exist to improve the subjective value of service and to [illegible] the dynamics that yield simultaneously greater quality and [illegible] by less cost, more customer satisfaction and greater [illegible] satisfaction.

3. A good quality service allows the company to make what is good for the client to be good for the company as well.

According to this, the strategy of every service company should be to create a greater perceived value in customers than the competitors, and if possible, to do this at the lowest possible cost, at least lower than the competitors cost. Some creativity is needed to give this leverage to service operation.

The cost-benefit trade off involving the cost of quality improvement versus the potential to generate increased sales should consider that a limit always exists, to how much extra a company's customer is ready to forego for improved quality. The more price sensitive the market is, the less the opportunity to compete through a quality enhancement strategy.

4. Employees attitude highly influences the quality of the service delivered to the customer. And since the human element is difficult to control, a good service can easily turn into an awful service tomorrow. Service quality is like a moving target, as long as people, whose performance can vary quite a bit from one day to the next are required to deliver a particular service, its quality will be fixed, hence the emphasis on employees attitude, selection, and training of employees. These efforts should however be complementary by specific measures to retain personal and to develop in them a loyal attitude towards the company.

5. Often it is difficult to have quality assurance, as it is not possible to inspect the product (service) before it is delivered to the customer.

For example, there is little room for rejection and rework after a hair-cut is done at the barbershop. A service transaction can not be halted, examined and recycled

like a product. Those who have tried to solve the quality control problem by adding more supervision found that it limits effectiveness. The most effective approach to the problem includes restricting of incentives to emphasize quality and building a peer group to foster team work supported by incentives, training and job design. Certainly, it is bad business to loose a client, but much more so in the service business. It is often quoted that a bank makes more money from a ten years old client than with ten new customers. This means that the extra expense to maintain a satisfied client is more than compensated in the long term . This means that high service quality does not necessarily mean higher cost. First of all, the internal and external failure costs resulting from service errors and customer loss could easily be more expensive than recruiting, training and motivating top service employees. On the other hand, the cost for employees to provide a warm and continuos service is no greater, in theory, than the cost for them to provide cold and sourly service.

6. Personnel Supervision is often an arduous task since employees are located at several distant places.

There is need for a high degree of employee discretion in executing the tasks that comprises their jobs, instead of standardization of task or complete adherence to a set policies and procedures. The idea is to create an organization with a capacity to solve on the spot any problem brought by the client. This is only possible when each member of the organization has access, from his own place of work, to all the resources of the company. To accomplish these, it is convenient to centralise all the administrative support necessary for operations and to decentralize all

decision making to those responsible for the operations making it easy for them to serve the client. Technology is one of the factors that allow this capacity of response. The other is to create a culture that holds high customer service standards as a central value in the organization. Both factors are not incompatible, rather they support each other.

7. The Relationship between intangible/tangible in the delivery of a service is large. One may get a satisfactory information about opening a Savings Account in a bank, but after decide not to open it. The bank has given a service, but got nothing for it. The larger intangibility of the product makes difficult the application of classical quality control indicators. In service, where quality is largely determined by performance on the human element, special quality standards and measurements that capture the human element are often necessary. Measurements and control systems often turn customers and employees into statistics, averages, ranges, standard deviations that bear little relation to human warmth and responsiveness. Managers need to recognize and reward employees also for exceptional service that does not show up in statistics produced by conventional, production based performance, monitoring systems.

8. It is not possible to keep empty seats in an air place in stock. Therefore since there are no stocks, an excessive concern for productivity may be in competitive with quality of service. The saturated plant is a certain guarantee of bad quality. There is need to re-think the traditional concepts of productivity and capacity planning as they apply to services. Productivity improvement measures should be based on factors such as simplification of the process through value analysis additional

information systems, etc rather than methods that focus on production time and human out put. Capacity planning to meet demand should also have strategies to avoid the problem of queuing, which has the unsatisfactory effects of denying some one from being a customer. A marketing strategy based on demand variations or making the service operation more flexible can yield solutions to these problem. Studies directly link customer satisfaction and the resulting sales volume to the satisfaction demand by the person serving the customer. Naturally the more motivated the employee, the better the service.

This relationship is illustrated on the Quality Wheel shown in the diagram below.

Figure 2.2: Source: Research and Industry News June, 1993

Driving the self reinforcing elements of the wheel of quality takes a great deal of executive time and requires an honest interest in people across the organization. Sustaining competitive quality of service requires unrelenting effort by a firm's management to continually improve service. If the firm sits still, competitors will catch us up.

2.3.1 ELEMENTS OF TQM

Although there are different types of programmes designed for implementing TQM, there are several elements common to all of them.

a. Meeting customers Requirement:-

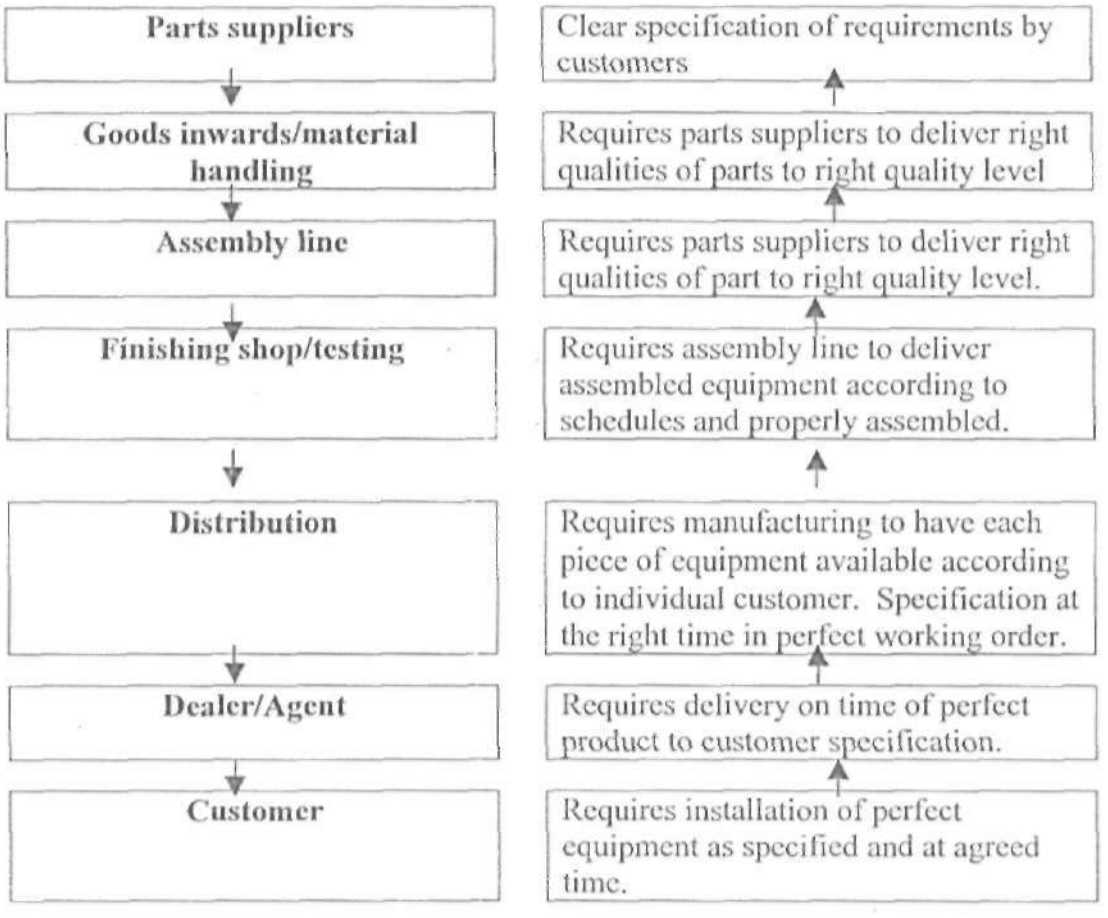
This emphasizes the recognition of the exact requirements of the customers and satisfying them effectively and profitably. The customer is the ultimate judge of quality. It is therefore essential that the company has only one definition of quality which everyone can understand and believe in. Quality is a challenge that has to be confronted head-on by management. Defining quality clearly, simply and in a manner that enables everyone to understand what it means, is the first requirement of TQM implementation.

b. Definition of the Customer:-

The end user or supplier of a product or service is the person that is usually recognized as the customer. He is the external customer. In any organization, there are also many internal customers/supplier relationship existing between department, section and co-workers. This is the internal customer relationship. Customers may also include shareholders, top management, government and regulators.

Figures 2.3 gives some examples of internal and external customer, their requirements and how they relate to each other.

Figure 2.3 Strategy for quality service (DENIS WALKER)



It is a fact that each person, what ever the process for which he or she is responsible has a customer and a supplier. Each person is therefore both a customer and supplier and has to recognize this in order ensure the process for which he or she has responsibility is completed to the requirement.

C. Prevention Not cure

This involves building quality into the system from the start rather than spending time and money correcting mistakes or sorting out rejects. The process of continuous improvement requires an approach to situations, and all situations, that

can be called preventive. The challenge for management is to recognize that fixing problem is not enough and that time and training effort is needed to change from fixing to the preventive style.

(d) Zero defects:

Customers today require defect free products and services. It is hard to achieve but must be continually worked towards. The only way to achieve this is to ensure that all tasks are carried out "Right First Time." The right things are judged strictly from the perspectives of the customers. When management fails to understand customers desire for the services they require, a chain reacting mistakes are likely to follow. The wrong type of performance measurement, the wrong type of advertisement, the wrong working capital and many others. Having identified the right thing to do, a structured process is used to ensure that all associated activities are correctly performed.

This is done right so that OUTPUT meet the customers requirements first time and always.

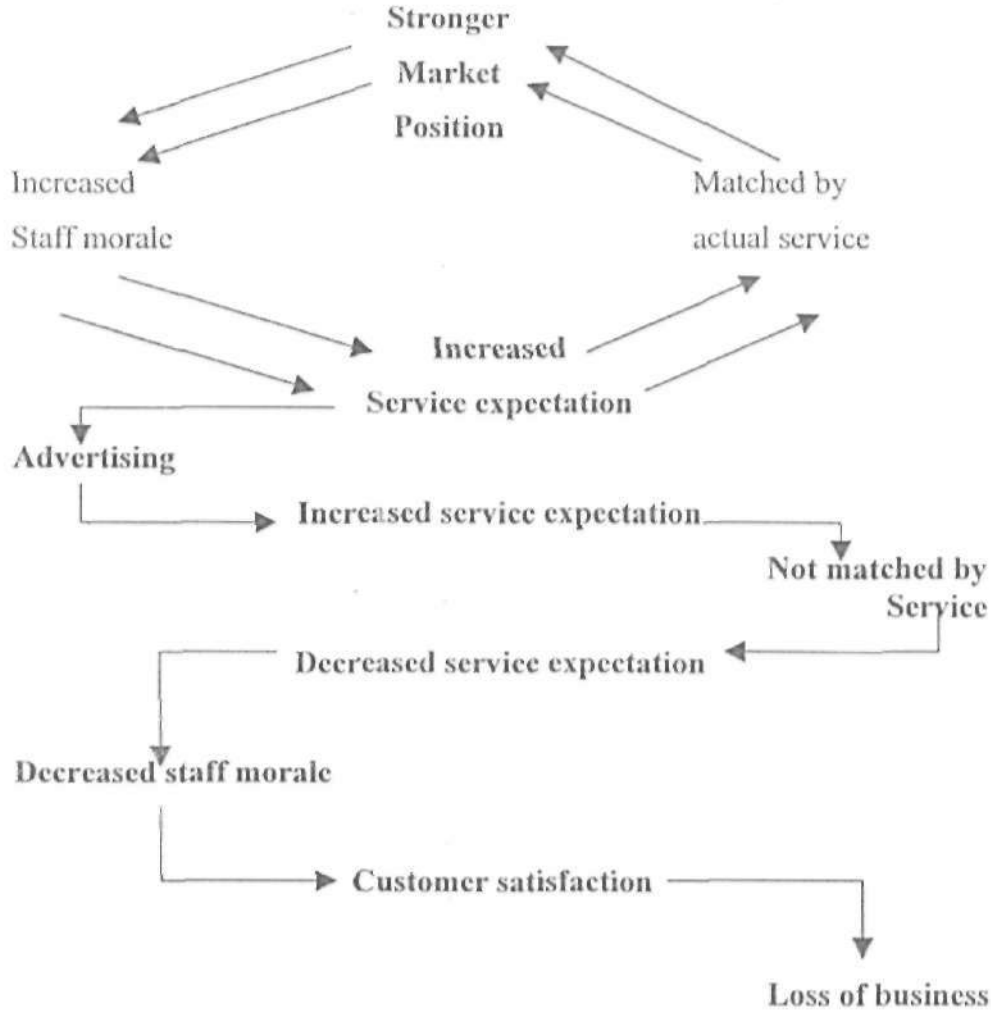


Figure 2.7 – Pattern of events when customers expectation are satisfied and dissatisfied.

(c) Contribution to profit.

Doing things right first time is always more cost effective than making mistakes. Mistakes lead to rejects, reworking or lost opportunities, therefore improvement

in quality of service or products are accompanied by an increased profitability for the organization.

Many companies have used concept of:-

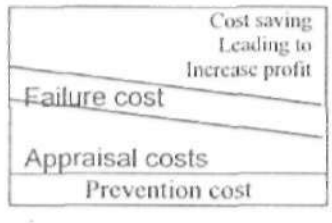
(c.1) Cost of Quality in order to demonstrate the importance of TQM approach. Cost of Total Quality is the concept of measuring financial terms, both the cost of failure and the cost of prevention. The cost of failure is normally termed the cost of non-conformance (CONC).

Combining the cost of conformance and the cost of non-conformance adds up to the Cost of Total Quality for a business.

Cost of Total Quality = cost of non conformance + cost of conformance

It is therefore possible to clearly identify where non-conformance is occurring and to establish an analysis of those costs in financial terms and profitability. Costs of quality is made up of failure costs (rejects, reworking, referrals and dissatisfied customers) approval costs (testing and inspecting) and prevention costs (supplier vetting, methods systems and machines introduced to prevent defects and training in quality concepts).

It has been established that the costs of quality could account for about 30% of a company's turnover. By implementing TQM, companies have been able to reduce drastically their costs of quality.



(Figure 2.4) Cost Effectiveness of TQM (Research and News Journal, June, 1976)

(e.2) Leadership and treatment: The highest degree of commitment, leadership and teamwork is required for success of TQM. The involvement of all staff in decision making and problem saving will help in building a common team spirit. Leadership is a key to realizing the potentials of all employees, so that they are able to work towards the goal of continuous improvement.

2.3.2 OBJECTIVES TO TQM

The central objectives of TQM can be summarized as follows:-

(a). Doing the right things right, first time and every time.

(b). Meeting customer expectations and even exceeding then always.

(c) To be quality driven in all aspects of ones job.

(d). To reduce waste, errors, crisis and frustration.

(e). Everyone should be a custodian of his job process and be a quality manager

(f). Problem solving and continuos process improvement.

(g). Profitability, competitiveness, better image and productivity.

(h). For survival and excellence

(i) To make everyone important i.e. co-operation and team work.

2.3.3 FOUR ESSENTIAL REQUIREMENTS FOR SUCCESSFUL IMPLEMENTATION OF TQM.

1. **MANAGEMENT COMMITMENT:-**

The introduction of TQM must start with a firm commitment from the top of the organization, the chief executive with support from all levels of management. The top management must be committed to the end result setting targets and providing

the authority and resources for the implementation of the programme. There must be concerted effort to change the culture and values of the organization to that of a quality company.

2. **EMPLOYEE COMMITMENT AND TEAM WORK**

TQM can only be implemented through the contribution of the employees individually or in quality improvement groups. Empowering all the organizations employees and making each responsible for quality is one of the ways to achieve a successful TQM programme. The contribution of each employee must be recognized and rewarded.

3. **CUSTOMER ORIENTATION**

The principle of customer orientations is aimed at recognizing the requirements of both internal and external customers and working towards satisfying them. It is often forgotten that without the customer no company will exist for a successful TQM. This principle must be well articulated and a programme set up for achieving a good customer relationship.

4. **QUALITY SYSTEM:-**

A sound quality system is an essential foundation for TQM A document quality system ensures consistency for every product and every service. For companies to progress to TQM, they must raise their quality system beyond the traditional quality system of quality control and quality association. Quality system has now progressed to the ISO 9000 certification system. This is the system established by the International Organization for standards, a word-wide federation of national standard bodies for the process of its members. The African equivalent is the AR SO9000, a regional

certification system, modeled on the ISO certification system. The requirement then are higher than those of the currently used quality systems.

Quality control and Quality Assurance:- The aim of establishing these international certification systems is to ensure that goods and services moving in and out of any country should comply to the same standard.

2.3.4 WHICH IS THE BEST TQM MODEL TO ADOPT.

The first problem a company faces when a decision has been made to implement TQM, is what model to adopt. This arise from the fact that the literature is full of different approach of implementing TQM by various quality "gurus" As a general rule which ever model is chosen must be tailored to suit the company. Factors such as business area, company size, age operation and corporate values and culture should be considered before choosing a model. It is advisable to adopt the TQM approach that best fits a company's situation.

2.3.5 GUIDELINE OF PROGRAMME IMPLEMENTATION

Although there are many approaches for TQM implementation, most programme adopt the following steps.

1. TOP MANAGEMENT COMMITMENT AND LEADERSHIP:-

This is an essential requirement of the programme without which the implementations cannot succeed. The Chief Executive Officer of the company and his senior managers must not give commitment to the programme but lead it. To do this they must have a good understanding of the principles of TQM and the benefits to be derived through implementing the programme. This knowledge can be obtained through reading or by attending TQM awareness services.

2 IMPETUS FOR CHANGE:-

Having gained adequate knowledge about TQM and convinced about the benefit, the Chief Executive and the Senior Executives have the responsibility to answer the question. Why do we want to change the way we are doing things in the company? Impetus for change can be internal (low profitability, high cost, lack of quality culture e.t.c) or external stiff competition, poor customer services. The answers to these questions are crucial to setting the programme goals(s) and must therefore be provided.

3 PROGRAMME GOAL(S):-

With the impetus for change clear, the Top Management will now proceed to define the goal(s) of the programme. That is, what is the TQM programme aim at achieving? Many TQM initiatives fail because companies have no clear goals and as such can not obtain measurable benefits as the programme progresses. To avoid this costly mistake, it is the responsibility of the top management to carry out a diagnosis of the business operations in order to define the area(s) to focus on. These could include improved performances in profitability, improved customers services, increase in capacity, cultural shift, cost reduction and team work. Once the goals have been chosen, it becomes easy to set performance measures to monitor improvement.

4 TRAINING:-

Training is an essential requirement of the TQM implementation programmes. A TQM awareness training will be given to all staff in the company. The aim of the awareness training will be to bring out the principle of TQM, the benefits and the company's reasons for adopting the programme. This initial training serves also for the purpose of wooing the employees to accept the programme. Training in problem solving

techniques, team building and business process analysis as well as quality performance and measurement will be given as required to the various quality teams to be formed.

5 PROGRAMME DESIGN:-

It is usually advisable to implement TQM principles in phases, starting initially with Quality Improvement Teams and expanding lasts to values analysis, Quality Policy Development and finally to quality in Daily work. This phased approach allows for better understanding and application of TQM by employees and helps to sustain the programme in the organization.

6 PROGRAMME IMPLEMENTATION:-

For a successful implementation of TQM there must be a structure for the management of the programme. It is advisable to incorporate the management of TQM into the organizational structure of the company.

A proposed TQM structure is given below.

Fig. 2.5 TQM Structure culled from (Research and Industrial News June/July,1993)

The main features of the structure are the Quality council made up of the executive and senior management, and responsible for quality policies. The steering committee (made up of heads of department responsible for the actual running of the programme, and the Quality Improvement Team, (membership includes any members of staff) which are responsible for the continuos improvement process. There are no other roles- co-ordinator and facilitator, which are involved in the co-ordination of the various quality activities.

7. REWARD AND RECOGNITION:-

As part of the employment policy it is usual to establish a reward and recognition system aimed at showing gratitude to employees that have made outstanding contributions in the continuos improvement progammes. Some companies adopt reward as cash, gifts or paid holidays, while others emphasize more on recognition than rewards. There is no ideal method for rewarding and recognising employees, companies therefore must adopt a system that best suits its corporate culture, values, and employees expectation. However, it is important to have a well defined and clearly understood criteria for selection of recipients.

8 PERFORMANCE MEASUREMENT:-

The successful implementation of the quality improvement process is usually based on the practice of "management by measurement". This is carried out by first establishing performance measurement or standard that are correlated to the desired end result and by regularly reviewing the actual measurement against these standards. This practice enables an organization to focus on those actions that are necessary to achieve the required improvement. TQM programme fail because companies have not set realistic

goals or targets at the onset and have therefore not established measurements to monitor improvement.

9. RESISTANCE TO TQM PROGRAM:-

The central principles of TQM tend to challenge a long-held set of management beliefs and practice and will not therefore, be quickly accepted by all the employees in any organization, Resistance to change is invariable, but it needs not be a barrier. The top management must realise this fact and work towards accommodating resistance by allowing the individual to acknowledge his or her doubt and then to satisfy them through education and training. Experience has shown that even in companies where there is clear commitment and Leadership of the TQM programme by the top management, resistance do occur from the middle management or the junior workers. With adequate education and incentives often used is to make participation in the TQM programme an important factor in staff appraisal and career development.

2.3.6 TOOLS FOR IMPLEMENTATION OF TQM

There is a variety of simple tools which are available for solving quality problems in an organization. These include.

a. BRAINSTORMING:-

Is an idea-generating technique. A group of people throws out their ideas as they think of them, so that each has the opportunity to build on the ideas of others. The group leaders present the situation for which ideas are sought. The leaders make sure that the members understand the situation under consideration, the objective of the brainstorming sessions and the process to be followed. There are two methods of brainstorming

(a). Freewheeling.

(b). Round-robin brainstorming

b. CAUSE AND EFFECT ANALYSIS (FISH BONE DIAGRAM):-

This type of analysis also known as fish bone, is a systematic way of looking at effects and causes that create or contribute the specified effect. The effect being analysed can be expressed as a problem or as desired state and the things that have to be in place for us to get whereever we want to be. A fish bone is an organizing technique for processing list of ideas into groups to make understanding clear, and the following general heading apply.

1. To ensure that all causes are considered participation by every one concerned is necessary.
2. Ideas should not be criticized
3. Major factor of participation is mobility. Every one in them must be able to see diagram.
4. Group together various causes which have a common theme or link and create a "bone" for each theme.

5. Understand each cause as it is mentioned to ensure its proper placement on the diagram.

6. Do not over load anyone diagram

7. Construct a separate diagram for each separate effect

8. Circle the must likely cause.

9. Create an improvement-oriented atmosphere in each session.

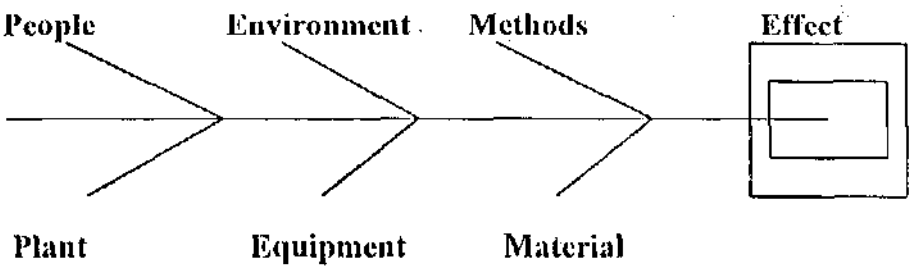


Fig. 2.6 Fish Bone Diagram.

Participation and contribution of everyone involved in the subject under discussion is one of the cause and effect strongest attribute.

©. LIST REDUCTION:-

Involves the shortening of list of ideas or factors, and before this is done, everyone in the group must have a clear understanding of all items on the list.

Certain criteria, which would be used for rejecting or accepting the ideas, are

i. Is this item likely to improve the situation.

ii. Is it feasible?

iii. Can we afford it?

Keeping the agreed upon criteria in mind, group members review, or in appropriate cases note on each item. The process may be removed with different stringent criteria until the list is reduced to about half a dozen option.

D **DATA COLLECTION TECHNIQUES:-**

This is used to collect information needed to analyse the present situation and suggested course of action. These include.

1. Data sheets used to determine how often an event occurs over a designated period of time.
2. Frequency tables are used to record the distribution of event within a chosen boundary
3. Check sheets are used to record how often an event occurs.

These techniques are to collect but not analyse information and can often help to indicate an area of action.

E **PARETO ANALYSIS:-**

This is a technique for recording information, which easily enables the most significant aspect to be identified and is advantageous in situations where values of data exist.

F **FLOW CHART:-**

Show how the input, activity decision points and outputs of a given process are useful for documenting the steps of work process.

G **HISTOGRAM:-**

Shows the distribution of some characteristic data, and is more effective than a table for displaying information because of its immediate usual impact.

H **GANTT CHARTS:-**

Are particularly useful when managing a complex multi phase task or where the aim is to optimize the use of resources or manpower.

These are some of the tools and have to be learnt properly in order to be used effectively. Techniques of measuring quality cost, customer satisfaction and other quality indices will also need to be learnt.

2.3.7 PROBLEMS OF TQM

TQM, a relatively new philosophy particularly in Nigeria, can not exist without some basic problems that could militate against its implementation. These problems can be listed out as:-

(1). Political Interference

(2). Laxity of the management of the organization

(3). Lack of basic training of the workers

(4). Inability of the organization to hire proper skilled employees.

(5). Poor communication within the organization

(6). Employment of traditional management methods (being conservative) .

(d). Differences in cultural values

(e). Double standard.

(f) Favoritism (Nepotism).

2.4 TOTAL QUALITY MANAGEMENT IN THE HEALTH SECTOR:-

Every organisation whether it makes goods or provides services has customers or consumers. A hospital's customers are its patients, its potential consumers are the whole community in the area which it serves. Patients are not normally thought of as

customers, but that is precisely what they are, because they pay for the services they receive, through national contribution, (Federal, State or local government allocations) and if they are private patients, in cash at the time.

The sick person's need is mainly to be made well or to be able to go back to Work; but what is needed to bring about to this state of affairs to the layman, he has no knowledge. His real needs may be quite other than he thinks. This is certainly true of the patients medical care needs but the patients has other needs

- for nursing care, hotel services, sympathetic handling and courtesy. On the professional side, it might be thought that the satisfaction of the consumer was entirely the concern of the individual consultant who takes care of the patient. Though this is right, but it is also the responsibility of the hospital board as it can be sued for negligence.
- The satisfaction of the consumer's needs on the non-professional side is more directly within the management's control. The management must ensure that the consultant is qualified and experienced and not suffering from any mental disorders. They are to also ensure that the medical officer is not an alcoholic and of good standing and repute in the society and registered with the Nigerian Medical Council.

When a patient visits the out-patients department, the hospitals management has a clear duty to see that the time – lag before he obtains a consultation is not unduly long. The management must ensure too that the out-patient department is so organized and run that when patients arrive, they do not have to wait an unnecessary long time before they are seen be a doctor; and that

when delays occur, the reasons are explained. Such patient can be made to wait in comfortable rooms and kept busy either with a television programme or music. The obligation to think of the customer's convenience continues while he is waiting to be admitted to hospital if and when it is necessary. While on admission, the best available medical and nursing care are to be given. In all dealings with its customers, the hospitals principal "shop – windows" are the out-patients department, the main entrance hall and the telephone and the reception. In seeking to earn good reports, the hospital is doing more than building up confidence among its public, it is also attracting workers because it is a friendly and decent place, where staff are well treated and competent job is being done.

If one were to ask a patient what quality is, the response might be" to be treated with empathy, respect and concern (Chewning 1974).

If one were to ask a physician, he might respond with "delivering the most advanced knowledge and skills of medical science to serve the patient".

The hospital trustee might respond, "having the best people and facilities to deliver services". The hospital administrator would probably agree with the trustee but also add that "the professionals who provide the services continually evaluate their efforts and provide education for continuing improvement.

(Donatedien 1969) has attempted a fairly broad definition suggesting what "good" medical care is based on articles, which he states as follows:

1. Good Medical care is limited to the practice of rational medicine based on medical science.
2. Good medical care emphasizes prevention

3. Good medical care requires intelligent co-operation between lay public and the practitioners of scientific medicine.
4. Good medical care treats the individual as a whole.
5. Good medical care maintains a close and continuing personal relation between the physician and the patient.
6. It is coordinated with social welfare work.
7. It also coordinates all types of medical services.
8. Good medical care implies the application of all necessary services of modern scientific medicine to the needs of all the people.

Quality is now being looked at from the perspective of all who are concerned.

In the United States of America, recent social security amendments (P.c.92.603) confirm the governments concern for quality as a major payer of health care through Professional Standards Review Organisation requirement. Further more, consumer groups are becoming increasing. For example, Ralph Naders study group reports on the medical professions self regulation concluded (Mc Cleery, 1971).

"Our study set out to discover what systems of quality control the profession has established to monitor each physician's service to his patients, to evaluate how well these system perform, and to determine whether the profession merits the trust which society has placed itself into the hands and relied on the hearts of all its physicians.

We have had to conclude that the medical profession has failed to meet the trust.

At the inaugural meeting of the Guild of Medical Directors in Nigeria, it was observed that gone are those days when patients send a "thank you card and a little gift to doctors and nurses. Farmers give food items like eggs, grains etc. in appreciation for the services received. It was described as a big "shame". This body (Guild of Medical Directors (GMD) in its quest to bring in quality service to the private medical sector gave out what is known as "Statement of Patients Rights".

A YOUR RIGHT TO QUALITY CARE:-

(i) You have the right to quality care delivered by professional people who have met all pertinent requirements.

(ii) You have the right to know that the expertise and other requirements demanded of the medical and supporting staff and other personnel serving this medical care assure your hospital care.

(iii) You have right to quality care that is delivered in a faculty that adheres to compliance with rigid safety standards. You have the right to know what measures are taken to ensure your safety, such as disaster drills and inspections.

B YOUR RIGHT TO INFORMATION:-

(i) You have a right to ask your physician for current information in understanding terms concerning your diagnosis, treatment and anticipated outcome.

(ii) You have the right to know the names positions, titles and professional relationship of all persons caring for you.

C **YOUR RIGHT TO RECOGNITION AND PERSONAL DIGNITY:-**

(i) You have the right to be treated with respect and consideration at all times.

(ii) You have the right to quality care regardless of race, colour, ethnicity religion, national origin, sex or source of payment.

(iii) You have the right to be addressed by your preferred name without undue familiarity .

(iv) You have the right to share your views, observations and problems with the staff.

(v) You have the right to prompt response to your reasonable request for services.

(vi) You have the right to expect the Hospital Staff to take action upon your legitimate complaints.

D **YOUR RIGHT TO PRIVACY:-**

(i) You have the right to reasonable privacy when an answering personal questions or undergoing physical examination.

(iii) You have the right to professional confidentiality and privacy.

E **YOUR RIGHT TOMAKE DECISION ABOUT YOUR HEALTH-CARE PROGRAMME:-**

(i) You have the right to sufficient information to enable you to give informed consent prior to start of any procedure and/or treatment.

(ii) You have the right to refuse treatment to the extent permitted by law and be informed of the consequences of your refusal.

(iii) You have the right to sign out of the Hospital against medical advice to the extent permitted by law. If you leave Hospital after signing out against advice, neither the hospital nor your doctor will be responsible for any harm to you or to others as a result of this action.

These and many other items are listed in Patient/Client Bills of Right and Approved Tariff. A copy of this is usually given to individuals or organization wishing to be treated by hospitals which must maintain a minimum quality standard. With this innovation to quality, private hospitals that belong to this professional body, have been able to improve their service, patient patronage and profit.

This body has organized many seminars on improving health care delivery to the patient on Total Quality Management. Many resource persons are usually employed for these seminars.

2.4.1 THE ROLE OF TOTAL QUALITY MANAGEMENT IN THE HEALTH SECTOR.

Although the philosophy of TQM in Nigeria is relatively new, the introduction of TQM in a hospital in the private health sector results in improvements in a number of critical areas.

(a). Profitability:- Companies introducing TQM have been known to have increased turn over and profit. This as a result of reduced cost.

(b). Cost effectiveness:- It is a powerful strategy for generating sizeable sums of money for any business, which is why one organization embracing TQM correctly used the slogan "Quality is money" to advertise its TQM project.

(c). Employee moral and sense of Belonging:- is boosted through this philosophy. Every aspect of the health sector sees itself responsible to giving optimal care to the patients i.e., the pharmacy department, the radiology department, the laboratory, the medical records department and the nursing department, all act as one body promoting the hospital.

(d). Since employee moral and sense of belonging is boosted, there is increased productivity leading to increase in number of patients attending the hospital.

(e). Effective Communication is maintained between all levels of the organization.

(f) Customers relations:- This has greatly improved. Hospitals in search of quality formed an association called. The Guild of medical Directors, which is an association of Medical/Dental Practitioners in private practice who own and manage their own hospitals/clinics.

2.4.2 BARRIERS TO QUALITY MEDICAL CARE

Certain barriers to quality medical care have been outlined.

1. Consumer, lack understanding of preventing measure.
2. Patients lack understanding of when services are needed.
3. Organization and coordination of all health services is inadequate.
4. Incentives for quality provided by competitors governing boards and consumers are minimal.
5. Lack of quality of care standard
6. Fee-for-service system encourages an increase in the volume of services provided but not in the quality of services.

7. Consumers lack means of providing incentives to improve quality.

8. Inability to agree on health goals

9. Needed services are not available when needed

10. Poor legal system through which redress can be obtained.

11. Consumers lack understanding of availability of services.

12. Communication between providers and consumers inadequate.

2.5 OTHER TYPES OF MANAGEMENT ADOPTED BY THE PRIVATE HEALTH SECTOR.

2.5.1 MANAGEMENT BY OBJECTIVES:-

Objectives are the goals, aim, or purpose that an organization wishes to achieve over varying periods of time. At all levels of the organizational hierarchy, set of objectives are established as to what workers are to do.

An increasingly wide spread approach to performance standard and management appraisal takes the form of "management by objectives" programme. This is a process where by an employee and a manager jointly defined areas of responsibilities, identity common goals and then establish plans so that understanding and acceptance will form the basis for all future activities. It is aimed at establishing mutual desirable and acceptable performance goals. It is also designed to encourage initiatives and present the working at cross opposite by the managers and employees. Most hospitals embrace this system with an objective of providing health care and maximizing profit.

2.5.2 MANAGEMENT BY EXCEPTION

Laster R. Bettel defines management by exception as "a system of identifying and communicating results which alerts the manager when attention is needed and remain silent when attention is not required. Management by Exception has six basic elements.

(1). Measurement of results and the highlights of those results that are useful for the management's objective.

(2). Measurement techniques for identifying exceptions.

(3) Selection of employees criteria that management should follow towards attainment of its objectives.

(4) Observation of performance techniques that indicates to management the currents state of affairs or performance.

(5) Companion of actual performance and expected performance so as to correct any variance.

(6) Decision making with regards to actions to be taken.

The fundamental contribution the management by exception concept in the achievement of goals is that it saves personal time, concentrate executive efforts, reduces destruction's, less frequency of decision making and provides management with qualitative and quantitative yard stick for judgement.

2.5.3 MANAGEMENT BY POLICY

Policies are guides to the actions or decision of people in an organization. They are the planned expressions of the organization official attitudes towards the ranging of behaviour within which it will permit or desire its employees to act. Polices usually take the form of statements that tells the members of an organization, how they should act in

specific situation which occur frequently and affect a sustained member of people in the group. Policies thus express the means by which the organizations selected objectives are to be achieved.

The implication of management by policy indicate that executives in various organizations in the process must strive hard and show to their subordinates guides and objectives to follow in achieving the policies. Some health Institutions have the policy of "no credit facility". In such cases, such hospitals do not involve themselves in monthly retainership policy. This is a policy, where by an organization goes into a contract agreement to pay all medical bills either at the end of a month or quarterly. Such private hospitals operate strictly on cash basis.

CHAPTER THREE

3.1 BRIEF HISTORY OF PRIVATE HEALTH CARE IN NIGERIA:

The evolution of medical care in Nigeria has progressed a long way. Within a few decades during the twentieth century "barracks" of colonial medical service providing a degree of care for a very limited member of military and civil government servant progressed to an extensive hospital systems of some three hundred institutions. Whites were mainly the doctors. As more Nigerian doctors became qualified, it became necessary to educate the general, majority of whom depended on the "Babalawos in Yoruba Land, "Mai maganis" in the Hausa land and the native doctors and herbalist in other parts of the country on the need to go to the orthodox hospitals. However, the few indigenous doctors, (Nigerian Doctors) were discriminated against by the white doctors. They were not allowed into leadership position. These few doctors, became involved in politics of some form, to enable their plight be known. By 1960, when Nigeria became independent, majority of the white practitioners left the country back to their native countries, and Nigerians were to head the hospitals. A lot of confusions and leadership problems became rampart.

While most of the Nigeria medical manpower were engaged in the government service, the voluntary hospital and industries, a small; but not insignificant number were in general practice from a remarkably early period in the medical history of the country. The wholly independent general practitioner was rare. Additional incomes have nearly always to be found at least in the early days of a general practitioners concern. The average Nigeria could not afford to pay economic fees for private medical care. In the

Northern Nigeria, it was only in 1951 when two practitioners set up general practice, while in Lagos, it was much easier to make a living as a private practitioner. To gain this additional income, the practitioner often obtained a part time appointment with a commercial firm or some out patient work for government or on occasion he would establish surgeries or clinic in a whole latter was subjected to a lot of criticism as a lot of problems of improper medical care became rampart in some clinics.

Doctor, who wee engaged in private practice son are faced with a lot of criticism from the public.

A panel was set up which later recommended that medical officers in civil service should not be involved in private practice. Those who could not comply resigned and went full time into private practice.

Meanwhile, the quality of service from the public health sector dropped. This was because, with increasing awareness, to go to the hospital by the average Nigeria patient, the patient to doctor ratio became increased and patients have to wait for hours and in some cases, leave the hospital unattended to. Those who could go abroad went for medical check ups, as indeed most believed in the white doctors. Some had to look for alternative medical care by going to "chemists", most of which were not manned by pharmacists, but manned by quacks and illiterate drug dealers.

Demand for medical attention outgrew the supply, consequently, quality of service to patients decreased. Out of stock syndrome became the order of the pharmacy departments, hence patients had to go round the towns looking for prescribed drugs to buy. Most times they fell into hands of profit seeking quack medicine sellers who

specialized in the sale of fake and expired drugs. Sequel to this latter, patients developed complication to their ailments.

To check this over the years, the Federal and State Governments invested vast material and human resources in the health care but the desired results are yet to be achieved.

These apparent inadequacies of public funded health care, further prompted the need for private health care.

The private health sector is growing now at a very fast rate with clinics being located even at the grass roots and local governments' headquarters. Patients who could afford medical care do not have to travel long distances before getting medical care.

Because of the increase in the number of private clinics and apparent dissatisfaction of patients patronizing the private health sector, it became necessary to have a body, which would regulate the practice and enforce quality of service. Unfortunately, some of the private clinics are not members of this body as some do not want to pay the dues and other financial commitments of the body. This body is called the Guild of Medical Directors. The Guild of Medical Directors, an Association of Medical Directors in private practice, who own and manage their own hospital/clinics was established in 1990 in furthering of the following objectives, in consonance with the Association of General and Private Medical Practitioners of Nigeria. Some of the sets of objectives are;

(a). To set a code of conducts for practitioner members of t he guild

(b). To seek to keep the generality of the citizenry informed of their right and privilege concerning private medical practice.

(c). To encourage improvement in the knowledge of medical practitioners through medical research and sponsorship of seminars and symposia.

(d). To seek public recognition for medical centres, hospital and clinics as business enterprises.

(e). Standization of the health care delivery systems of private medical care, consultation, professional fees and other charges.

(f). To identify and seek to resolve problems faced by private medical practitioners.

The private health sector is an important sector in the delivery of health care in this country as it 'plugs' into lapses of the public health sector.

3.2 HISTORY OF LIMI HOSPITAL AND MATERNITY

Limi Hospital and Maternity Limited was founded on 9th February 1982 as a consulting clinic at 18 Benin Street Sabon Gari Zaria having two beds for day admission. The earlier months were spent planning the vision of pursuing excellence in all areas of medical service delivery and a lot of time was spent thinking and re-thinking how to put it in motion.

3.2.1 MISSION STATEMENT

That by the grace of God you may not lack all that modern medical science can provide and to give quality Medi-care to all.

To fulfill this mission statement, experienced and qualified personnel were recruited to all departments of the hospital.

Realising that it was a new hospital in fact, the third private hospital in Zaria, Limi Hospital was determined to move away from the stigma associated with new hospitals (i.e. not having or giving adequate service). Based on the belief that organization that excel are those that have an outstanding customer/patient focus, Limi Hospital saw optimal customers service as providing their competitive advantage. Their strategy was based on an unwavering commitment to exceptional patient satisfaction and any action that would make a positive difference to the customer was to be favoured. Customer service was to be their watchword.

Using this strategy, it was able to expand its services from an only out-patient consulting clinic to laboratory services, X-ray services, and increase the member of beds to ten.

With this increase, the turnover also increased and it became necessary to have a bigger hospital.

By 1986 the hospital was able to move to its present and permanent site, a purpose built-hospital, at 21D Aminu Road Sabon-Gari, Zaria.

At the present Location, the establishment is a forty nine bed hospital, with about 60% occupancy rate. It has full complements of a hospital, with five amenity wards fitted with telephone/intercom facilities as well as in house colour TV/Video and satellite services.

It has two other branches. They are:-

(1). Limi Hospital and maternity Ltd. Funtua

(2). Limi Hospital and Maternity Ltd. Daba, Katsina State.

Facilities include.

(1). General surgical and accident services

(2). Maternity services

(3). Obstetrics and gynecology services

(4). General Medical services

(5). Home and factory visiting

(6). In and out patient services

Others includes:-

(1). Eye clinic services

(2). Dental services

(3). X-Ray services

(4). Full laboratory services

(5). Ultrasound services.

All the services of the hospital are provided on a 24-hours basis daily. The main hospital at 21D Aminu Road, Zaria is manned by:-

A. **DOCTORS**

(a). Four general medical practitioners

(b). One consultant obstetrician and gynecology

(c) One consultant ophthalmologist

(d). One consultant Surgeon.

(B) **NURSES**

(a). Four staff nurses and midwives

(b). Four midwives

(c. Four nurses

(d). Two auxiliary nurses

(e). One anaesthetic nurse

(f). One theatre nurse

(C). **DOMESTIC WORKERS**

(a). Three cleaners and ward attendant

(b). Two kitchen staff

(c). A driver

(D). **PHARMACY TECHNICIANS**

(a). Two pharmacist Technicians

(E). **SECURITY**

3 security men

(F). **RADIOGRAPHY $ LABORATORY TECHNOLOGIST**

(a). One radiographer

(b). Two laboratory technicians

The medical Director of the clinics is Dr. L. M. Iseko a general practitioner of over twenty one years post qualification experience in medicine. He is presently the Vice President of the Guild of Medical Director, Kaduna State. He is also a consultant Sonologist.

The hospital, in addition to providing medical care to individuals and private patients, she also provides Medicare to corporate bodies in Zaria and environment.

To be able to render effective and quality service to its numerous patients the hospitals services is fully computerized having different Software programmes for most of its services. It also has a 25 KVA generator to provide light during black outs.

Doctors and some of the workers are accommodated in the hospital quarters within the hospital complex.

As the economy of the country became poor and poorer and with increase competition as a result of increased number of private clinics and hospitals, it became necessary to make Total Quality of services as a strategy for increase client patronage. In most of the offices, big notes are sticks on the wall saying. "the customer is the reason we are here".

"Never promise more than we can deliver."

"A customer once lost may be difficult to regain."

Many other innovations were brought in for example, the reception in fully air conditioned and in house satellite television always left on, to entertain engage the patients while waiting to either see the doctor or receive results from an investigation.

3 MANAGEMENT STRUCTURE OF LIMI HOSPITAL.

The structure of an organisation is the arrangement of departments and of work assignments to department.

Wherever several people are working together for a common end, there must be some form of organization: that is, the tasks must be divided among them and the work of the group must be co-ordinated otherwise there may be duplication of effort or even work

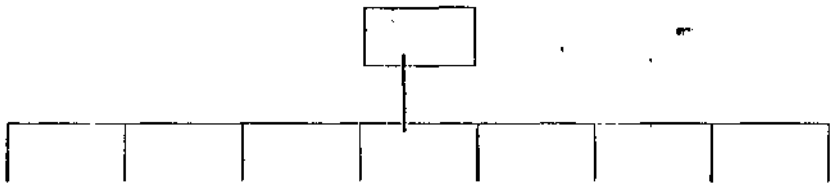
at cross purposes. Dividing the work arranging for co-ordination make up the process of organisation and once that is completed, the group is described as an organisation (Dele Ernest, 1978).

The structure, which suits a company best, depends partly upon its size. As companies grow from small to large, they pass through several stages each of which is critical in the sense that the management has to change the organization's structure and learn to manage differently. If they do not change when the company outgrows its old structure, things are likely to go downhill. The stage of growth determines the structure

Stage 1. Direct control.

A manufacturing company is in the one-man control stage of up to (25) twenty five employees. In such a situation, the manager overseeing all the work

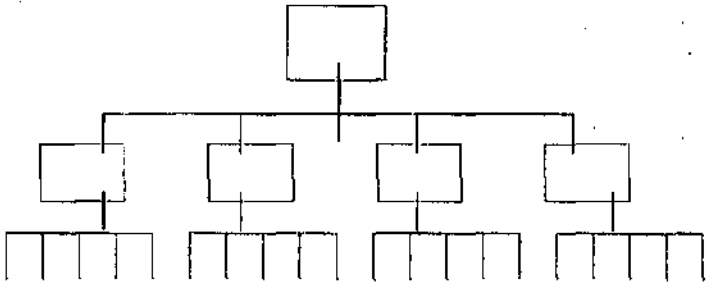
himself with no "in-between" supervisors.



Stage 2:- Partial indirect control.

As the organisation grow above the twenty employees to the twenty five employees mark and surely before it reaches the forty employee mark there is need to introduce

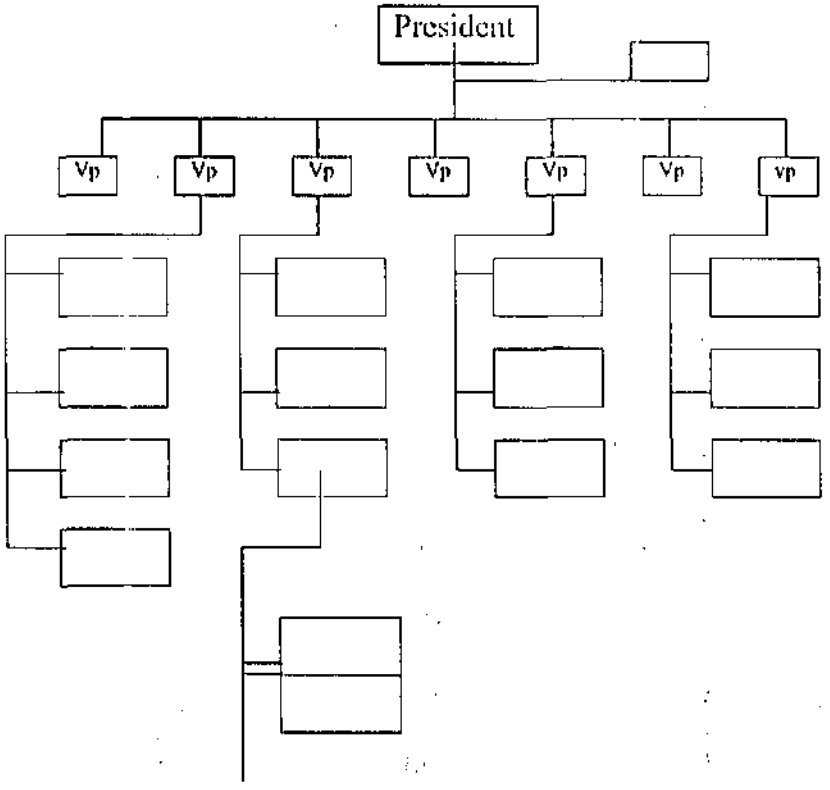
intermediate supervisors.



At this stage one depends on subordinates and written reports to inform one of what is going on.

Stage 3:-Full-indirect control

At this stage, the managerial job changes considerably. You delegate work to who will re-delegate it to the operatives. No longer is your job to show your subordinates how to plan, delegate, and control operative work, but rather to show them how to show their subordinates how to do things. At this stage, the owner manager gets further and further removed from bottom levels and loses almost all direct touch.



Stage 4:- Physical Decentralization.

This is for organizations with a thousand employees and above. At this stage, the owner manager runs into new sets of problems, those related to what is done centrally and what is delegated to each decentralized unit.

Stage 5:- Divisionalized Operation.

At this stage, top line departments are set apart by product lines or by geography and not by function.

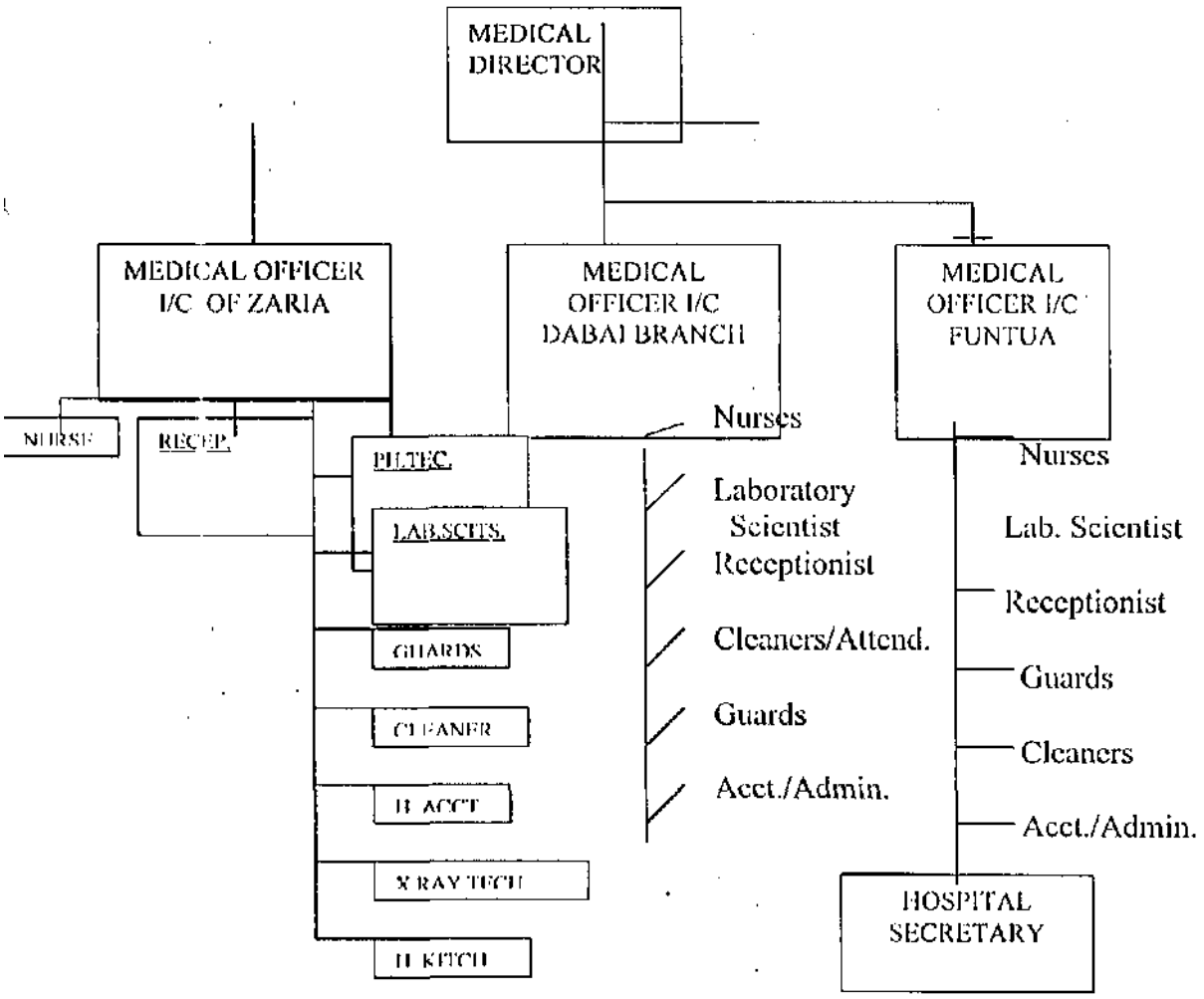
There are two fundamental kinds of organizational structure. They are:-

(1) Functional (and no Frederick Taylor's kind)

(2) Divisional.

All companies up through stage 4 are organized functionally. All stage 5 companies are largely divisional.

Limi Hospital and Maternity Limited can be described to be in stage 2 of growth and has the functional type of organisational structure.



The medical officers in-charge of the different branches report directly to the medical director on all matters of administration. The total staff strength is 88 (eighty eight). This type of organisational structure has the following advantages.

(1) Skilled men of like abilities are employed for example nurse for nursing care, Laboratory scientists for all laboratory investigations.

(2) These skilled personnel can use specialized equipment to best advantage.

(3) Work within the function itself is easy to coordinate and produces uniformity of performance.

Though this structure being used by this hospital has advantages, it has the following disadvantages.

(1) It makes the medical director and him alone directly responsible for projects.

(2) With this system, it is difficult to judge whether activities are worth their cost. Functional departments emphasize the kind of work and how to do it well, but they do not emphasize cost control or profits.

(3) The system tends to force coordinated decisions to the top of the organization.

(4) Functional departments, think "my department" too much.

(5) Because functionalization keeps decision making of the co-ordinative type high in the organisation, too many problems have to go up and down through too many levels before you get a decision.

3.4 : SOURCES OF REVENUE

There are two main sources of funds for Limi Hospital and Maternity Limited.

These are internal sources and external sources

1. **INTERNAL SOURCE:-.**

1.1 Share capital – This was obtained from the shareholders of the hospital.

1.2 Retained earnings

Retained earning is excess of income over expenditure at the end of a particular financial year. This is obtained mainly from

1.2.1 Medical services' rendered to patients.

The earnings from medical service are classified into two viz

(a) Cash patients

(b) Patients who pay on a retainer basis such patients majority of whom are from organization pay at the end of a 30- day period or 90- day period.

The earnings are usually from one or more of the underlisted medical services.

1 Ultrasound services

2 Laboratory investigation.

3 X- ray services.

4 Opthalmological services.

5 Drugs sales

6 Admission charges

7 Surgical charges

8 Antenatal clinics and obstetrics

EXTERNAL SOURCES

Through banks and other financial institution.

1.3.1 Overdrafts:-

The hospital relies on bank overdrafts as part of its source and it helps the hospital to solve liquidity problems until all debtors pay up their medical bills

1.3.2 **Loans:-**

This has been helpful in acquiring of fixed assets in the form of land, Building and hospital equipments.

CHAPTER 4

DATA PRESENTATION AND DATA ANALYSIS

The aim of this study is to find out the applicability of total quality management system in the health sector using limi hospital and maternity ltd as the case study.

The study was conducted at Limi hospital and maternity Ltd. 21D Aminu Road Sabon Gari Zaria in the month of July 1999 (head quarters)

This was done because the branch has the highest member of staff and patients. During the course of this research, the intervene had to go to office of patience who had at one time or the other attended the impartial.

4.1 DESCRIPTION OF INSTRUMENTS

Two types of instruments were used, these were:-

(a) Questionnaire

(b) Interviews

4.1.1 QUESTIONNAIRE

Three different kinds of questionnaires were desigend. They were

(1). Questionnaire on the internal

(2). Questionnaire on the external customer patient

(3). Management

The questionnaires were drawn from the literature review and observation of the researcher working out the questionnaire.

Subjects were instructed to indicate their opinion by ticking option available like yes, No etc, Respondents were also instructed not to write their names so that honest and unbiased answers could be given.

A total of eighty five questionnaires were produce and distributed to the sampled population in the area of research. a total of 38 question were drown up. Out of this, 12question were for the patients and the rest were for the workers and management staff of the organization.

The under listed guidelines were used as a basis for setting the questionnaire.

(a). Customer (patient) focus and satisfaction

(b). Leadership of the hospital

(c). Management Commitment and Human Research development.

(d). Total participation

(e). Strategic Quality Planning and

(f). Process Quality Management and information analysis.

The questionnaires were therefore written out in different section in order to evaluate implementation of TQM using these guidelines

4.1.2 PERSONAL INTERVIEWS

Personal interviews were conducted for those who could not read the questionnaire. The same format as, used in the questionnaires was used mainly for non-professional, illiterate workers and illiterate patients. Only six workers and ten illiterate patients fell into this category.

Two management staff were also interviewed. The management staff gave the history of the organization and some general information required to make this study complete.

Category of interview	Number of respondents given questionnaire	Number of respondents personally interviewed
Internal customer	34	6
External customers	30	10
Management	3	2

Fig. 4.1

4.2 INSTRUMENTS ADMINISTRATION

In most cases, the distribution of instruments was done by the researcher while in some cases, it was done by the hospital administrator.

Since the study is in a hospital set up, it was difficult to get all the workers at once. Some nurses were on night shifts and even those on duty in the daytime were found busy and their questionnaires had to be given to the administrator for onward delivery to such workers at convenient time.

DATA RESULTS

4.4.1
EXTERNAL CUSTOMERS
RECEPTION

Question	Percentage Yes	Percentage No	Average	Could be better
1. The perception you have of this hospital would you consider it high or not?	70%	20%	10%	----
2. Would you rate this a clean hospital?	80%		20%	-
3a. Would you consider the reception from the receptionist cheerful and responsive?	55%	20%	25%	-
4. Would you consider the receptionist sluggish?	40%	20%	40%	-
5 Would you consider the waiting time (that is the time it took to see the doctor and obtain treatment) adequate?	40%	20%	40%	-
6. Have you ever been to another private hospital before?	60%	20%	20%	-
7. Would you describe the diagnostic capability of this hospital as optimum or you had to go to other hospitals before you could get well from your ailment?	100%	-	-	-
8. Service you obtained at Limi Hospital as compared to what you received at others private hospitals, would you consider it better?	90%	5%	5%	-
9. Are the workers in this hospital knowledge able sympathetic and courteous?	88%	2%	10%	-
10. Would you come back to this hospital if ever you are ill?	72%	15%	8%	5%
11. Are you impressed with the level of quality of this hospital?	70%	10%	-	20%
Inpatient review 12. Have you ever been admitted into this hospital?	58%	40%	-	2%
13. Were you pleased with the nursing care?	80%	20%	-	-
14 Did you notice any professional Mistake while on Admission?	86%	-	-	14%
15. Sex Male -35% Female-65%	10%	80%	-	10%

LEADERSHIP OF THE HOSPITAL

The questionnaire were mainly given to the workers and the management staff of the hospital

	Yes	No	Probably	Could be better
Do you believe the hospital has a vision?	85%	10%	5%	-
Does the hospital have a formal written purpose and Direction which describes the market, customer and Product?	70%	15%	15 %	-
Are these written purpose and direction well communicated to the workers?	30%	65%	5%	-
Do you think the leadership of this hospital is working had to achieve its vision. ?	100%	-	-	-
Motivation Do you believe that communication between the leadership of the hospital and the workers are open and continuos ?	40%	55%	5%	-
Do you feel you are well paid?	30%	70%	-	-
Do you feel free to act as requested to improve customer satisfaction and quality?	95%	5%	-	-

TOTAL PARTICIPATION CONCEPT	Yes	No	probably	Could be better
Do you participate in the planning of the management of the hospital or do you feel neglected?	40	60	-	-
Do you feel free to give suggestions on improving service to patients?	40	45	5	10
Do you have opportunities to discuss your grievances with the management?	32	58	10	-
Strategic Quality Planning Does the organisation continuously improve the quality of her service by carrying out regular checks on quality in the different departments?	80	10	10	-
Do you feel that the hospital has made quality plans to satisfy all cadres of patients?	78	10	10	2
In terms of accessibility, do you think the hospital is well located?	50	40	10	-
Would you describe the location of this hospital optimum for rests?	40	50	-	10
Do you have problems communicating your problems to the doctor in language you understand?	70	20	10	
Process quality management and information analysis(Operational Results) Do you think there is an increase in the number of patients attending the hospital since the introduction of TQM?		65	10	25
Do you feel there has been increase in the profit and turnover since the introduction of program?	100	-	-	

DATA ANALYSIS

The responses were analyzed and percentages were used for easy analysis and clear understanding

External Customers (Patients)

Customer satisfaction of service.

From the table of results, forty percents of the respondents were pleased with the reception they received at the hospital. Majority of those interviewed were females (60%) who usually attend the hospital in company of their irritable children. Apparently most of them see the receptionists as sluggish. Most of the male respondents were however pleased.

However from the results obtained on availability of good diagnostic services, professional competence, and nursing care, it is obvious that most of the customers are pleased with the services received in this hospital 90% of the patients acknowledged that they have never noticed professional mistakes. However 10% professional mistakes is grave considering that the customers have are patients. It is obvious from the above results that the organization has put in much to give quality of service to its external customers.

Internal Customers

The relationship between the workers and management is not exactly an idea situation.

The workers are dissatisfied with the quality of "service" from the organization 70% of the respondent and displeased with the pay and reward system. Three is poor communication between the leadership of this organization and the workers. Teamwork can only be assessed as far as from the study. Only 4% participate in the planning of the organization.

This also explained the sluggishness of the receptionists and workers in attending to customers giving a rather poor image of the hospital to a customer patronizing for the first time.

Most medical personnel are bounded by a professional oath of conduct to patients. This in addition to the good diagnostic equipment's available at t his hospitals are probably responsible for the high ratings from the external customers. There is need for this organization to review its services to its internal customers, workers.

Limitations of the Case study

1. It was difficult interviewing patients who were in the hospital in need of services as in most cases, they were too sick to be bothered with filling or answering one interviews.
2. In some of the cases, questionnaires were taken to previous customers in their offices to fill. Their temperaments at such times may affect accuracy of answers given to the researchers question.
3. The researcher is the wife to the Medical director of this institution, workers may not be free enough to give an unbiased response.
4. Some of the questionnaires were given to the administrator to administer, instead of the researcher doing it herself, such that where clarity on questions asked is required, he probably would not be able to give optimal answer.

CHAPTER 5

5.1 Summary

The aim of this study is to find out the applicability of total quality management in the health sector .The study has shown that this is possible. This management system requires that the principles of quality management are applied in every branch and at every level in the organisation .It is both a philosophy and a set of guiding principles for managing an organisation.

Private medical practice of today requires the possession of skills in patients care and staff management for today's demanding business client Once the patients or client are recognized as the source of the hospital' s revenue and plans , as well as programs for satisfying them are put in place ,there is no doubt that the client 's base would improve which will also lead to increase in business performance and profitable returns .It therefore means that it is the responsibility of the medical practitioners and management of the private hospital to cater for the patients and the staff, and effectively manage them to the highest degree of good health care, ethics, and within the constraints of the socio – economic situations, the law ,and other unopposed limitations, that will determine the degree of their hospital's success. To do this, it is therefore the responsibility of the chief medical officer to recruit and motivate the best talent, train them and delegate responsibility to them. Also, private hospitals need to plan the operational programs and control of the hospital's activities to ensure that the profit aim objective is achieved

Both the market forces and health care regulations (e.g. physicians oath) will continue to affect the medical practice since none of them can be waived. Yet, the pressure resulting

from the demand and the dictates of these elements does not suggest that competence, integrity and ethics should be compromised. Rather, the medical practitioner must do the right thing by paying good attention to the customer care and satisfaction.

Profitable patient management practice involves the effective use of the personnel beginning from the Chief Medical Officer to the least person in the hospital. In order to have good personnel, there must be good recruitment policy, which states out the method of acquisition, utilisation, maintenance and control.

The TQM policy if not well taught and embraced the employees may not be able to demonstrate the level of professionalism required in handling and dealing with the patients. Every staff of the hospital must be able to handle the patients problems with respect smile and smartness.

Promptness and friendly attitudes: Creating any image for the hospitals begins with the hospital's vision which when clearly known, shared and communicated will lead to real transformation in the hospital.

TQM not only rotates around the customers (external), it also involves the worker (internal customer). The internal customer should be well motivated, trained, equipped and given the right atmosphere to work efficiently, effectively and to the best of their abilities.

Management's commitment to the programme cannot be over emphasized because without this, the programme will not be effective. A better educated, more numerate management and work force are better prepared to face and handle change confidently and without fear, including market down turns.

5.2 RECOMMEDATION

The organization should endeavour to improve communication between the management and all the workers so that everyone can fully participate in making sure that the organization achieves its objectives.

The reward system should be improved upon in view of the current increase in the minimum wage so as to increase the moral of the workers.

As new workers are employed, proper orientation of the organization policy and mission statement should be properly taught so that there is continuity in the quality mission of the hospital.

The leadership of this organization should also make every one feel very important so as to facilitate cooperation and teamwork among the members of staff.

There is need for constant and thorough supervision of all cadres of workers.

Also management behaviour should be based on.

- Visionary and overt leadership, clearly championing services quality improvement and leadership by example.
- Listening to staff, responding to ideas non defensively using coaching as a means of problem solving.
- Breaking down barriers to get problem solved rather than protecting territory sharing information openly and not using it as a power source.
- The management should be prepared to repeat TQM programmes regularly as this programmes become stale after a few months, as enthusiasm drops. They should be prepared with some new ideas, new champions and the odd surprise to keep people alert.

5.3 CONCLUSION

With Total Quality Management introduction into an organization, the vision of what can be achieved is exciting. The organisation really can be a different place to work and a different company to do business with. TQM is applicable to the following.

(a). Guaranteed quality services be come a marketable product in itself with a price differential acceptance to customer.

(b) Quality improvements promote a cost effective organization since waste, re-work and compensation becomes a thing of the past.

(c) A common purpose and alignment removes ineffective training and compartmentalization and generate trust and enthusiasm.

(d) Management systems and process are up-graded and the climate of continuos improvement ensures that they are regularly reviewed for effectiveness, amended or removed.

(e) Workers are better compensated, motivated, trained and provided with good and adequate atmosphere for quality work.

(f) Customer satisfaction becomes the utmost on the vision of the hospital.

Limi Hospital, though has embraced TQM and are giving quality patient services needs to improve on its internal customer relations.

QUESTIONNAIRES

Leadership of the Hospital

1. Do you believe that the hospital has a vision of its future, which she is striving to achieve?

(a). Yes I believe so (b) No I don't think so (c). Properly

(2). Does the hospital have a formal written purpose and direction which describes the market, the customer and the product.

(a). Yes (b). No (c). Not really

(3). Are these written purpose and directions in (2) well communicated to the workers

(a). Yes (b). No I don't think so (c). Probably

(4). Do you think the leadership of this hospital is working hard to achieve its vision.

(a). Yes (b) No (c). Probably (d). No Opinion

Motivation

(5). Do you believe that communication between the leadership of the hospital and the workers is open

(a). Yes (b). NO (c). Not really (d). No Opinion

(6). Do you feel you are well paid

(a). Yes (b). No (c). Not Really (d). No opinion

(7). Do you feel free to act as required to improve customer satisfaction and quality

Management commitment and Human Resources development.

Commitment

(1). Are you of the opinion that the management of the hospital is committed to quality service.

(a). Yes they are (b) No they are not (c). Not really.

(2). **Investment in TQM**

(a). **Equipments**

Will you say that the hospital has invested in TQM by way of acquisition of modern diagnostic equipment; patient comforts and latest effective drugs?

(a). Yes (b) No (c). Not really

(B). **Human Resources Training**

Does the organization provide opportunity to attend seminars and training.

(a). Yes (b). No (c). Not really I an not aware

(C). Does the hospital management have welfare package for the workers (welfare package includes free medical treatment loans to needy workers etc).

(a). Yes (b) No (c). Not really (d). could be better

(D). Do you have job security involving in this Hospital

(a) Yes (b) No (c) Not really

5.1 TOTAL PARTICIPATION CONCEPT

Organizational linkages

Planning:-

Do you participate in the planning of the management of the hospital or do you feel neglected.

(a). Yes (b) No I feel neglected (c) Not really sure

Do you feel free to give suggestions upon improving services to patients?

(a). Yes (b). No (c). Not really

Do you have opportunity to discuss your grievances with the management?

(a). Yes (b). No (c). Not really

Strategy Quality Planning

Does the organization continuously improve the quality of her services by carrying out regular checks on quality in the different departments.

(a). Yes (b). No (c). Not really

Do you feel that the hospital has made quality plans to satisfy all cadres of patients

(a). Yes (b) No (c) Not really

In your opinion do you think the hospital is well located in terms of accessibility

(a). Yes (b) No (c). Probably

Would you describe the location of the hospital optimum for rest for a sick patients or noisy.

(a). Yes optimum for noisy rest (b) No too noisy (c) Not really

Do you have problems communicating your problems to you doctor in the language you understand.

(a). Yes (b) No

Process quality Management and information Analysis (Operational Results)

Do you think there is an increase in the No of patient attending the hospital since the introduction of TQM to the organization?

(a) Yes (No) No (c). Not really or probably

Do you think the annual profit and turnover has increased since the introduction of programme or is it reducing.

Questionnaire for external customer (Patients)

1. The perception you have of this hospital, would you consider it high or not?

(a). Yes, High (b). Not Poor (c). Average (d). Could be better

2. In your opinion will you rate this hospital as a clean hospital

(a). Yes (b) No dirty (c).Just averagely clean (d). Could be better

(3). Would you consider the reception from the receptionist:-

(a). Cheerful?

(1). Yes (2). No (c) . Average (d). could be better

(B) Sluggish?

(1) Yes (b) No (c). Average (d). Could be better

(C). Responsive?

(1).Yes she was responsive (2) No she was not (3). Just Average response (3). Could be better

(4). Waiting time involves the time it took you to be attended by receptionist, time it took you to se the doctor, and time it took you to receive treatment. Would you consider the time adequate?

1. Yes It was adequate 2. No It was too long 3. It was averagely ok. 4. It could be better

(5). Have you ever been to another private hospital before

(a). Yes I have been (b). No I have never been

(6). Service you obtained from Limi Hospital as compared to what you received at other private hospital, would you consider it better.

(1). Yes service in this Hospital is better

(2). No services in this hospital are poor

(3). Service here is averagely the same as any other private hospital

7. Are the workers in this hospital sympathetic, courteous and knowledgeable.

(a) Yes (b). No (c). Just Average

8. Would you come back to this hospital if ever you are ill

(a). Yes (b). No (c). maybe

9. Are you Impressed with the quality of service of this hospital

(a). Yes (b). No

10. Please indicate your sex

(a). Male (b). Female

In-Patient Reviews

(1). Have you ever been admitted into this hospital?.

(a), Yes (b) No

(2). How were you pleased with the nursing care

(a). Yes (b). No

(3). Did you notice any professional mistakes while on admission in this hospital

(a). Yes (b). No

CUSTOMER FOCUS:-

12. Does the business have an understanding of customer's needs

(a). Yes (b) No

13. The organisation realises that customers need continuously change. Do you carry out customer surveys and there regular feedback systems in place to monitor customers satisfaction?

(a) Not really (b) Will try to do this (c). Yes (d) None at all

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