

Original Article

PERCEPTION OF HEALTHCARE QUALITY MANAGEMENT IN HOSPITALS AMONGST MEDICAL PROFESSIONALS OF AL-QASSIM REGION IN SAUDI ARABIA

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ABSTRACT:

Objective: To assess awareness about quality affairs and observe trends in physicians to adopt quality measures.

Background: Physician's role in providing quality health care is emphasized by identifying it as a separate block for implementation process. Hospitals that successfully involve physicians in the continuous quality improvement program will experience more implementation success than hospitals that do not involve them. Physicians have been traditionally suspicious of organized efforts to improve clinical care and they find its demand inconsistent, time consuming, bureaucratic and irrelevant to the improvement of care.

Methodology: A questionnaire was developed which included general comments about quality in health care. It was distributed to physicians working in the hospitals of Al-Qassim region in Saudi Arabia. The data were analyzed by a computer statistical package.

Results: A total of 283 physicians responded from nine hospitals of Al-Qassim. Results showed deficient knowledge but positive attitude in adopting quality measures in day to day health practice.

KEY WORD: Quality in healthcare, Quality management, Knowledge, Attitude & Perception of quality.

INTRODUCTION

Among factors in implementing the quality program, the first relates to the attitude of the personnel involved. Understanding of quality

concepts, process of managed healthcare and skills of using tools (such as statistical methods and process analysis) are key to the success of hospital quality implementation efforts^{1,2}. Lack of know-how to develop formalized quality improvement system and difficulty in formulating professional standards of care, are barriers in implementing quality³.

Batalden has emphasized the importance of understanding the complementary of traditional medical knowledge and Deming's "Profound knowledge" (Batalden and Nolen 1993, Deming 1993). Traditional knowledge includes a physician's professional knowledge of the subject, discipline and values for improving an individual patient's health. Traditional knowledge has progressed rapidly from advanced diagnostic imaging to transplantation surgery, to

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the potential near future for gene therapy of various diseases. However the issues of cost, quality and access to the medical progress have been a major concern. This has led to the current interest in the health care industry for methods of improvement based on Deming's concepts of "profound knowledge" of system, variations, psychology and theory of knowledge⁴. Keeping in view the physician's role in implementing quality improvement measures and importance of understanding the process, it is necessary that hospitals must have a system to define quality-related education needs and then to provide the mechanism and resources to meet them⁵.

Quality in health care system has been accepted in many part of the world including the Kingdom of the Saudi Arabia which has a unique advantage over most other countries when it comes to introducing something like quality measures. The arrival, of modern health care in Saudi Arabia was virtually co-incident with the decision elsewhere in the world that Quality Assurance was here to stay⁶. A Survey done at King Fahd Specialist Hospital at Al-Khobar⁷ revealed that only upto 30% of the staff knew the importance of quality management in the hospitals. Another study⁸ suggested that more comprehensive training session should be conducted to explore the concepts importance and techniques of quality assurance. It was further suggested to have more studies to take into consideration the perspectives of the administration, nursing staff and other hospital personnel.

Several training sessions, seminars, symposia, workshops meetings were organized in different hospitals of Al Qassim, Saudi Arabia to institute quality in management of medical care facilities. During some of the meetings/workshops certain comments/remarks/questions were raised such as,.... "it is nothing but extra work"..... "no more than a paper snuffling" "we do not have funds how can we talk for quality"..... "it is 100% policing"..... "do you think quality will improve if we involve ourselves in paper work". All these remarks/questions compelled us to look for the perception about qual-

ity in general.

The present study was conducted during the transition phase of Quality Assurance and Quality Management. Therefore both terms have been used. It highlights the importance of perception about quality in general and also emphasizes the need of understanding the correct concepts about quality in health care. This study could help to reorganize and could strengthen the quality program implementation process.

The objectives of the study were to:

1. Asses overall awareness about quality affairs among physicians.
2. Analyze critically, trends in physicians in adopting measures.
3. Assess that perception of quality is correct conceptually.
4. Assess need of training/awareness programs for doctors.
5. Facilitate quality program implementation.
6. Involve physicians in quality improvement program.

SUBJECTS AND METHODS

A questionnaire was developed containing 17 phrases to assess the perception and trends about quality and to judge the know-how on awareness about quality. Some demographic information was also collected to compare the awareness of different groups according to position and educational qualification. Questionnaire was distributed to physicians working in the nine hospitals of Al Qassim region in Saudi Arabia through hospital directors and were collected back through the same channel. The data were analyzed using Epidemiology information system Version 6.

RESULTS

A total of 283 physicians responded from the nine hospitals out of 500 distributed questionnaires. The response was excellent, i.e. forms completed in time with good numbers from each hospital. One hundred and thirty seven

physicians were working in Al-Qassim for the last five years or more, and the rest for less than 5 years.

The distribution of 283 physicians was as follows:

Residents 102, specialists 126 and consultants 55. Majority (184/283) i.e. 65% had no experience of quality management while the rest had some exposure.

Table-I shows that 40% i.e. 116 of respondents did not attend any program on quality. 24% physicians got awareness about quality management from monthly hospital meetings on the subject. Only 17% physicians had access to symposium, seminar on quality in various hospitals of the region. The biennial workshops held in the regional

centers had the least participation from physicians.

Test for awareness of quality program:

Table-II shows the response of nine statements that were taken as test of awareness about quality program in Al-Qassim. 65% were aware of program of quality in Al-Qassim whereas 35% were totally ignorant. 54% claimed to have individual assignments of quality. 85% physicians did understand the meaning of quality in health care however this percentage decreased to 11% when concepts were checked and basic questions were asked.

General comments on quality which are present in literature and are point of discussion whenever quality issue is raised, were included

Table-I: Physicians who attended any program on quality (n=283)

	<i>Symposium</i>	<i>Seminar</i>	<i>Workshop</i>	<i>Orientation</i>	<i>Discussion</i>	<i>None</i>
Resident	13	2	1	10	26	50
Specialist	20	4	4	20	29	49
Consultant	7	2	6	11	12	17
Total	40	8	11	41	67	116
%	14	2.8	3.8	14.4	23.6	40

Table-II: Awareness among the study group (n=283)

<i>Phrases</i>	<i>Yes</i>	<i>%</i>
1. Are you aware of any 'QM' program going on in Al Qassim Hospitals?	185	65
2. Does your hospital assign time to its staff for 'QM' activities?	155	54
3. Can you specify your assigned role in 'QM' process of your hospital?	98	35
4. Do you know what does 'Quality in Health Care' mean?	237	84
5. Are you aware of the word 'Medical Audit'?	127	45
6. Do you believe that 'Quality of Care' is same as 'Clinical Efficiency'?	93	33
7. Do you believe that there is no difference between 'Quality Assessment' and 'Quality Assurance'?	133	47
8. Are you aware of the abbreviations used QA, CQI, TQM?	45	16
9. Do you really understand the meaning & difference of QA, CQI & TQM	31	11

in the survey to judge the perception about quality. Twelve negative phrases and five positive phrases were used.

Response to negative phrases:

Table-III presents the negative phrases responses. The results showed high number of

disagreement with the negative phrases.

Response to positive phrases:

Table-IV shows response of 5 positive phrases which were included to determine the acceptability of total quality management implementation or commitment for any program.

*Table-III: Negative Phrases
(n=283)*

<i>Phrases</i>	<i>+ve Response</i>	<i>%</i>
1. "QM is a foreign invention & strange to the local milieu of medical practice".	159	56
2. "We are not convinced of the need for supervision of a qualified doctor's standard of care"	211	75
3. "QM is too time consuming"	175	62
4. "I have been in my profession for too long, I have got along fine without QM, and should be allowed to continue doing so"	195	69
5. " I already know what's wrong, I don't need QM to tell me"	231	82
6. "QM is a police activity designed to catch the bad guy"	216	76
7. "QM is the responsibility of only the QM personnel; they are paid to do the job and should leave the rest of the hospital staff alone".	247	87
8. "QM is a waste of time for an already overburdened staff.	232	82
9. "Why to discuss QM when even the basics are sometimes deficient"?	164	58
10. "QM is an interference with professionals' in care of patients".	219	77
11. "QM substitutes talking and paper work for action"	145	51
12. The only benefit of QM is to help in the procurement of supplies and equipment	212	75

Table - IV: Positive phrases for adoption of Quality

<i>Phrases</i>	<i>Yes</i>	<i>%</i>
1. "QM requires a lot of effort of all members of the health care team to give their patients the best care, resources can provide"	245	86
2. Is it possible to optimize quality of services within existing constraints?	207	73
3. "I think QA will be beneficial to us and to our hospitals"	251	89
4. "QM encourages the person to work and is rewarding."	210	74
5. QM provides the means and incitement to excellence in practice.	233	82

DISCUSSION

Quality measures in health care have been introduced to provide best possible patient care. It is agreed that if there were means of securing the services of only the best family physicians, surgeons, paediatricians and others this would be a hospital's premier assurance of quality of medical care. It would also be important to ensure that each physician performs within the range of competence established by his or her specialty and training. It is proposed that hospital must have a process to define quality related education needs as the knowledge of quality concept and tools (such as statistical method or process analysis) is key to the success of the hospitals quality efforts. This study in Al-Qassim identifies that 40% of physicians who responded did not attend any program on quality. Workshops which are considered to be instrumental in imparting skills had accommodated only 3.8% physicians. The inference may also be made that the number of the programs organized were few and infrequent.

The duration and continuity to work in the same place ensure continuity of care and can ensure quality of services with coordinated efforts. This can help in introducing the management style of total quality management. The rapid turnover can affect the awareness spreaded through different programs. In Al-Qassim's nine hospitals only 48% of the responded physicians have a stay of more than five years.

About 65% of the physicians who responded had no hands on experience of quality. The study presented in Al Khobar⁷ revealed that some hospitals had staff who had no hands on experience of quality management. Other hospital staff surveyed had 50% exposure to quality management. In this study of Al Qassim 35% of the responding physicians were not aware of any program for TQM implementation. It was also observed that among those who were aware of quality affairs, 65% were not able to identify their role in quality management program.

The definition and meaning of quality in health care was well known to majority of re-

sponders but when it came to real understanding of concept, only 11% claimed to be aware of quality concepts.

There are several comments/criticism which are globally distinguishable as negative perception about quality. One of it is about TIME, physicians are genuinely busy, working busy hours, driven by their patients needs. For them quality is demand for time they do not have. The study in Al-Qassim shows that 61% of responding physicians were not in favor of this negative perception. About the statement that no one gets anything useful from quality as it just documents the obvious, the responding group seems to be double minded in this issue as only 51% disagreed with the negative notion.

When "why to discuss QM when even the basics are sometimes deficient", was discussed, 57% disagreed (positive response). Voyri adds in this regard that "It is possible ethically mandatory to aim at optimizing the quality of services within a given set of constraints, even if the highest priority is given to other considerations. As a consequence, quality is not a mere luxury, which only the richest countries can afford, but is an integral part of all health services".⁸

It has been said that the whole idea of quality is foreign invention and strange to the local milieu of medical practice. Although nothing could be further from the truth, yet historically, this is the universal experience on first contact with quality affairs. Around 44% physicians either believe in it or they have doubt about quality invasion in health care delivery system.

Quality brings lot of paper work! Historically this was true. Skillcorn mentioned that "there is wide spread belief that quality assurance in health care is a new phenomenon, that, to be effective, it must utilize complex technique and that it is expensive".⁹ In this study 51% have positive perception whereas 26% had negative perception.

Policing is a universal blame on quality measures. Such criticisms are the norms as evidenced further by the comments of Skillcorn "QA is often perceived as police activity conceived to catch the bad guy". He adds "the best

thing QA should become is a positive operation", some others¹⁰ have mentioned it as intimidating and discomfoting to assess peers". This seems to be disregarded in this responding group as 76% had rejected such a notion.

Initial apprehension of accepting quality by physician has also been mentioned, "we are not convinced of the need for further supervision of a qualified doctors standard of care. It looks like as if this has also been given up by physicians as 74% gave a positive response. "The president, Royal College of Surgeons of England 1967"¹¹, spoke of initial apprehension and wrote that "there is much evidence that, in hospitals where QA mechanism have been established, the initial apprehensiveness of consultants and others have turned to welcome for the benefits to patients and services that can be delivered from full cooperation in well designed schemes."

CONCLUSION

The present study clarifies the fallacy that physicians are not concerned about quality. The truth of the matter is that they look forward to understand quality. In spite of low awareness they have positive perception about quality; The overall impression is that there is less knowledge about quality in health care and less information about what is going on to implement total quality management. The negative perception which are globally present seems to be less prevalent in Al-Qassim region.

RECOMMENDATIONS

1. Physicians participation should be mandatory in quality matters.

2. Hospitals must have a process to define quality related education needs and they should provide the mechanism and resources to meet them.
3. The awareness program should be conducted with clear objectives.
4. Training programs should be separate from awareness programs.

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