



# The level of attitude of managers and employees towards the goals and concepts of comprehensive quality law management system in hospitals

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**Abstract.** Comprehensive quality management should be considered as a management system that ensures the correct and continuous execution of work at all levels of the hospitals. This system is a direct way to sustain progress and a coherent and comprehensive effort that is used to continuously improve all aspects of a hospitals activities to achieve competitive advantages. The emphasis of the comprehensive quality management system is on increasing the satisfaction of customers or consumers through the management of methods. This system thinks about the continuous improvement of the hospitals activities through individual managers and employees, and finally the effort to improve the performance of all hospitals levels. raises This research is based on the purpose of an applied research from the point of view of the descriptive correlation method. The studies that have been done so far have presented methods and tools of comprehensive quality management to evaluate and implement this system in both industrial and commercial hospitals. are These studies identified dimensions and factors of comprehensive quality management for its evaluation and study. These tools help both researchers and managers to implement comprehensive quality management in the hospitals.

**Keywords:** hospitals, law, management, quality.

## 1. INTRODUCTION

The complexities of today's organizations have made their description difficult to some extent. The increase in environmental turbulence has created an atmosphere of change and transformation, transformation and uncertainty, and it calls the organizations to have new capabilities and plans [1]. Currently, in order to take advantage of the changes in the world's dynamic environment, management has stepped into the field of life with all its might and has searched for new ways to respond to environmental and non-environmental challenges [2]. One of the major and fundamental changes that have taken place in management is the change in attitude towards the organization [3]. Until a few decades ago, it was thought that organizations were rational tools to create coordination and control of people in achieving goals, which have vertical levels of departments, parts and units that are based on power relations, but today, the attention that our managers have towards human issues and progress is expressed in the shade of employee and customer satisfaction. They all indicate a big movement towards the establishment of quality culture in organizations [4]. The establishment of the quality culture itself starts from the conscious choice of a management philosophy suitable for the conditions of the organization. Only the right choice and the belief can release the necessary energy for new directions of the organization [5]. Comprehensive quality management or comprehensive quality management (TQM) is one of these methods for improving the quality of products and services in production and service organizations. Comprehensive quality

management is an improvement in the traditional methods of doing work and a proven technique to ensure the quality of products and services and reduce unnecessary costs [6]. This approach, having philosophical elements and simple and understandable principles and providing a natural platform, may be one of the best options for managers [7]. The three important elements of the philosophy of total quality management, i.e. customer-oriented, process-oriented and continuous improvement of processes, can be understood and implemented both at the top and at the base of the organizations [8]. This new management method in the hospitals of our country, considering the expansion of healthcare services in the health sector and the unprecedented increase in the cost of these services, especially increasing the expectations and demands of the customers of these organizations to receive the most desirable services at the most appropriate price can be a solution to many existing problems. Hospitals are considered to be the most important health care institutions, because they are the important arm of providing health and treatment services and the first level of referral with specific territory and responsibilities [10]. Hospitals are far more complex than production organizations because they have to be responsible for health and treatment tasks that deal with the health and lives of people in the society, as well as economic issues. Medicine that has important differences with production economy [11]. Today, managing hospital affairs is an important group work, and the hospital manager [9] plays the main role of guiding and leading this huge institution in the present century [12]. In addition, the hospital is the place of professional activities for doctors, nurses and holders of paramedical professions, and all these people should participate in the management of this important institution [9] and contribute in some way to its management [11]. The hospital manager is legally and financially responsible for issuing spending orders in the hospital. With this description, there has been a conflict between the management and the doctor (as the creator of expenses) in the field of the hospital. But in our era, another phenomenon that negates all these issues is the need to control costs [10] by applying specialized management, complying with health economics standards and considering priorities with cost-benefit calculations [10-11]. The ever-increasing costs of hospital beds [13], The use of advanced technologies in the diagnosis of diseases, existing complex and expensive treatment methods requires the necessity of creating competition with the private sector and attracting patients, this is not practical except by improving the quality of services provided in public hospitals [10]. Today, fundamental changes have occurred in the behavior of patients and those visiting hospitals. More than ever, patients expect more than ever from the officials of treatment centers, doctors and nurses about the way of treatment and care and their rights [11], and according to the legal charter of patients' rights, this expectation is completely reasonable and logical, and hospitals are required to improve [12] the quality level of their services. Unfortunately, according to the available evidence, the quality of services provided in some hospitals of our country, especially at the level of teaching hospitals of universities of medical sciences, did not meet the demands and expectations of patients and their companions, and despite the heavy costs of diagnosis, treatment and advanced technologies used in hospitals, the dissatisfaction of patients with the existing services is undeniable. Quality as it is used in the management of hospitals has a meaning and concept more than an informal definition of a product and service that is better than the average of other products and services, this also means that the hospital works without making mistakes and correcting mistakes in the first place. do the right thing by emphasizing this point, it is possible to avoid high costs related to rework and sometimes unfortunate life and financial results [14]. Today, our hospitals are facing many problems and crises. In our hospitals, managers and employees spend most of their time solving problems that arise here and there every day, and less attention is paid to the root of the problems [15] because organizational crises are usually not reported and their unpredictability makes decision makers It faces excitement and anxiety, and with the knowledge that organizational crises are inevitable due to environmental changes, there are various mechanisms to prevent and manage these crises, of which comprehensive quality management is one of them [15]. Comprehensive quality management with mechanisms to help index the areas of organizational problems, identifying problems continuously, monitoring organizational bottlenecks, creating sensitivity to time, using creative solutions, continuous individual and organizational self-evaluation, and combining a process-oriented and result-oriented approach. Preventing the occurrence of organizational crises facilitates its assistance and management [16].

## 2. QUALITY MANAGEMENT

Comprehensive Quality Management is a follow-up effort to continuously improve the processes, production and organizational services to meet customer or client needs, strengthen competitive leverage and optimize levels of conducting with variable environmental conditions [17-18]. In fact, comprehensive quality management is a management system with a set of operational principles based on the gradual and prompt improvement of the organization, and all members of the system are involved in the implementation of the system [19]. The quality is a widespread concept that all parts of the organization must be committed to, and the purpose of it is to fully match the product or service with the customer's requirements with the minimum cost for the organization, which results in increased efficiency and increased competitiveness. There are different: 1- Function 2- Properties 3- Case 4- Fee 5- Durability 6- Services 7- Response 8-Costgraduate 9-City and Nick Name.

The emergence of quality control is almost the same as the emergence of the industry. In the Middle Ages, the quality of the industry needed to require extensive control with long-term training. These training made the worker feel proud of the quality of the product [19]. During the Industrial Revolution, things were specialized; As a result, the worker did not make a product completely, but only responsible for making part of it. This change reduced the quality of the products. Because the goods were not complicated at that time, the quality was not very important. In fact, due to increased productivity of the product prices declined, resulting in lower customer expectations. The more sophisticated the products and the jobs became more specialized, the more necessary the inspection of the products after their construction was more necessary [20]. In 1924, Shuhart, a Bell Telephone Laboratory Company, provided statistical actions for the quality of product variables. This is the starting point for statistical quality control. Then, in the same decade, Dodge and Remig both from the same company presented a 100 % sampling fan for admission[21]. The value of the statistical quality control was revealed in 1942; But unfortunately, American executives went wrong in recognizing it [22]. Toshiba is the first Japanese company to use quality control methods before World War II. During World War II, the British Army's BS1008 standards were translated into Japanese and used at the same time as These measures were conducted extensive research on new statistical methods of quality control by a university group in Japan. In 1945, the Japanese Standard Institute was established and the Telecommunication Company was one of the first Japanese companies to take training on statistical quality control in 1946 with the help of Americans to improve quality [23]. In 1949, the law of standardization of industrial production was approved by the Japanese parliament, and in the same year, the Union of Scientists and Engineers of Japan began to form a research group on new methods of quality control skills training [19]. In 1950, Edward Deming, who had learned the quality of statistical quality, presented several seminars for statistical methods for Japanese engineers and on quality responsibility for senior executives of major Japanese organizations [6]. The book -based book based on his lectures was awarded to the Japanese Society of Scientists and Engineers and was used by the Deming Prize. Joseph Jorano traveled to Japan for the first time in 1954. He emphasized the responsibility of management to achieve quality. Using these concepts, the Japanese set standards for quality [23]. Given the importance of quality in the Japanese system and the sense of responsibility and responsibility of senior executives, in 1953 the Ministry of Industry and International Commerce set awards for the best industrial standards among Japanese companies. The first company that implemented the comprehensive control system at the company was the chemical company Shin Sto, which received the Deming Medal in 1953 [20]. In 1960, the first quality control circles were created to improve quality. Japanese workers also learned simple statistical techniques and used them. In 1969 the first international quality control conference was held in Japan). The comprehensive control system at the level of the company has been used in many non-production and service companies since 1975. Although Japan learned quality control from the United States, quality issues were discussed with Deming into Japan, and Dr. Ishi Kava and Dr. Moro were referred to as quality founders in Japan [24]. In the 1970s and early 1980s, American executives made trips to Japan to find out the Japanese miracle. In fact, if they read the books of Deming and Joran, they would not need to do these trips. In the mid-1980s, the concept of comprehensive quality management was released [1]. In the late 1980s, the automotive industry began investing in the process of process quality control as one of the comprehensive quality management tools and urged their suppliers and contractors to use techniques and contractors. Use statistical quality control [25]. In the 1990s, the National Quality Award was founded as a criterion for measuring comprehensive quality management [26]. The US Automotive Industry only emphasized the quality of quality when they realized that Saturn's car came in third in customer satisfaction (1990), after two Japanese cars [27].

### **3. THE PHILOSOPHY OF COMPREHENSIVE QUALITY MANAGEMENT**

Management is a comprehensive system of quality whose components are harmonious, appropriate, have a scientific value and method. The components of this system are formed in a continuous, relevant and lively cause system, and one should never expect to be able to implement a comprehensive quality management system in the organization [19] by merely awareness of the series of dry web concepts of the soul. The comprehensive quality management of a school is a school. As the behavior of a human-owned human being is already predictable in the comprehensive quality management model, the principles and types of management behavior can be defined before [19].

The main point in comprehensive quality management is that in most cases it provides the possibility of achieving completely uncomplicated results [27]. This has been stated in various ways in the texts of this technique: seriously, continuous, and effort to continue work and activity, to reduce restrictions, deficiencies and deficiencies to zero. It is worth noting that the first appropriate time to resolve defects to the zero boundary of the early stages of production or provision of service and emphasis on prevention is a continuous effort to use measures, control processes and data offered to prevent time loss and minimize errors [23]. The purpose of this system is to provide a product or a quality product for customers, which is to increase productivity and reduce

costs. With higher quality and lower quality of that competitive position in the market improves. The set of these activities make the organization easier to achieve. In addition, the workforce will feel secure, creating a fun environmental work. Comprehensive quality management requires a cultural change. This underlying culture will not be obtained in a short time [22]. And the organization in the performance cycle of the organization and the institution must be examined and acted on the status of the organization's activity [19]. Another goal of the comprehensive quality management system is to reach an ideal human. In the organizations of this system of respect and confidence, the commitment to the quality and prominence of the organization is completely evident and the leader and the leader themselves are in place [21]. In order to better understand the philosophy of comprehensive quality management, in this section we will point out the philosophy of comprehensive quality management from the point of view of this management approach.

#### **4. COMPREHENSIVE QUALITY LAW MANAGEMENT IN HOSPITAL**

The hospital is a combination of a social and medical organization that, by its functioning, is provided with complete health care, both therapy and prevention for the community [11]. Sociologists consider the hospital as a social system -based social system with a hierarchical hierarchy, the upstream hierarchy. Each hospital shows the characteristic of a bureaucratic organization with dual management lines, namely management of specialized affairs and administration [11]. The first task of this organization, as the sector of the health system, is to always serve all the people at the price that society can fulfill [10]. The concept of hospital as a center for providing care services for prevention medicine has played the role of the hospital. The other is to teach all people health [10]. Therefore, in the field of health services, therapeutic attention is necessary to pay attention to the following:

- Complex technology in hospitals is equivalent to good quality care, and this is not the case in both ordinary people and in the sense of being in accordance with the quality and good quality of the quality [11].
- On the other hand, the analytics of the hospital's activity, in other words, the production of hospital care is a self-centered factory. Under the title of changes in wages, taxes, taxes, lifestyles, and use are directly reflected on hospital institutions. For this reason, there is a facility and management of managerial measures to use the appropriate tools from the economic success and the survival of hospitals [10]. Comprehensive quality management is one of these measures to increase the efficiency and efficiency (increased productivity) and reduce the staggering costs of hospital, which, if properly and accurately applied, can have a significant impact on health care services [14].

#### **5. FACTORS AFFECTING THE QUALITY OF HOSPITAL SERVICES**

The following factors affect the quality of hospital care. The scope of the hospital's efforts to meet the better care standards is measured in terms of factors affecting the quality of the hospital [10]. These factors are:

- Hospital staff  
They have an impact on the provision of four -group hospital care: (a) Medical staff (b) nursing staff (c) Presidential staff (d) ordinary and arrogant workers. It is obvious that the sufficient number of each of these categories is necessary in accordance with certain standards. For example, a physician or a numerous patient care, a laboratory worker for performing multiple experiments, a beam for performing multiple radiation, a section with several beds. Therefore, the use of these employees must also be effective in order to ensure that the tasks are logically assigned and that responsibility and accountability are also logical [11].
- Hospital Management  
Hospital management is a set of definitions of management science and management. Hospital management is beyond the management of an organization, hospital management is both general management, business management, and health management and medical management [17]. Proper management is added to a hospital manager and a hospital service efficiency and hospital services [12].

#### **6. CONDITIONS OF LAW COMPREHENSIVE QUALITY MANAGEMENT IN HOSPITALS**

Comprehensive quality management is the stage of quality assurance and provides solutions for many traditional weaknesses and methods of quality assurance. The main purpose is to ensure the quality of monitoring the quality of the products and services produced by the organization to identify the inappropriate headquarters and their responsible persons. In fact, quality assurance is looking for apple cream. Purposeful quality management is a management philosophy. Which considers quality to be the first priority of the organization. The quality defined by customers is achieved by improving the work processes, not by inspection. The quality that

requires each individual's participation and cooperation in the organization. Purposeful quality management is a Cost System - Effectiveness to consolidate the efforts of improving the continuous quality of individuals at all levels of the organization. The art of running the organization is to achieve the best. It is responsible for the coordination and coordination of all activities in an organization. Comprehensive quality management is a guidance that is the basis of the continuous improvement of the organization. In fact, comprehensive quality management implies the hadith ((for others to expect to do for you.)) [28].

## 7. CONCLUSIONS

- A correct understanding of comprehensive quality management, many senior executives who have not spent much time to find out about this system have failed to show its comprehensiveness while implementing and dealing with multiple questions. Social and individualism of managers is not tied to the fate of organizations. Since Comprehensive Quality Management is a long -term intervention, it will not have tangible results in the short term, contrary to expectations and employees. Currently, a number of people and employees are skeptical of its implementation, relying on past experiences. Comprehensive is not an easy task, but finally there must be fundamental changes in the administrative system of the world.
- The way the state -owned organizations are managing and managing the state organizations are great executive barriers. The world organizations are very complex and formal systems that have lost flexibility. There is little room for creativity and fund mentalization in this structure. For this reason, one of the major concerns of conflict managers is between comprehensive quality management and traditional approaches that make it difficult to create the necessary and cultural space to implement the system.
- Full clash of senior executives in different levels. Although a significant number of senior executives of different levels of the ministry and its subsidiaries have been involved in the implementation of this system, many managers still have the support of appearance or maximum financial support.
- Creating a positive attitude towards this system in many senior executives, gradually, with the implementation of the system and its results, many managers have not only gained positive attitudes, but have actually taken the leadership of the movement.
- Providing the right platform for critique and review of the current and general status for change. Currently, by creating the necessary areas, a clear picture of the desired status and its specifications is provided to managers and employees. It is welcomed by changing administrative and services.
- Accepting Comprehensive Quality Management as an effective way to make change, after a few years of experience, senior executives have found that this system is one of the most effective approaches and perhaps the only appropriate approach to change and change in hospitals around the world.

## REFERENCES

1. Wagner, C., Gulácsi, L., Takacs, E., & Outinen, M. (2006). The implementation of quality management systems in hospitals: a comparison between three countries. *BMC health services research*, 6, 1-11.
2. Rotar, A. M., Botje, D., Klazinga, N. S., Lombarts, K. M., Groene, O., Sunol, R., & Plochg, T. (2016). The involvement of medical doctors in hospital governance and implications for quality management: a quick scan in 19 and an in depth study in 7 OECD countries. *BMC health services research*, 16, 99-109.
3. Groene, O., Botje, D., Suñol, R., Lopez, M. A., & Wagner, C. (2013). A systematic review of instruments that assess the implementation of hospital quality management systems. *International journal for quality in health care*, 25(5), 525-541.
4. Park, J. Y. (2020). Legal Regulation for Quality Management in Long-Term Care Hospitals. *Asia Pacific J. Health L. & Ethics*, 14, 25.
5. Dückers, M., Makai, P., Vos, L., Groenewegen, P., & Wagner, C. (2009). Longitudinal analysis on the development of hospital quality management systems in the Netherlands. *International Journal for Quality in Health Care*, 21(5), 330-340.
6. Darwazeh, S. S., & Ali, K. (2017). Applications of the Comprehensive High Quality Management and its Impact in the Dimensions of the Social Responsibility: An Applied Study at the Jodanian Public and Private Hospitals. *Journal of Management Research*, 9, 121-151.
7. Wagner, C., Groene, O., Thompson, C. A., Klazinga, N. S., Dersarkissian, M., Arah, O. A., ... & Thompson, A. (2014). Development and validation of an index to assess hospital quality management systems. *International Journal for Quality in Health Care*, 26(suppl\_1), 16-26.

8. Busse, R., Nimptsch, U., & Mansky, T. (2009). Measuring, Monitoring, And Managing Quality In Germany's Hospitals: Germany has made progress in measuring quality in hospitals and is extending its effort into its statutory health insurance system. *Health affairs*, 28(Suppl2), w294-w304.
9. Adinolfi, P. (2003). Total quality management in public health care: a study of Italian and Irish hospitals. *Total Quality Management & Business Excellence*, 14(2), 141-150.
10. Botje, D., Klazinga, N. S., Suñol, R., Groene, O., Pfaff, H., Mannion, R., ... & Thompson, A. (2014). Is having quality as an item on the executive board agenda associated with the implementation of quality management systems in European hospitals: a quantitative analysis. *International journal for quality in health care*, 26(suppl\_1), 92-99.
11. François, P., Peyrin, J. C., Touboul, M., Labarère, J., Reverdy, T., & Vinck, D. (2003). Evaluating implementation of quality management systems in a teaching hospital's clinical departments. *International Journal for Quality in Health Care*, 15(1), 47-055.
12. Papp, J. (2018). *Quality Management in the Imaging Sciences E-Book: Quality Management in the Imaging Sciences E-Book*. Elsevier Health Sciences.
13. Linoh, H., & Nurhayati, S. (2023). Legal Relationship Between Hospitals and Third Parties (Vendors) in Hospital Management System Providers (SIMR) Study at Mitra Medika Pontianak Hospital. *Asian Journal of Multidisciplinary Research and Analysis*, 1(2), 78-85.
14. Farokhzadian, J., Nayeri, N. D., & Borhani, F. (2015). Assessment of clinical risk management system in hospitals: an approach for quality improvement. *Global journal of health science*, 7(5), 294.
15. Secanell, M., Groene, O., Arah, O. A., Lopez, M. A., Kutryba, B., Pfaff, H., ... & Thompson, A. (2014). Deepening our understanding of quality improvement in Europe (DUQuE): overview of a study of hospital quality management in seven countries. *International journal for quality in health care*, 26(suppl\_1), 5-15.
16. Handayani, P. W., Hidayanto, A. N., Sandhyaduhita, P. I., & Ayuningtyas, D. (2015). Strategic hospital services quality analysis in Indonesia. *Expert Systems with Applications*, 42(6), 3067-3078.
17. Balaraman, P., & Kosalram, K. (2013). E-hospital management & hospital information systems-changing trends. *International Journal of Information Engineering and Electronic Business*, 5(1), 50.
18. Duggirala, M., Rajendran, C., & Anantharaman, R. N. (2008). Provider-perceived dimensions of total quality management in healthcare. *Benchmarking: An International Journal*, 15(6), 693-722.
19. Rocha, Á., & Freixo, J. (2015). Information architecture for quality management support in hospitals. *Journal of medical systems*, 39, 1-11.
20. Buciuoniene, I., Malciankina, S., Lydeka, Z., & Kazlauskaitė, R. (2006). Managerial attitude to the implementation of quality management systems in Lithuanian support treatment and nursing hospitals. *BMC health services research*, 6, 1-10.
21. Manjunath, U., Metri, B. A., & Ramachandran, S. (2007). Quality management in a healthcare organisation: a case of South Indian hospital. *The TQM Magazine*, 19(2), 129-139.
22. Claessens, F., Castro, E. M., Seys, D., Brouwers, J., Van Wilder, A., Jans, A., ... & Vanhaecht, K. (2023). Sustainable quality management in hospitals: The experiences of healthcare quality managers. *Health Services Management Research*, 09514848231218631.
23. Wagner, C., Mannion, R., Hammer, A., Groene, O., Arah, O. A., Dersarkissian, M., ... & DUQuE Project Consortium. (2014). The associations between organizational culture, organizational structure and quality management in European hospitals. *International Journal for Quality in Health Care*, 26(suppl\_1), 74-80.
24. Goldstein, S. M., & Naor, M. (2005). Linking publicness to operations management practices: a study of quality management practices in hospitals. *Journal of Operations Management*, 23(2), 209-228.
25. Dey, P. K., & Hariharan, S. (2006). Integrated approach to healthcare quality management: a case study. *The TQM Magazine*, 18(6), 583-605.
26. Pētersone, M., Ketners, K., Krieviņš, D., Kreicberga, I., & Eriņš, I. (2019). Developing a comprehensive model for forthcoming reforms of University Hospitals. *Management Theory and Studies for Rural Business and Infrastructure Development*, 41(2), 197-112.
27. Runciman, W. B., Williamson, J. A. H., Deakin, A., Benveniste, K. A., Bannon, K., & Hibbert, P. D. (2006). An integrated framework for safety, quality and risk management: an information and incident management system based on a universal patient safety classification. *BMJ Quality & Safety*, 15(suppl 1), i82-i90.
28. Roeleejanto, C., Brasit, N., Payangan, O. R., & Pahlevi, C. (2015). Effects of leadership, competency, and work discipline on the application of total quality management and employees' performance for the accreditation status achievement of government hospitals in Jakarta, Indonesia. *Scientific Research Journal (SCIRJ)*, 3(11), 14-24.