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IMPLEMENTING TOTAL QUALITY MANAGEMENT IN HEALTHCARE SECTOR IN SAUDI ARABIA

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ABSTRACT
Quality Management is crucial in healthcare organizations. Providing good quality services has been the main issue in the healthcare service and healthcare organizations. When healthcare customers are satisfied healthcare providers achieve competitive advantage. Satisfying the customers can be achieved by quality management. This applies to both public and private sectors. This paper focuses on hi lighting The importance and implementation of Totally quality management in health care sector in Saudi Arabia. The paper has reviewed the implementation of TQM in Saudi healthcare sector and highlighted the challenges that face them. The continued effort to improve the quality in Saudi healthcare is has given remarkable results. However there is still need for more to do regarding the competitive quality services. This conclusion is helpful for policy makers and managerial authorities in healthcare sector.

Keywords:
Total Quality Management (TQM), healthcare sector in Saudi Arabia

INTRODUCTION

Healthcare sector is endeavoring everywhere in the world to provide high quality and advanced services to the customers (Rocha, Marziale, Carvalho, Id, & Campos, 2014). Healthcare organizations should satisfy the customers' need through providing good quality services (Jacobs, et al., 2013). In healthcare organizations the level of satisfaction is measured by the extent to which quality of services meet the customers' expectations. There are many components considered as very vital for healthcare organization to be successful in the quality of services (Bass & Avolio, 1999). Some examples of these components are organizational internal structure and organizational culture.

Healthcare organizations in Saudi Arabia are categorized into three types: Ministry of Health (MOH) hospitals, Military hospitals and Private hospitals (MOH, 2016). MOH hospitals present almost 58% of all hospitals in Saudi Arabia. Altogether, the hospitals provide healthcare services for Saudi people, residents, military employees and their dependents.

Healthcare organizations are faced by the fast increased cost of technology and equipment. In addition, customers have become very specific in quality of service (Jacobs, et al., 2013). Thus, healthcare suppliers cannot afford to offer free services. This situation in typically is one of the challenges that face healthcare sector in Saudi Arabia.

Health sector in Saudi Arabia has been significantly growing. The Government of Saudi Arabia has stated that it has been investing heavily in developing an good infrastructure for healthcare in all cites (Almalki, Fitzgerald, & Clark, 2011). The apportioned budget for health sector from the main government budget was increased from 5.5% in the previous years to 7% in 2013. The portion of the Saudi professional manpower employed in the sector by MOH was increased to almost 61% of the total manpower that are employed in healthcare sector in 2013. The total number of Saudi professionals was increased to be 106,387 in 2013, compared to the number of non-Saudi professionals working in healthcare which is 68,494 in 2013 (MOH , 2013).

As shown in table 2, the number of population in KSA is almost 30,000,000. Riyadh region is the highest number (7,516,959) and highest hospitals allocated unit per person (7,937). That followed by Jeddah area then Mekkah are. Those three administrative area compose together about 13,679,738 million of the total number (45.6% of the population). The three areas together use 13,452 of hospital allocated unit per person (this presents 34.5%) of the total number of the units (Ministry of Health's Statistics annual Book, 2013).

Table 1: Rate of MOH hospitals units per person per 10,000 populations by region, KSA, 2013

Region	Population	Hospitals beds	Bed rate per 10,000 population
Riyadh	7,516,959	7,937	10.6
Makkah	2,054,623	2,522	12.3
Jeddah	4,108,156	2993	7.3
Ta`if	1,228,314	2,415	19.7
Medinah	1,962,558	2768	14.1
Qaseem	1,337,563	2664	19.9
Eastern	2,941,236	3,056	10.4
Al-Ahsa	1,165,422	1,555	13.3
Hafr Al-Baten	427,183	1,000	23.4
Aseer	1,725,054	2,400	13.9
Bishah	370,800	770	20.8
Tabouk	866,803	1,250	13.5
Ha`il	654,736	1,025	17.2
Northern	350,972	1,010	28.8
Jazan	1,497,377	1,850	12.4
Najran	555,129	1,100	19.8
Al-Bahah	450,733	1,085	24.1
Al-Jouf	321,388	860	26.8
Qurayyat	161,750	490	30.3
Qunfudah	297,516	200	6.7
Total	29,994,272	38,970	13.0

TQM IN HEALTHCARE

The comprehensive healthcare system usually includes curative, preventive and rehabilitative services. In Saudi Arabia these services are accordance with the Islamic ethics. As mentioned in MOH's Mission Statement "it is for the benefit of patients and their families, as well as the community". This can be implemented through cultivating public awareness of health, and ensuring righteousness with regard to the distribution of healthcare services throughout Saudi Arabia areas. In addition, the effort can be made by enhancing knowledge and skills of MOH employees through ongoing training on work efficacy. Enhancing skills and knowledge will enhance employees' commitment and develop proper behavior in the healthcare organizations (Mosadeghrad, 2013) .
There has been increasing responsiveness of identifying quality service in healthcare over the years (Alotaibi, Mokhtar, Taib, & Yusoff, 2015), and although it is hard to define quality in services, there is even more difficulty when applying it to healthcare service. This difficulty was explained by as being due to many people being involved in delivering healthcare services. (Rocha et al., 2013; Mustafa & Bon, 2015). Individual's interest could expose a contradiction of overall interest. For example in hospitals, patients place more importance on health improving, whereas tax payers focus on reducing and controlling the cost of healthcare. There are many research studies have tried to provide a complete definition of quality in healthcare. Sewell (1997) explains that the essentials that would constitute quality in the healthcare organization is the lack of clarity. Individual expectations determine the perceptions of quality, therefore a clear complete definition of quality in healthcare is difficult. This is particularly imperative for healthcare organizations that operate in different communities, as individuals' values and expectations could differ significantly. These communities that are connected to healthcare organisations would comprise administrators, nurses and doctors, pharmacists, as well as the patients. Defining quality needs a focus on individual healthcare preferences, so that their expectations and values can be surveyed thoroughly.
This is also supported by Zabada, Rivers, and Munchus, (1998), who suggest that when individual's expectations of the outcomes of healthcare provided services are exceeded or at least matched, the quality is achieved. However, the basis for these conclusions appears to assume that individual have an overall perception of the likely results at an early stage of their cure, which justifies its usage individuals' expectation in measuring quality in healthcare.
Measuring quality in healthcare is defined by Deming (2000) with from view of how quality could respond to explicit types of problems. Examples of the problems are the comfort medical care providing to the patient, the age and gender of patients, laboratories facilities, the overall public health, and the cost per patient to be treated in a hospital.

IMPLEMENTING TQM IN SAUDI HEALTHCARE

There has been lacking of research regarding the evaluation of TQM within the healthcare sectors of Saudi Arabia. However, Al-Qahtani and Ibn-Methheb (1999) have assessed how TQM has been implemented in the Saudi public sector, including hospitals. This research attempted to search and evaluate the understanding of TQM in public sector in Saudi Arabia; how TQM is observed and applied as a model, and to study the factors of TQM in the public sector. These findings also argue solutions to some of the difficulties mentioned earlier which avert the successful implementation of TQM.

Al-gahtani and Al-methheb (1999) explain that MOH promotes quality assurance in the healthcare sector, and used this as the explanation for introducing TQM in the sector. However, although TQM was adopted in 1990 by the MOH, researchers have found only partial outcomes that given the result and effect of TQM, especially in hospitals as a unit of application. The MOH had formed its own TQM system and standards of evaluation, although it was based on existing theoretical TQM literature.

These findings expose that the MOH has organized various training for TQM in different healthcare organizations, and this training was applied by both Saudi and non-Saudi employees. However, middle management was the main target by the training. Although it was appealed that top management was dedicated to the TQM programme, their appreciative and awareness of the TQM application and concept was significantly less. The MOH's implementation of TQM shows clear some shortage and some weaknesses, such as mission, vision or clear objectives. Therefore, TQM need to be more effective and should be influencing beyond the expectation and goes deeper to other performance related outcomes such as innovation and innovation performance in healthcare in Saudi Arabia(Alotaibi et al., 2015).

CONCLUSION

This paper has described in a review the importance of TQM in healthcare. The review involved Saudi healthcare sector. In Saudis Arabia the government has done a lot to to increase the quality of health services that provided by the three types of providers (MOH hospitals, private hospitals and military hospitals). The efforts have started in the earlier in in the1990th last century then continued up to date. Through this period of decates the outcomes were remarkable and witnessed in many expansions, improvements, and enhancements. However the newly merging competition and the highly increased customers' expectation increased the need for more effective outcomes.

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