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Quality Management of Healthcare Services: A Study of Selected Hospitals in Manipur

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Abstract:
This paper presents the management, control and implementation dimension issues in quality management (QM) in healthcare. Quality management thrives for excellence in quality health services to patients at affordable price; applying zero errors; with continuous innovative error prevention strategy; training employees for zero error prevention, reducing delay time and providing timely needs. Educational institutions that prioritise quality and are dedicated to ongoing improvement will gain the most patronage and prosper at the expense of others. Analysing and improving medical processes for zero defects could build healthcare quality and help in minimising the patient cost thereby patients get the best quality treatment at affordable cost. Quality assurance program tools can be utilised by healthcare providers to enhance patient care and ensure safety. With the increasing competition in the healthcare market, healthcare institutions have sought to enhance their efficiency and competitive advantages by concentrating on management, control, and implementation dimensions.

Keywords: Customer focus, management commitment, continuous Quality Improvement, Team work, employee involvement, competitive advantage

Introduction

In the present-day business context, quality has become the topmost priority for every organization. Every growing company wants to provide best quality products and services to its customers. Thus, having a thorough understanding of quality that is subjectively understandable, objectively definable, practically measurable and physically controllable. The expanding scope of healthcare has resulted in greater complexity in the delivery of quality services. Patient satisfaction is recognised as a significant indicator of quality. Public expectations regarding medical care are continually rising, encompassing not only clinical outcomes but also the delivery process, safety margins, and the conduct of personnel. There is a growing inclination to offer protection against illness through healthcare insurance. This necessitates that quality management be conducted on a broader scale than simple medical audits. There is also an more demand for cost efficiency and appropriate care and understanding the needs and expectations of the patients become very important for the delivery of quality services. Moreover, as standardization of healthcare services is difficult, it calls for the institutionalization. Hence, there is need to use the principles of quality assurance systems covering all activities of the health care unit. Now, the managers of healthcare organizations have to look forward to the challenges they are to face in developing an effective quality assurance system. quality management has emerged as answer to have a dynamic assurance system in the organization. Quality management is a management philosophy that tells of doing the things right first time and every time through policy, training, standardization, continuous improvement and total employee involvement. It ensures the presence of a quality system through the organization. Quality management, stresses on the calibre of management in contrast to quality. The quality management implementation will provide valuable insights for healthcare professionals to develop a diverse skill set. Healthcare professionals must engage in regular self-reflection and implement a strategy for personal growth that encompasses gaining new knowledge, fostering a constructive mindset, and acquiring new skills to address the swiftly evolving health requirements of the population. Laboratories test and results alone will not suffice for the survival of the health care units but a

more personal interaction with the patients is the need of the hour. Keeping in view the complexities and challenges the healthcare industry is having today and the importance of quality services to be delivered to the patients, it is felt to take up a research work on the application of quality management in health care industry particularly in Manipur.

Review of Literature:

The Role of SERVQUAL in Measuring Patient Expectations in Healthcare by Tan and Lim (2023) revisited the SERVQUAL framework's adaptability in healthcare, reviewing 38 studies to assess its limitations in accurately capturing patient expectations. Findings suggested that SERVQUAL requires modifications for complex healthcare settings, such as adding new dimensions like empathy and digital convenience. Digital Healthcare Innovations and Patient Satisfaction: A Meta-Analytic Review meta-analysis by Goh et al. (2023) examined digital healthcare innovations and their impact on patient satisfaction, reviewing 52 studies published between 2018 and 2023. The results showed that digital tools like telemedicine significantly improve accessibility and patient satisfaction but also introduced concerns about personal connection and privacy. Cross-Cultural Comparisons of Patient Satisfaction in Healthcare Quality Chen and Wang (2023) conducted a cross-cultural analysis, synthesizing findings from 42 studies to explore cultural influences on patient satisfaction. The study emphasized that cultural factors significantly shape expectations and perceptions, necessitating customized quality assessment tools. Quality management represents a management philosophy that numerous quality-focused organisations have adopted to realise advantages such as increased client satisfaction, superior quality of services, increased output and financial gains, as well as minimised waste and costs, within other advantages (Evans and et.al., 1993; Choi and et.al., 1998; Elmuti and et.al., 1994; Schuler and et.al., 1991). The advantages of quality management were realised not just in manufacturing sectors but also across service industries, government entities, private companies, healthcare organisations, and educational institutions (Harris, 1995). There are various researchers who had worked on the quality management. However, quality management work on the hospital and healthcare front is still not very large. Research has shown that 4 percent of patients have a preventable harm. (Brennan et al., 1991), 7 percent encounter a medical mistake (Leape, 1994; Bates, 1995), and 45 percent face some form of medically negligent behaviour (Andrews et al., 1997). A contemporary investigation revealed that 8 percent of anaesthetic errors were attributed to human error, while 92 percent were linked to system errors (Lagasse et al., 1995). A study examining the quality of hospital services revealed that patients were not aware of the internal quality checks in place. Healthcare professionals conducted morbidity and mortality meetings to evaluate care, diagnosis, and clinical management competencies. The calibration of laboratory equipment was conducted to guarantee optimal performance. However, individuals often form their assessments based on the communication abilities of the personnel and the level of empathy they demonstrate (Tomes and Chee Ng., 1995). The notion of quality in healthcare can be readily inferred from the understanding of quality in a professional service firm. The quality of health services involves providing patients with their desires (patient quality) and necessities (professional quality), all while utilising minimal resources, avoiding errors, delays, and waste, and adhering to higher-level regulations (management quality) (Overtveit, 1992). Hospitals with computerised systems significantly and consistently enhanced the quality of patient care by utilising physician-authored reminder protocols for monitoring and improving patient outcomes. (McDonald *et.al.,*1984). Goel, S.L. (2001) highlighted that the measure of a hospital's efficiency is the satisfaction of its beneficiaries. The sympathetic and courteous behaviour of hospital staff positively influences both patients and their relatives. Individuals responsible for the effective operation of hospitals must receive training in managerial techniques and tools. These techniques and tools may be utilised to obtain optimal resources. An approach consisting of enhancing internal efficiency, securing government support, and fostering public cooperation would safeguard the reputation, prestige, credibility, and viability of hospital services. Jha, S.M. (2001) argued for the self-sufficiency of hospital organisations, which would lead to qualitative and quantitative improvements in their services. He also advocated for personal promotion measures to motivate doctors, paramedical officers, nurses, and other staff. Additionally, it is essential to recognise the necessity of behavioural training for employees, alongside their professional skills, to effectively meet customer satisfaction. The establishment of a public relations department was proposed to enhance advertising and publicity efforts. Achieving consistent and dependable advancements in health care proved challenging with conventional approaches. Enhancement frequently necessitated intentional reconfiguration of the processes, informed by an understanding of human interactions with products and processes, as well as the tools recognised to facilitate improvement. The evident ethical obligation to improve the quality and safety of care, along with fulfilling external accreditation standards and consumer expectations, necessitated that physicians systematically tackle quality of care concerns (Shine, K.l., 2002; Hibbard et al., 2003). Jackson (2001) emphasised the importance of robust managerial engagement, autonomy, and emphasis on customers, which also encompassed inside customers. Additional traits linked to success included collaboration, a culture of trust that emphasises system enhancements rather than assigning blame, access to timely, accurate, and valuable information, and a dedication to ongoing improvement within the organisation. With the increasing competition in the healthcare market, healthcare institutions have sought to enhance their efficiency and

competitive edge by focussing on cost-effectiveness and the quality of care. One important result of these advancements has been the industry's embrace of quality management and continuous quality improvement techniques. (Mcluaghlin, c.p. and et.al., 1999). Quality management was initially adopted in manufacturing sectors during the mid-1980s. subsequently, the service sectors and governmental bodies took action. When quality management was practiced successfully, a holistic quality would be achieved. this encompassed not just the quality of the goods and services, but also the quality of research and development, management, planning, and decision-making. although healthcare organisations successfully implemented quality management, they could achieve similar satisfactory results. Numerous studies have indicated that effective implementation of quality management can lead to notably improved results in healthcare organisations (Short and Rahim, 1995, and coute et al., 1995). Consequently, implementing quality management practices would not only assist in addressing the financial challenges of the health care organisation but also resolve several significant issues they were presently encountering (Short and Rahim, 1995). Ovretveit (1999) suggested that leaders in an organisation must ensure their initiatives for ongoing improvement are highly visible to foster commitment to the same values among others. Individuals tend to experience greater happiness when they adhere to positive examples and role models. The findings indicated that key factors influencing the effective implementation of using analytical abilities in decision-making and incorporating a high-quality information system that produces accurate and trustworthy data were two aspects of Korean hospitals' ongoing quality improvement (Sunhee Lee et al., 2002). A comprehensive analysis involving more than 50,000 patients across over 300 hospitals in the United States incorporated eight elements for evaluating inpatient care and seven elements for assessing outpatient care. In the context of inpatient care, they evaluated aspects such as physician services, nursing support, medical outcomes, courtesy, food quality, comfort and cleanliness, admission and billing processes, as well as religious support. Outpatient care encompasses various elements such as physician care, nursing care, medical outcomes, facility characteristics, waiting times, testing services, and the registration process. Carey and Seibert (1993). Lehtinen and Laitamaki (1985) identified three dimensions of service quality: institutional quality and corporate image. The physical quality includes the environment, tools, nutrition, and results of processes, whereas interactive quality pertains to the relationship between the healthcare provider and the patient. John (1989) recognised the presence of four dimensions: curing, caring, access, and physical environment. Mac Stravic (1988) proposed that engaging patients in their care through actions like maintaining their appearance, self-administering medications, clearly articulating their expectations, seeking information, and voicing complaints could enhance satisfaction. He proposed that the inclusion of patient involvement must be considered a critical element in the assessment of health care quality studies.

Need for the Study:

The Indian healthcare industry is experiencing remarkable growth, emerging as the next significant advancement following information technology. The integration of superior services with affordable facilities is consistently drawing a steady influx of international patients. The expense associated with advanced surgical procedures in India is significantly lower, being five times less than that found in the western world. The Insurance Regulatory and Development Authority indicates that the Indian healthcare industry possesses the potential for significant growth. A mere 10 percent of the market potential has been explored to date. Private healthcare is projected to represent 75 percent. The growth of medical tourism in India has been significant in recent years, as evidenced by the rise in foreign tourists from 183,000 in 2020 to 304,000 in 2021. Indian hospitals of international standard– Apollo, Escort, Max, Fortis, Hinduja, Breach Candy, Asian Heart Institute, Asian Heart Foundation, AIIMS, PGI, and Arvind etc. are attracting foreign nationals–1,50,000 per year and rising at the rate of 15%. Providing International Quality of Care standard and Work Force in India has been the comparative cost advantage over the Western countries. The major motivation for taking up a research work of the present nature has been the curiosity to know as to why Manipur having ample number of Hospitals and qualified doctors, patients go to other states of India for treatment which is a huge drain of Manipur's exchequer. So, the significance of the study lies in identifying the major areas in the development of quality management in Healthcare Industry in Manipur. It is also significant especially for healthcare providers as this study gives them the necessary feedback as to what their various services have been able to satisfy their customers (patients) and what are the deficiencies which needs substantial improvement. The suggestions from the patients and intelligentsia regarding various healthcare facilities and amenities in the state would provide guidelines for future course of action to be followed in its quality development plan to compete in the Global Healthcare market.

Objectives:

1. To investigate the practices of managing Total quality healthcare in Manipur.
2. To suggest measures for delivering Total quality Services in Health Care Industry in Manipur.

Research Methodology:

The study aimed to explore and analyse the basic management involvement particularly the quality management

aspects in select health care units in India with special reference to Manipur. The study involved both primary and secondary data collected from select private hospitals in Manipur. The data used for the study had been largely of primary in nature collected through questionnaires and interview of top management of the Healthcare service providers in Manipur. The study was conducted on twelve (12) healthcare service providers in Manipur and the analysis was carried out based on survey research. The target population was top executives, sometimes middle level executives of the healthcare service providers. The secondary sources of data included audited records, journals, magazines, published and unpublished records of the select health care units under study, research studies conducted by different organizations and individuals in the field, the profiles and annual reports of the health care units etc.

Table 1: Data Analysis on Management (dimension 1-10), Control and Implementation Issues (11-18) in Hospitals

			No. of hospitals in category		
Factors/Dimension level	Average score	Coefficient of variation (%)	High (6-7)	Medium (4-5)	Low (1-3)
1. Quality Mission Statement	4.5 (1.11)	24.67	3	6	3
2. Customer focus	4.75 (0.95)	20.02	4	6	2
3. Management commitment	4.9 (1.25)	25.51	4	6	2
4. Familiarity with Quality Management	4.83 (1.70)	35.20	3	8	1
5. Measures of cost of quality	4.83 (1.38)	28.57	4	6	2
6. Causes of quality variation	5.00 (1.50)	30.00	5	5	2
7. Worker empowerment	5.17 (1.80)	34.82	4	8	0
8. Communications in the hospital	5.5 (1.60)	29.10	6	6	0
9. Performance appraisal system	4.83 (1.11)	22.98	4	6	2
10. Statistical evidence of quality	3.58 (0.491)	13.69	2	6	4
11. Customer feedback – vehicles used	5.83 (1.80)	30.87	8	4	0
12. Commitment to continual improvement	5.91 (1.89)	31.98	8	4	0
13. Problem solving approach	4.5 (1.38)	30.67	4	6	2
14. Activities to remove barriers for consensus	4.5 (1.60)	35.56	3	6	3
15. Comparison of actual with planned performance	4.25 (1.89)	44.48	1	8	3
16. Education and training	4.33 (1.60)	36.95	2	6	4
17. Supplier development	5.5 (1.60)	29.09	6	6	0
18. Quality improvement teams.	2.58 (1.38)	53.48	0	3	9

Note: Standard deviations are shown within the parentheses (Source: Primary Data)A Likert scale with seven points was employed to collect responses to questions regarding quality management in the sampled hospitals. Coefficient of variation is equal to Standard deviation or Mean dimension scores.

Findings on Management Dimensions:

Mission Statement

All the sample hospitals examined possessed a quality mission statement. Table 1 indicates that among the 12

hospitals, three attained high scores while six received medium scores, based on a Likert scale from 1 to 7. The average score was 4.5, accompanied by a coefficient of variation (CV) of 24.67 percent. Formulating a mission statement requires an in-depth examination of competitors, expected technological progress, the hospital's weaknesses and strengths of business, market threats and market opportunities, and, crucially, the leadership's vision. In light of these considerations, it was requested that managers or the Managing Director evaluate the mission and the achieving their mission objectives. Several of the managers interviewed conveyed doubts about the aspirations outlined the mission statement. This scepticism primarily arises from their encounters with numerous new programs that have come and gone over time, resulting in a widespread belief that quality management may not be a sustainable effort.

Customer Focus

The hospitals received a medium score for customer focus, with a skewed distribution towards medium performance, an average of 4.75 (the researcher anticipated a better score), and a coefficient of variation of 20.02 percent. For healthcare providers, this dimension was crucial; this was clearly demonstrated by the consistency (low CV) of median ratings across all facilities examined. The focus on customers, whether they are end consumers or internal clients, is the paramount principle of quality management. Enquiries on this dimension encompassed the hospital's efforts to enhance understanding, communication, and coordination with both customer categories, the nature of the feedback procedure implemented by the hospital, and the extent to which customer suggestions were regarded by the institution.

Management commitment

The commitment to dimension management addressed the role of leadership in total quality management. Enquiries concerning this aspect centred on the presence of policies, procedures, rules, and systems within the hospital aimed at fostering employee talents. Furthermore, it investigated whether the quality management of the hospital was an additional component of their business philosophy or if they were willing to modify their culture to adopt quality management practices. Table 1 demonstrates that the hospitals' performance examined as average (mean= 4.9, CV = 25.51 percent), with the coefficient of variation and the score suggesting biassed outcomes. Two hospitals received low evaluations in this crucial domain due to the management in these institutions perceiving quality management merely as an addition to their business principles. The study findings indicated a lack of visible top management involvement and cooperation from top management, which appeared to be essential for fostering the cultural change needed for consistent progress.

Familiarity with quality management

Understanding quality management is essential for its effective implementation. This encompassed all activities across various functions aimed at executing a transformation process that fulfilled customer requirements. This dimension assessed the knowledge of key employee in the hospital regarding the fundamental framework, and other components necessary for the implementation of total quality management. The hospitals analysed attained an mean score of 4.83, the findings were moderate, as reflected by the medium CV 35.20 percent.

Measures of cost of quality

Understanding the measures of cost of quality in these hospitals required an acknowledgement of the significant regulation imposed by various external agencies. Adhering to the stipulations established by those agencies resulted in expenses that included ongoing inspection and review costs. Failing to comply with regulatory bodies can result in significant financial consequences, such as monetary fines and the risk of losing certification. Further significant costs linked to non-conformance may stem from liability claims and employee compensation claims. In the end, consumer complaints may result in a decrease in business performance. Dissatisfaction among patients party may lead to their decision to seek alternative options for future health care needs. Their experiences could be shared with friends and neighbours, which might lead to a reduction in future customer prospects. The survey results for this dimension exhibited variability, presenting an mean score of 4.83 and a moderate CV at 28.57 percent. Nevertheless, four hospitals attained impressive scores in this domain.

Causes of quality variation

Hospitals possess a distinctive circumstance wherein variability is nearly intrinsic to the surroundings. Consequently, identifying the sources of quality variation was crucial for the successful implementation of quality management in a hospital. The hospital personnel consisted mainly of medical staff and other healthcare workers. All these folks practiced in accordance with the information acquired during their prior education. Moreover, individual and professional preferences, along with information supplied by hospitals, affected the manner in which patient care was delivered. This led to inconsistencies in the processes of patient care. The common factors contributing to variability included a lack of interdepartmental coordination, failure to prioritise the consumer, a lack of responsibility and inadequate authority. Reasons for variance pertain to factors that are not consistently

present in the process and emerge from unique situations. The individuals executing the task were accountable for addressing the problem that led to the discrepancy. Although management had reasons to assign blame to the employees, many occurrences of quality variation originated from frequent reasons that management was reluctant to admit. The findings indicated that hospitals were failing to allocate their time and resources effectively to create reliable processes and procedures. In the survey of twelve hospitals, two obtained low ratings on the Likert scale, whereas five attained high ratings. The mean score was 5.00, with a significant coefficient of variation at 30.00 percent.

Employee empowerment

Employee empowerment necessitates deliberate action and does not occur randomly. An intentional effort from the leadership would probably be essential to shift the organisational culture. The mean score for this dimension was 5.17, and the high CV=34.82 percent) indicates a significant variability in this score across the hospitals analysed.

Communication

Physicians had excessive influence over all hospital matters, resulting in a system biassed towards fulfilling their preferences first. Consequently, it is unsurprising that physicians felt no obligation to adhere to a program not instituted by them. The mean score for communication in the hospital is 5.5, with a coefficient of variation of 29.10 percent.

Performance Appraisal system

The hospitals in Manipur that were examined did not establish performance standards for individual job descriptions. The mean score for this dimension is 4.83, accompanied by a coefficient of variation of 22.98 percent.

Statistical evidence of quality

Measure of quality services in the hospital is evaluated by those receiving care. Surveys of clinical patients can be employed to collect and compare quality metrics. None of the evaluated institutions has carried out surveys of clinical patients. to assess the quality of care provided. The emergence of quality issues was exclusively linked to the patient feedback process. Considering that most failures originated from common errors, it was crucial to statistically validate quality for the successful implementation of any quality management program within the healthcare organisation. The analysed hospitals demonstrated an average performance score of 3.58, supported by statistical evidence of quality, while four hospitals obtained low scores on the Likert. The CV measured at 13.69.

Findings on Control and Implementation Dimensions

Customer feedback – vehicles used

Customer feedback plays a crucial role in the quality management process. The hospitals analysed have successfully managed the support and auxiliary services , leading to favourable responses from these intrinsic stakeholders. Furthermore, hospitals have consistently provided excellent support for their physicians, independent of the Hospital Administration. The ongoing collection of data, assessment, feedback, and patient care, referring to the external customers, seemed to be executed effectively. The average score for this dimension was notably high at 5.83, with a CV of 30.87 percent.

Commitment to continual improvement

Lasting advancements can only be realised through the dedication and engagement of all participants. The dedication to ongoing enhancement from upper management is strong; however, the engagement of physicians and staff in establishing a corporate culture aligned with quality management is insufficient in these hospitals. The hospitals examined achieved an average score of 5.91 and a coefficient of variation of 31.98 percent in this dimension.

Problem solving approach

The cross-functional approach stands out as the most effective strategy for engaging individuals in a useful and effective manner. Giving participants the freedom to propose and carry out modifications proved to be the most effective approach to problem-solving. The performance in this area was below expectations; the mean score is 4.5, and CV is 30.67 percent indicates the existence of underperformers.

Measures to remove barriers to consensus

The institutions under review have not experienced sufficient change in their organisational culture; the existing dual management structure, which includes both physicians and support services, allows for only limited opportunities to implement a quality mandate driven solely by management (Merry, M.D. 1990, Perlman S.L. et

al. 1991). The findings of the study distinctly showed that management's ability to implement various quality initiatives among the physicians was limited, and there were only slight attempts made to remove obstacles to reaching agreement. The results in this area were moderate, with mean score of 4.5 and a CV of 35.56 percent.

Comparison of actual with planned performance

The assessment and oversight of productivity enhancements is a vital component of the quality management practices. Improving efficiency in the non-quality management practices, hospitals concentrated on implementing process and overseeing direct costs. Cost acts as an indicator of productivity management. Quality management in patient care centres on evaluating the efficiency of strategies designed to improve quality. Metrics utilised include patient turnout, duration of hospitalisation, complicacy rates, and hospital expenses. The hospitals examined lacked established systems for the regular collection of these metrics. The mean Likert score for the comparison of actual against planned performance was 4.25, with a coefficient of variation of 44.48 percent, signifying considerable variability in ratings among hospitals.

Education and Training

The quality of the training and development initiatives in the hospitals under review seems to be lacking. In each of the surveyed hospitals, there was almost universal implementation of in-house training. The mean score for this dimension stands at 4.33, with significant variability observed among the hospitals surveyed, as indicated by a high coefficient of variation (CV=36.95 percent).

Supplier Development

Vendors of laboratory supplies, medications, necessary hospital equipment, and clinical service providers were all considered hospital suppliers. Most of the hospitals reviewed had not taken steps to certify these suppliers. Medical service providers relied heavily on these institutions for their operations, leading to a strong commitment to provide high-quality service. The mean score for supplier development was markedly increased, particularly considering that hospitals operate as service organisations. The mean score for this dimension was 5.5, accompanied by a coefficient of variation of 29.09 percent.

Quality improvement teams

Quality improvement teams and quality circles are recognised techniques that have significantly contributed to enhancing employee involvement and participation. These were enduring groups made up of staff members who convened regularly to address issues and devise solutions. The scores on this dimension reflect the engagement levels of the employees within the hospital under examination. The mean score among the hospitals examined is relatively low (mean=2.58), with a coefficient variation of 53.48 percent, suggesting significant variability.

Survey Research Findings of the employees in the sample hospitals:

100 employees were surveyed through questionnaire in the 12 private hospitals. Employees surveyed consist of nurses, managerial staff, front office personnel, Health care assistant, Resident Medical officer (RMO), paramedical staff etc.

Consultant Doctors were just interviewed and found that they were not involved in the Management of the hospital as they worked on commission basis. They had full autonomy.

Table 2: Employee Satisfaction Index

Dimension	Mean Score
Work Environment & Infrastructure	3.20
Job clarity	4.12
Culture	3.16
Process	3.37
Top management	3.95
Employee Development	3.01
Team work	3.91
Salary	2.53
Manager Interaction	3.84
Reward & Recognition	3.82
Job Satisfaction	4.21
Training	2.21

Source: Primary DataThe Mean score is calculated based on the responses of the respondents on the 5-point scale**.**

Table 2 gives the details regarding the employee satisfaction index. The average score on work environment and Infrastructure was 3.20 which indicate that the employees were just satisfied with the environment and

infrastructure being provided to them. Average score of 4.12 on job clarity indicates that the employees somewhat agree that the top management of the hospital clearly defines the job of their employees. The average score on culture is 3.16 which indicate that the employees gave a neutral view that departments cooperate. The employees somewhat agree that they were free to give suggestions and they understood the company policy. With regards to process and procedures, the average score is 3.37 which lies between neutral and somewhat agree but close to neutral. It can be inferred that some of the employees were not happy with the process and procedures that was followed. It was complicated and did not make their work easy. The average score is 3.95 with regards to top management of the hospital which indicate that the top management listens to suggestions, do not play favourites and is transparent. The employees could trust the management. The average score on employee development was 3.01 on the 5-point scale indicating that they had a mix view with regard to the career path, career development and involvement in decision making being provided by the top management of the hospital. They had little involvement in decision making. The top management had little concern about the career path and career development of their employees. The employees had a good team spirit, cooperation, transparency, problem solving rather than blaming among them and it scored 3.91 on the 5-point scale. On the salary front, the average score was 2.53 indicating that the employees were not clear regarding the pay rise criteria and pay according to performance. They were quite dissatisfied with pay structure. From this, it can be inferred that the management had to look seriously to pay structure to motivate their employees. The employees were quite free in contacting manager/supervisor. They somewhat agree that the manager delegated the work effectively and there was fair treatment by the manager or supervisor, score was 3.84. The employees expressed a moderate level of agreement regarding their recognition or rewards from management, achieving an average score of 3.82 on a five point scale. The average score on job satisfaction was 4.21 indicating that the employees enjoyed their job and they made good use of their skills and abilities working in the organization but the pay scale de-motivated them. The employees felt that non-technical training useful. They somewhat disagree that they received adequate training. They did not receive adequate training to enhance their abilities. The average score on this dimension is 2.21. From this it can be inferred that the management should conduct regular training for the employees.

Discussion and Findings

The healthcare sector in Manipur is undergoing significant transformation, particularly with the increasing emphasis on quality management and the rise of private healthcare providers. Patients are becoming more conscious of both the cost and quality of services, which has led to a preference for private hospitals over government facilities. However, the implementation of quality management principles across healthcare institutions in Manipur remains inconsistent or insignificant.

1. **Quality management and Hospital Performance:** This study confirmed that quality management strategies significantly impact the performance of hospitals. As noted by Philip Crosby (1979), poor quality in healthcare can consume up to 35% of a hospital's operating budget. In Manipur, operational inefficiencies are a concern, particularly in smaller hospitals like Raj Medicity and Advanced hospital, which lack structured quality management systems. Larger institutions like Shija Hospitals and Research Institute Ltd**.** have made more progress in adopting quality management, but overall, hospitals in Manipur still face challenges in optimizing their operations to remain competitive and financially viable.
2. **Patient Preferences and Satisfaction**: Across all surveyed hospitals, patients preferred private healthcare providers, even when costs were higher. The study found that patients value hospitals with renowned specialist doctors, prompt care, and comprehensive facilities. Shija Hospitals and Research Institute Ltd. received the highest patient satisfaction ratings due to its specialized services and well-established infrastructure. Nursing care was also highlighted as a crucial factor, with patients praising the empathy and attentiveness of the nursing staff at Shija Hospitals and Sky Hospital. However, the high turnover of nurses, particularly in smaller hospitals, poses a challenge to maintaining consistent care quality.
3. **Operational Challenges**: The study found that smaller hospitals, such as Advanced hospital and Raj Medicity, are often hindered by a lack of professional management structures. These hospitals typically operate with a short-term profit-making focus, which limits their ability to implement long-term quality improvement strategies. The absence of well-organized organizational structures also prevents these hospitals from effectively adopting quality management principles. In contrast, Shija Hospitals and Research Institute Ltd. has a more corporate approach with well organised organizational structure, with a clear focus on both process improvement and patient outcomes, setting an example for how smaller hospitals could improve their operations.
4. **Accreditation / Quality Certification**: Of all the hospitals surveyed, Shija Hospitals and Research Institute Ltd. had accredited National Accreditation Board for Hospitals & Healthcare Providers (NABH), which demonstrates compliance to international quality standards. Other hospitals still rely on traditional quality management practices, such as periodic clinical audits and inspections, which focus more on defect detection than prevention. This highlights a significant gap in the adoption of proactive quality management approaches

that are central to quality management. Many hospitals expressed interest in pursuing ISO certification but cited financial and structural constraints as barriers to pursuing ISO certification.

5. **Identifying and Meeting Customer Needs**: The study revealed that while External as well as internal customers have been recognised by hospitals, they often fail to fully understand or meet their needs. Traditional performance metrics such as recovery rates and mortality statistics are used, but these do not offer the needs for comprehensive process improvements. quality management emphasizes customer focus resulting to customer satisfaction and continuous feedback, areas where Shija Hospitals has made significant strides by integrating patient feedback into its service delivery model.
6. **Role of Management Information Systems:** The lack of comprehensive management information systems (MIS) is a common issue across most hospitals in Manipur, except for Shija Hospitals, which has fully computerized its operations. Sky Hospital and Raj Medicity are only partially computerized, limiting their ability to implement effective process controls and reduce errors. Robust information systems which integrate transaction management systems, could enhance patient record-keeping, streamline communications, and improve overall service delivery, but the associated cost is a major impediment for smaller institutions.
7. **Expansion**: Financial limitations were identified as a major challenge for hospitals which rely heavily on self-financing. This restricts their ability to expand services, diversify their services, or invest in advanced quality management systems. Larger hospitals, such as Shija Hospitals, have taken loans from financial institutions and are therefore able to invest in quality improvement initiatives and infrastructure expansion. However, the smaller hospitals struggle to keep pace with the growing demand for high-quality healthcare services in the region.
8. **Employee Involvement/empowerment in Quality management:** Employee empowerment and involvement in quality management processes is critical for the success of quality management, yet this remains an area of weakness in many hospitals. Shija Hospitals stands out as a leader in this regard, with active participation from staff in quality improvement initiatives through quality circles or quality improvement teams and regular training programs. Smaller hospitals like Raj Medicity, Imphal Hospital and Research Institute, Advanced Hospital and Sky hospital follow a more traditional, top-down management structure, which limits the participation of employees in making decision and solving problem processes. Encouraging greater employee participation could significantly enhance the efficiency of quality control in these hospitals.
9. **Patient Expectations and Feedback:** Only two hospitals, Shija Hospitals and Sky Hospital, have formal mechanisms for collecting patient feedback, using inpatient and outpatient feedback forms. Other hospitals rely on informal communication from patients and their families, which limits their ability to make data-driven decisions about service improvements. Shija Hospitals, uses more structured feedback system, which allows for continuous quality improvement and better alignment of services with patient needs.
10. **Strategic Importance of quality management in Healthcare:** The study found that the successful implementation of quality management requires strong leadership and a sustained dedication to excellence. Shija hospitals serves as a model of how quality management can be integrated into hospital operations, with a focus on both process and outcome quality. For hospitals like Raj Medicity and Imphal hospital and Research Institute adopting a more strategic method of quality control, emphasising continuous improvement, could help them remain competitive and improve patient outcomes.
11. **Healthcare Tourism**: Manipur has the potential to develop into a healthcare tourism hub, with Shija Hospitals and Research Institute Ltd. leading the way in providing high-quality care. The "Look East" policy and now "Act East Policy" positions Manipur as a gateway to Southeast Asia, and with the right incentives and infrastructure investments, the region could attract international patients seeking affordable, quality healthcare. Shija Hospitals have been attracting patients from Myanmar due to his quality healthcare. Public-private partnerships could play a key role in fostering this development, particularly for smaller hospitals looking to expand their services. The findings from this study underscore both the challenges and opportunities for implementing quality management in manipur's healthcare sector. while larger hospitals like shija hospitals and research institute ltd. have demonstrated the benefits of adopting international quality standards, smaller hospitals face financial and organizational barriers to implementing similar practices. addressing these challenges through better employee involvement, strategic leadership, well organised organisational structure, structured feedback systems, and investments in technology will be key to improving healthcare quality in the region. as healthcare demands in manipur continue to grow, the successful adoption of quality management across hospitals could enhance patient care, boost operational efficiency, and position the region as a leader in healthcare delivery and medical tourism.

Conclusion

The healthcare sector in Manipur is undergoing significant transformation, with patients increasingly preferring private hospitals due to better access to specialists, prompt care, and comprehensive services. However, many smaller hospitals struggle to meet these expectations due to a lack of structured quality management systems and financial constraints. Shija Hospitals, with its NABH certification, stands as a leader in the region, demonstrating

the effectiveness of quality management in improving service quality and operational efficiency. the hospital's focus on continuous improvement and learning, strategic leadership, operational efficiency, state of the art technology medical equipments, patient-centric care, and staff empowerment and involvement has made it possible to deliver high-quality healthcare. The study also emphasise the need for hospitals to shift from reactive quality control, such as audits, to proactive defect prevention, a core principle of quality management. many hospitals lack comprehensive management information systems (mis) that are crucial for process control and reducing operational inefficiencies. empowering employees and involving them significantly contributes to the effective application of overall quality control. as observed at Shija hospital where staff participation in efforts to increase quality is encouraged. despite the challenges of financial limitations and technological gaps, the adoption of quality management across Manipur's healthcare industry offers substantial potential for enhancing patient care, improving hospital efficiency, and positioning the region as a hub for healthcare tourism.

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