



## IMPLEMENTATION OF TOTAL QUALITY MANAGEMENT IN THE HEALTHCARE INSTITUTIONS IN IRAQ

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### ABSTRACT

This study investigates the utilized principles to achieve total quality management (TQM) at healthcare institutions of Iraq. The main elements elaborated in accordance with field specialists and international standards. These principles, elements, and the associated processes were reflected on the healthcare industry and the specific requirements of its operations, management, and customers. In order to apply the literature study into the field, a case study of the healthcare program in Iraq is adopted. The research method was to survey hospital staff from all levels and in several institutions about the basic principles of TQM at their workplace. The participants were also asked about the work methods, their awareness about the importance of TQM, the usage of modern technology by their institutions, utilization of resources, and the problems that may hinder the implementation of TQM the hospitals. The analysis of the survey indicated that the implementation of quality at Iraqi hospitals is estimated at 33.6% with a significant lack of awareness about quality. A set of recommendation is then provided for hospital leadership for study and implementation.

**KEY WORDS:** Quality, Management, Healthcare, Iraqi, Standards.

### INTRODUCTION

TQM term describes the attitude, culture, and organization of any association or company; that attempts to offer consumers with services and products which serve their needs. This culture demands a certain amount of quality in all the phases of the operations. Processes get done properly from the first time, combined with processes of eradicating defects from operations.<sup>[1]</sup> Managers and quality practitioners have well accepted this approach as a change management quality method which plays a crucial function in management development. Various researchers have affirmed TQM as a strategy to enhance flexibility, productivity, effectiveness, and competitiveness of a business to satisfy customers' demands as the source of sustainable competitive advantage for business and dynamic business solutions, pleasing customers and suppliers.

TQM is a managerial philosophy and a key management issue since it is essential for efficiency and competitiveness. The term TQM would be used as a comprehensive and integrated managerial system that is committed to generate a working environment in hospitals, which achieve continuous improvement for the

abilities and the skills of all employees and working systems. This improvement aims for a continuous improvement in all activities that lead to improved health services through all elements applications of TQM that are proper to the hospital.

The Medical service provision in the Iraqi hospitals is considered a fundamental human right for all citizens. The government confirms the necessity to improve health services. At the same time, the demand for health services is ever-increasing due to the increase in population and growing life expectancy, pollution, and traffic accidents.

Therefore, MOH expect TQM to contribute to the continuous improvement of health services and to reduce costs through upgrading administrative efficiency and productivity in hospitals. Between the TQM and the HSQ applications, common goals arise; both seek for improving customer satisfaction and productivity through decreasing costs.<sup>[2]</sup>

TQM and service quality has been examined and reviewed for decades. Researchers have revealed that TQM is regarded as a product quality development and

incorporates a prominent character of quality in the industry of service. Many researchers have demonstrated the connection between TQM and execution and performance of a company and the quality has bestowed great outcomes.<sup>[3, 4, 5]</sup>

In Western health systems, patients' perceptions are increasingly seen as a key element in health service evaluation.<sup>[6]</sup> Although the Iraqi health system closely resembles the Western model and is a collectivist system like the health system in the UK, the idea of eliciting patients' perceptions is not yet established. This remains a neglected area of research, since quality of health service is a recent initiative in Iraq. Especially within the scope of the MOH, there is little experience of measuring patient perceptions in such settings and data in this field are limited.

As a result, health and social services are rendered to people without evaluating the successes or failures of services. The very few existing studies represent the point of view of health service administrators and health service professionals who are usually the respondents in these studies. This may give a slanted picture since these health administrations and professionals are employed by the government which is represented by the Ministry of Health. For this reason, all initiatives in Iraq for improving services or expanding the defences are based on the government's own strategies and are not affected by patients or shared with patients. This is not the case in other countries where services are open to the private sector which makes them highly competitive and leads to concern about researching the TQM implementations.<sup>[7]</sup>

The second main reason for the lack of interest is the fact that the impact of scientific research on developed countries' TQM implementations are far more influential than in developing countries including Iraq. Moreover, few existing studies have been based upon other studies, particularly those derived from Western literature and their findings can be criticized on two fronts. First, most depict a high level of satisfaction that may be superficial and illusory.

Second, they fail to capture aspects of health service that are really important to patients, because most satisfaction surveys are pre-designed by researchers who neglect issues which patients might wish to include in the survey design. Consequently, there are no national standards or instruments for measuring patient perceptions of health service facilities in Iraq. It is therefore important for the TQM implementation to take advantage of the available experience in other developed countries and specialized organizations to create instruments that are acceptable, valid, and reliable in a cost-effective and timely manner. In summary, thus far patient quality perceptions and satisfaction have gained widespread recognition as a measure of a quality and as quality indicators of the performance of TQM implementation [8, 9] claimed that a real improvement in the quality of health service

cannot take place unless patients are involved, and health service evaluation will not be satisfactory if it focuses only upon measures of clinical effectiveness and economic efficiency without including measures of patients' perceptions. Also, it has been argued that the identification of client priorities among different quality dimensions could lead to the increasingly efficient and effective allocation of limited health resources.

In the light of the previous studies, the relationship between TQM and service quality in health service industry is proved. Health services have a special condition among other services because of the nature of the high risks. This makes evaluating customer satisfaction and service quality in a health care more important and complex.<sup>[10]</sup>

To achieve success in getting excellence in service or service quality, hospitals should seek for "zero defections", retaining each customer to which the organization can provide service and profit from it.<sup>[11]</sup> Based on<sup>[12]</sup>, "zero defect" except constant exercises to improve the quality service delivery operation.<sup>[13]</sup>

If it is executed and administrated efficiently, TQM scores a significant influence in developing competitiveness and delivering business perfection particularly service quality. In the hospital circumstances, the chief centre of administration was on the circumstances of clients<sup>[14]</sup> demonstrates that happiness and satisfaction have to be examined. This means that consumers may possess insights about the hospital's service quality without encountering the service<sup>[15]</sup> as cited in.<sup>[16]</sup>

The research design is the composition and structure that is regarded as extremely valuable to the collection of data and its examination and analysis. It also can be considered as the strategy and plan for accomplishing the goals and purposes of the research.<sup>[17]</sup>

## METHODS

This study was conducted in Fallujah Teaching Hospital, Iraq on 218 patients who underwent UGIE during the period from September 2014 to August 2016. The entry points for UGIE procedure consisted of medical and surgical gastroenterology units of the hospital and direct referrals from other health facilities.

The study was conducted in five hospitals in Iraq. The main sample is consisted of the employees in these hospitals who are doctors, managers, nurses, and administrative staff. Hospitals were categorized according to the number of employees. The number of hospitals in Iraq is approximately 97. Hospitals in this study are divided into 3 groups according to the number of employees as 100 and less, 100-200, and 200 and more. The most suitable for the study is the group which includes 100-200 employees.

This is because nearly 20 of the hospitals with 100 and less employees have low capacity, there is no quality certificate. Our goal is to find hospitals which have TQM practices and compare them according to the accreditation certificate. So we left hospitals with 100 and less employees out of the sample. On the other hand, when we look at the hospitals with 200 and more employees, we can see the well-equipped chain hospitals with more than one quality certificate. They are nearly 20 without their branches. The chain hospitals have many branches; it is difficult to make an equal comparison so hospitals, which have 200 and more employees, have remained outside of the sample.

In our study, specialized hospitals as dental and eye were also excluded from the sample. After the elimination of these hospitals, we identified nearly 18 hospitals with 100-200 employees and quality certificates. We can reach 7 of these 18 hospitals and performed a survey to the employees who are working in these hospitals. They asked to sign a confidentiality agreement so we were unable to give the name of these hospitals.

In order to study the TQM and Service Quality of hospitals, the questionnaires were personally administered at 20 hospitals in Iraq. Surveys of the employees were collected by hand and doctors, nurses, managers and administrative staff were asked to fill the questionnaires. A concise introduction describing the objective of the research was provided by the researcher to the members. Furthermore, the promise of the confidentiality of the investigation was granted by discussing the academic objectives of the research.

The participants were asked to evaluate TQM and Service Quality of the hospitals. All the process lasted 4 months. Appendixes 1 and 2 include the copy of the questionnaire in two languages, namely English and Arabic. We gave out 200 questionnaires and 172 people answered the questions.

The factors related with the TQM and Service Quality of hospitals are developed based on the operational definitions in the literature. The questions are taken by the surveys that are conducted mentioned in the literature. By using 5 categories of Likert scale, different degrees of importance are presented to the respondents. The survey starts with a cover letter mentioning the importance of the issue and guaranteeing the privacy of the data collected from the hospitals.

The questions are grouped in two categories; first starting by the demographic variables, then moving on with the question about the variables. The questionnaire contains two sections. First part includes eight socio-demographic questions. At the second part, there are forty statements, which are 5-point Likert type, and close-ended questions. These points on the scale are “Strongly Disagree”, “Disagree”, “Uncertain”, “Agree”, and “Strongly Agree”.

### Statistical Analysis

To analyses the data, the Statistical Package for the Social Sciences (SPSS ver. 20) was used. Socio demographic variables were analysed using crosstab and chi-square test statistics by rating the level of effect the demographic features of the sample had on their responses and their distribution. Chi-square significance level is determined as 0.05 level, as it is a common usage in the questionnaires.

### RESULTS

We surveyed hospital staff in Iraqi hospitals that included doctors, nurses, managers, and administrative staff. We distributed 75 surveys of which 53 participants agreed to take part in our study demonstrating their perception, knowledge, and opinion about the status of quality management in their healthcare institutions. Further to collecting the surveys, SPSS 20 was used to analyse the data. This part of the study will preview the results of the performed survey and highlight the numbers and percentages of the responses. Although the survey copies were distributed equally to healthcare professionals in Iraq, the responses that were received back did not result into an even distribution due to the tough political and security situation in the country. Table 1 demonstrates the distribution of correspondents according to their position in the industry where 17 managers, 122 doctors, 13 nurses, and 20 administrative staff have responded.

Moreover, as part of any survey, it would be significant to present the survey demographic to ensure an even social distribution of correspondents that could be observed mostly on the gender level while the age categories show most of the correspondents from the youth category. Table 1 illustrates the gender percentages, age categories of correspondents, and their marital status, respectively.

**Table (1): The Descriptive statistics of Correspondents (n=172).**

		<b>f</b>			<b>f</b>
Gender	Man	99	Working period in the Hospital	0-5 years	81
Age categories	women	73		6-10 years	55
				11-and more	36
Age categories	>27	21	Healthcare Professional	Manger	17
	28-35	90		Doctor	122
	36-43	49		Nurse	13

	44<	12		Administrative staff	20
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It is an essential part of any social or scientific study that includes a survey to represent the demographics of its sample. Therefore, it can be noticed that we have a good distribution between the male participants and female participants with 42% and 58%, respectively. The results also showed that 52% of the sample fall in the age category of 28 to 35 years old. Likewise, 53% of our participants had 6 or more than 6 years of experience at their institutions that reinforces the case study knowledge level.

With regards to the adoption of TQM standards at Iraqi healthcare institutions, the results of the survey raise a concern about either the level of implementation or the level of awareness by the hospital employees or both at

the same time as the 26.42% of the participants confirmed that there are no program implementing TQM in their hospitals and 49.06% stated that they do not know if there is such a program. Furthermore, of the 24.53% who stated that there is a program implementing TQM at their hospital, 69.23% said that the program was implemented less than 2 years ago which indicates that the TQM programs at the Iraq hospital is still a new concept and immature. Moreover, 96.23% of the total survey's participants stated that there are no TQM specialists available in their institution or they do not know about their availability, which also confirms the discussion point. Table 2 presents the TQM principals implementation.

**Table (2): TQM Principles Implementation.**

TQM Principle	Disagreement	Not Aware	Agreement
Managers act as Leader in achieving the quality	32.1%	41.5%	26.4%
Managers involve employees in decision -making	22.6%	26.4%	51%
Learning and skill development are implemented	42.2%	13.2%	39.6%
Staff are trained for problem – solving techniques	43.4%	20.8%	35.8%
Statistical data are used in all improvement processes	28.3%	52.8%	18.9%
There are no communication problems between departments.	62.3%	9.4%	28.3%
Innovative ideas are encouraged for continuous improvement	50.9%	3.8%	45.3%
Problems in the system are continuously determined and solved.	41.5%	43.4%	15.1%
Quality development teams organize periodical meetings.	22.6%	45.3%	32.1%
Pay attention to zero defects in all processes.	26.4%	32.1%	41.5%
Quality are improved by utilizing statistical techniques.	54.7%	24.5%	20.8%
Precautions about existing and potential quality problems arc taken	17%	34%	49%
All activities are done through customer (patient etc.) satisfaction	66%	11.3%	22.7%
An attention is paid to the customer satisfaction.	45.3%	17%	37.7%
Strategic plans are revised according to the change in conditions.	26.4%	52.8%	20.8%
Special attention is paid to institutionalization and related works.	35.8%	30.2%	34%
Quality standards are always achieved.	28.3%	37.7%	34%
Quality standards are sufficient for performance improvement.	54.7%	24.5%	20.8%
Quality standards improve patient	37.7%	17%	45.3%

satisfaction.			
Employees" performance evaluation is based on the quality of work.	22.6%	22.6%	54.8%
There is a comprehensive system to provide professional services.	43.4%	24.5%	32.1%
The employee's quality perception is manure and sufficient	56.6%	22.6%	20.8%
There are training programs in the field of TQM.	41.5%	41.5%	17%
There is an interest to know the patients" service expectation.	30.2%	24.5%	45.3%
There is an effective system for solving the patient's complaints.	47.2%	7.5%	45.3%
The management encourages the process of innovation and creativity	47.2%	7.5%	45.3%
There is a good incentives system.	60.4%	11.3%	28.3%
Team work is implemented.	37.7%	3.8%	58.5%
TQM is used to motivate staff.	26.4%	56.6%	17%
The management encourages the participation of the employees.	60.4%	15.1%	24.5%

The survey participants were asked to indicate the implementation of TQM principles at their institution by answering to 30 points that details the different elements of quality management by agreeing, disagreeing or non-knowledge of each single point. Table 2, summarizes the results of this section of the survey in percentages of agreement, disagreement, and non-awareness for each statement. However, as some of the statements were positive while the other ones were negative, the percentages of agreement and disagreement of negative statements were interchanged in order to produce

equivalent comparable results and be able to evaluate the average percentage of TQM implementation and awareness percentages at the healthcare institutions in Iraq. To create a reliable analysis for the data produced in Table 3 which shows the TQM principles categories and classification, it is necessary to divide the questioned TQM principles into main categories that will facilitate the analysis and the remedy measures for any issues which may arise. Therefore, the questioned TQM principles were divided into six main categories.

**Table (3): TQM Principles Categories and Classification.**

Category	Classification Criteria		
	Disagreement percentage	Unaware Percentage	Agreement Percentage
TQM principles Implemented			50% and Above
TQM principles Implemented with High Unawareness			40% and Above
TQM principles not Implemented	50% and above	Less than 20%	
TQM principles not Implemented with High Unawareness	40% and above	20% and above	
High Unawareness of TQM principles Disputed Areas		40% and above	
Disputed Areas	40%± and above		40%±5and Above
		OR all Around 33%±5	

In regards to the necessary measurements and strategies that should be implemented for the work methods and steps, the survey participants responded to four main measurements, namely simplification of procedures which had 81.1% agreement percentage; exclusion of unproductive activities which had 62.3% agreement percentage; coordination of work which had 100% agreement percentage; and considering patients' satisfaction when determining the work methods and steps which had 92.5% agreement percentage. These results emphasize the importance of two important strategies when developing the work methods and procedures that are the work coordination and the customer satisfaction as per the participants' opinions.

The participants have fully agreed to all measures suggested by the researcher to increase the awareness of the hospital employees and patients. However, the measures can be ranked from the most to the least important by looking into the strength of the participant's agreement that includes raising awareness to the importance of quality (Strongly Agree, 83%); educating patients to alter their health related attitudes behaviour and styles (Strongly Agree 75.5%); and, raising awareness to the protection from diseases (Strongly Agree 64.2%). These results indicate the starting point where the attention of the employees should be drawn which is the importance of the quality and its implications on them and the overall performance of their institutions.

**Table (4): Advancement of Healthcare Elements in Iraqi Hospitals.**

Healthcare Element	Disagreement	Uncertainty	Agreement
Medical devices	18.9%	9.4%	71.7%
Diagnosis	7.6%	22.6%	69.8%
Treatment	34%	35.8%	30.2%
Medicines	34%	7.5%	58.5%
Managerial systems	28.3%	34%	37.7%

The results in Table 4 shows the highest advancement in the medical devices while least advancement is shown in the treatment and the highest uncertainty element. For this reason, it can be said that modern technology is not used enough in the treatment. This again indicates the

importance of the customer satisfaction factor and the issue that the Iraqi hospitals face in that regards. Moreover, the survey shows a low rating and high uncertainty for the managerial systems that eventually include the TQM.'

**The participants expressed their opinion about their institutions' utilization of the available resources including human, financial, time, and equipment resources as shown in percentages in Table 5**

Optimal Resources Utilization Areas	Disagreement	Not Aware	Agreement
The hospital's human resources is optimally utilized in the hospital.	28.3%	30.2%	41.5%
The hospital's financial resources are optimally utilized in the hospital.	47.2%	26.4%	26.4%
The hospital's equipment is optimally utilized in the hospital.	28.3%	41.5%	30.2%
The hospital's time is optimally utilized in the hospital.	56.6%	39.6%	3.8%

Quality Level Evaluation Based on the participants' evaluation of the specific departments and their services at their hospital, we can notice disparity in the levels of bad and good ratings along with uncertainty levels at some aspects. This reflects the level of service at these departments and also the involvement and awareness of the hospital staff in implementing the TQM at their institutions. Table 6 exhibits the good, bad, and uncertainty ratings (Quality Level) for the selected

departments, services, and aspects at the healthcare institutions in Iraq.

Table (6): Quality Evaluation Ratings.

<i>Quality Evaluation Ratings</i>			
<b>Departments Rating</b>	<b>Bad</b>	<b>Uncertain</b>	<b>Good</b>
Employees Performance	35.8%	35.8%	28.4%
Good Relationship with The Patients	32.1%	17.0%	50.9%
Medical Devices	37.7%	28.3%	34.0%
Maintenance Department Services	49.1%	28.3%	22.6%
Medical Services	45.3%	3.8%	50.9%
Nursing Services	28.3%	7.5%	64.2%
Laboratory Services	20.8%	39.6%	39.6%
Radiology Department Services	17.0%	15.1%	67.9%
Emergency Department Services	15.1%	26.4%	58.5%
Pharmacy Department Services	20.8%	17.0%	62.2%
Social Services Department	45.3%	24.5%	30.2%
Hospital's Cleanliness	24.5%	58.5%	17.0%
Medical Records Department Services	13.2%	67.9%	18.9%
Services Of The Top Management	24.5%	45.3%	30.2%
Personnel Management Services	26.4%	32.1%	41.5%
Financial Management Services	47.2%	15.1%	37.7%
Public Relation Management Services	7.6%	52.8%	39.6%
Communication Department Services	11.4%	66.0%	22.6%

## DISCUSSION AND CONCLUSION

In light of the theoretical study, literature review, and the results of the survey conducted in the Iraqi hospital regarding the TQM establishment and implementation, a set of recommendations are suggested by the researcher for the case study to contribute to the development of quality management in Iraqi healthcare institutions. The implementation of these recommendation will not only enhance the TQM level at the targeted hospitals but also these institutions can be taken as examples, once they reach to an acceptable and exceptional levels, for all institution in the country who realize the necessity of these standards as part of the worldwide movement for sustainable development. Therefore, the researcher's recommendations which are to be implemented in healthcare institutions suggest that the level of staff awareness should be increased concerning the principles and elements of TQM through organized and continuous trainings in quality standards and expectation, the involvement of them in the process of establishment and implementation, and establishing local and external publications that are concerned with the quality management standards.

Patients must be involved in the quality level determination through continuous customer evaluation surveys and activities that bridge the gap between the customers and the hospital's staff. The top management strategies and approaches should be based on leadership principles and the top management should lead by example in implementing the quality standards, principles and elements. Quality and quality management trainings for the managers and heads of departments should be prioritized to create the sense of leadership about the TQM and the importance of its implementation in the institution.

Continuous performance evaluation must be performed for all institution's managers and staff without exception that should be based on their quality of work and development each in their discipline. Moreover, the same concept should be implemented in the department level to evaluate the level of the service and close any issues that may arise regarding the quality standards implementation. The TQM principles and standards should be established and implemented correctly through the international standards.

Furthermore, ISO and JCI certification should be sought for all procedures, departments, and institution as a

whole. Employees of the institution should be involved in the decision making more often especially the decisions that are related to their departments in all aspects technically and administratively. Therefore, leadership that encourages employees' participation in decision making should be targeted to benefit from the hands-on experience that the employees in each department have in their disciplines.

Evolutions and inspections of the implementation of TQM status should be continuously performed by the top management on a periodic basis regardless of any situations and prior the inspection by the certifying parties. Moreover, constant and regular investigations must be carried out to discover the errors and problems in all quality aspects in the institution, immediate corrective measures should be taken, and results should be publicized amongst the hospital staff.

Moreover, trainings and talent development must be implemented as a core program in the institution to ensure the continuity of the TQM implementation and a high level of the quality standards in all aspects and departments. Positive, transparent, and continuous communication channels should be established between the top management and among the staff to facilitate the sharing of problems, risks, and lessons learned for a more efficient development strategy. The staff trainings should focus on problem solving techniques to develop leadership on the department level and create more momentum towards the goals of TQM implementation. Engineering techniques such as work time and workflow should be utilized that their implementation can be fast-tracked through acquiring the necessary technical experience from the developed countries in the field of quality management and adopting their developed systems.

The TQM establishment, implementation, and training should start at the senior management level to prepare the needed leadership for the necessary changes and quality improvement teams should be formed from representatives from all departments to ease the communication process and enable sharing the lessons learned and brainstorming processes between all departments.

Vision, mission, and task definitions must be established on the institutional and departmental levels and they should be continuously revised to accompany the changes in the industry and customer demands. TQM must be used to motivate staff and a fair incentives system must be established to achieve it. Moreover, the achievements of quality standards should be continuously monitored and the contributors to major and minor achievement can be rewarded. Therefore, innovation and creativity must be encouraged by management in all levels.

In processes and work methods, coordination of work, simplification of procedure, and eliminating unproductive tasks must be a priority for development. Following this, staff and patients must be educated about the importance of quality in all levels and it is positive impacts on resources utilization efficiency.

A permanent committee should be formed to look into the usage and update of the institution's technology in all different aspects and the necessary resources should be allocated for this operation.

Besides, an internal auditing system must be established for all departments including technical, performance, and technical aspects. Nonetheless, an external auditing system by a reliable certifying party is required especially for the financial system to ensure the integrity of resources' utilization. Furthermore, a continuous future planning strategy should be implemented to increase the institution capacity according to customer demands including budget planning to ensure the efficiency of resource utilization in all dimensions such as human, financial, tangible assets, and time.

Based our study and in accordance with the stages definition by<sup>[18]</sup>, we can classify the Iraqi hospital in regards with TQM to be at the "Drifters" stage moving to the "tool rushers" stage. From the performed survey, we can notice that the level of commitment is not at a high stage. However, the employees have the sense that quality is an important parameter to run their institute.

Moreover, at the management stage, there is a lack of leadership for TQM establishment and implementation. The leadership mainly lack the professional and standardized knowledge about the subject that subsequently lead to many gaps in the implementation mechanism. The top management view the TQM as a program rather than a process of work enhancement that may eventually develop the overall performance of the institutions. Applying the basic elements at the Libyan healthcare institutions, the following points can be concluded:

**Cultural Change** The current quality culture at the Iraqi hospitals requires a dramatic change to the view and attitude towards TQM. Although the sense of need for quality exists among the staff, the overall culture and attitude hinders any trials to implement the quality standards at the institution on an overall scale. This task is one of the most important tasks for leadership commence. However, it may take time to get the momentum needed to have a set vision and mission which requires strong leadership.

**Customer Focus** This element is currently absent at the healthcare institutions in Iraq. Being the most important part of TQM as it drives and customizes the business quality strategies to fit the purpose of the business, the Iraqi hospitals need to focus their services, activities, and strategies to serve their customers as a priority. The

earlier the top management realize the importance of this element, the closer and steadier they move towards implementing TQM.

**Employee Empowerment** In order for the leadership to create the required momentum for quality, it is necessary to pass on their visions to the biggest number of their employees to have a common goal and mission. Therefore, empowering their employees by encouraging them to participate in decision making on all levels, share their opinion to serve the overall vision, and be innovative and creative in their approaches will open the communication channels which would go both ways, namely up to the management and down to the staff.

**Continuous Improvement** As quality is defined to be a process rather than a program, the continuous questioning of the system plays a dominant role in its sustainability. The processes have always to be updated and simplified to serve its purpose and unproductive work has to be eliminated. Moreover, the best method to have a continuously improving system is to involve the customer and the staff in the process of development to iterate the steps and methods to their best forms.

**Employee Training** The human assets are considered the most important in any institution; developing talent can be challenging and long process. Therefore, the Iraqi healthcare institutions are required to develop their human assets continuously with technical and quality trainings that enriches their knowledge and leadership sense.

**Teamwork** It is essential to have all the institution's community members under the same vision but it is crucial to have the full contribution from all of them. The Iraqi hospitals need to focus their work strategies on teams, discourage the individuality, and apply the same concept to incentives and rewards to be on the department and team level.

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