

## QUALITY MANAGEMENT PRACTICES AMONG HEALTH CARE PERSONNEL IN A TERTIARY HOSPITAL

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### Abstract

The study was conducted to determine the quality management practices of health care personnel in a tertiary hospital. The study utilized the descriptive method of research to describe the quality management practices among health care personnel. The respondents were asked to answer a questionnaire about their extent of quality management practices in terms of quality management system, management responsibility, resource management, service realization and measurement, analysis and improvement. The study used an instrument derived from the Seamanship International Training Academy Quality System Audit Master Questionnaires. The questionnaire underwent content validation and was tried out to five health care providers of different categories. Cronbach alpha was used to estimate its reliability. The study used a questionnaire which the researcher developed after a careful review of the Seamanship International Training Academy Quality System Audit Master Questionnaires. A total of 170 health care personnel such as physicians, nurses, radiologist, medical technologists and radiology technicians were the respondents of the study. The findings of the study showed that quality management was practiced to a great extent in terms of quality management system, management responsibility, resource management, service realization and measurement, analysis and improvement. The researcher concluded that there is no significant difference in the assessment of the respondents on the extent of quality management practices among health care personnel when they were grouped according to respondent's category, length of service and area of assignment.

**Keywords:** Quality management, health care, tertiary

### INTRODUCTION

Nowadays, the existence of an effective quality management system becomes a competitive advantage to organizations. Establishing, implementing, maintaining and improving of it will be of great importance to every organization. To be able to provide and render better services, an organization must meet the needs and comprehend the expectations of the customers. This could possibly happen if it has a structure of an effective quality management system.

Quality management system offers advantages or benefits to every organization. For instance, a health care organization having an appropriate and well-organized management system will make the institution deliver and render much better health care services for the patients. The result of this would be increased satisfaction showing an increased commitment to utilization of health care services by the patients that will lead to health care personnel's satisfaction and commitment to work. According to Switula (2006), International Standard Organization 2001 defines quality management system as a set of interacting elements established to control and direct an organization with regard to quality. More practically, quality management system is a tool to establish and continuously and consistently achieve quality objectives based on customer requirements. Therefore, quality management system directs the organization to its

goal of achieving health care personnel's and patient's satisfaction. Quality management system provides support for health care personnel to be able to increase health care outcomes of the patients. Quality, however, should not be focused solely on the services that an organization provides. It should also be embedded in the management practices of the organization; in other words, quality should be an underlying value in how an organization is managed. If good management practices are designed and executed, the good results should follow (Evans, 2009).

In view of the fact that some institutions are not yet certified or in the process of certification, recognizing problems regarding the provision of quality management system is an important responsibility of the institution as a whole. For this purpose, the researcher wants to assess the extent of quality management practices among health care personnel in a tertiary hospital. Through this research, it is hoped that the institution could possibly have the chance to undergo the International Standard Organization accreditation and certification.

## **METHODOLOGY**

### **Research Design**

The study utilized the descriptive method of research to describe the quality management practices among health care personnel in a tertiary hospital. "Descriptive research is undertaken in order to describe, observe and document a certain aspect of a phenomenon, behavior, or situation as it naturally occurs. It summarizes the status of phenomena observed within the natural environment and without any manipulation of the independent variable" (Salustiano, 2009). In this study, the variables such as quality management system, management responsibility, resource management, service realization measurement, analysis and improvement are considered.

### **Locale of the Study**

The locale of the study is a major private tertiary hospital located in MacArthur Highway Valenzuela City, Metro Manila. The hospital is licensed by the government of the Philippines as health providing institution. It is fully equipped with state-of-the-art diagnostic and therapeutic equipment and facilities. A wide range of specialties are covered up to tertiary care level, including internal medicine, endoscopy, surgery, dentistry, obstetrics and gynecology, dermatology and physical rehabilitation. It is located within the compounds of Our Lady of Fatima University.

### **Population of the Study**

The researcher used a specific group of health care personnel as respondents of the study. This was composed of physicians (39), nurses A (108), radiologist (1), medical technologists (14), and radiology A technicians (8) with at least one year of service.

### **Research Instrument**

To gain insights into the extent of quality management practices among health care personnel in a tertiary hospital, a questionnaire checklist was used.

The study used a questionnaire which the researcher developed after a careful review of the Seamanship International Training Academy Quality System Audit Master Questionnaires. It discussed the quality management system, management responsibility, resource management, service realization, measurement, analysis and improvement.

The questionnaire had two parts. Part I was all about the demographic profile of the respondent's which included the following: respondent's category, length of service and area of assignment. The second part dealt on the extent of quality management practices in terms of quality management system, management responsibility, resource management, service realization and measurement, analysis and improvement. It had 25 items related to the institution's extent of quality management practices. A five-point scale was used for the scoring system, with (5) representing very great extent and (1) representing no extent or not at all.

In the Cronbach's Alpha, reliability refers to the consistency of the results. Generally, acceptable level of reliability should not be lower than 0.7, that is to conclude that the items in the questionnaire yielded consistent responses from the respondents or it provided items homogeneity. It can be seen that all reliability results using Cronbach's alpha coefficient produced high results way above the acceptable level of 0.7, denoting internal consistency among items of the specific parameters of the study.

### **Ethical Considerations**

This research was considered institutional research; therefore, dissemination of result was limited to the graduate school. Permission to conduct the study was properly sought from all those concerned. The content validation was also done in order to effectively and successfully renders the questionnaires to the respondents.

Anonymity of the respondents was also withheld. Similarly, the proper citations of the authors in the related literature and studies taken from books, journals, researches and websites were considered accordingly.

### **Data Gathering Procedures**

The researcher asked permission from the Medical Director of the hospital to conduct the study with the recommendation of the Dean of the Graduate School and the researcher's adviser. Upon approval, the researcher administered the questionnaires to the health care personnel personally to provide some clarifications, further explanations and simplification in answering the questionnaires when necessary. All information gathered by the researcher was maintained confidential.

## **RESULTS AND DISCUSSION**

### **1. Respondents Profile**

Table 1 presents the frequency distribution and percentage of the respondents in terms of demographic profile.

**Respondent's Category.** It can be gleaned from the table that the highest percentage of the respondents was nurses (63.5%), physicians (22.9%), medical technologists (8.2%), radiology technicians (4.7%) and radiologists (.6%).

According to Donaldson (2003), nurses are the "frontline" people patients most likely encounter, spend the greatest amount of time with and depend on for recovery during hospitalization.

**Age.** In terms of age, it is shown that 50.6% of the respondents belonged to the age bracket of 21-25 years, followed by 19.4% with 26-30 years old, 12.9% with 31-35 years old, 8.8% with 36-40 years old, 5.3% with 41-45 years old, 1.8% were to 51 years old and above and lastly, 12% were 46-50 years old.

This shows that majority of the respondents who were involved in the study were young adults.

**Gender.** In terms of gender, there was a predominance of female respondents with 57.6% over the male respondents with 42.4%. This suggests that in any workplace there are times that female dominates their gender counterparts.

**Civil Status.** The highest percentage of the respondents was single with 64.7% followed by married with 32.9%, separated with 1.8% and widow with .6%, or which obtained the least percentage. It is implied from the data that respondents who were single dominated over the rest of the participants.

**Educational Attainment.** As presented in the same table, the respondents were bachelor's degree holders 67.1%, with MA Units 18.8%, 11.2% were the respondents who had other educational attainments and the remaining 2.9% was for those with doctoral degree. It is indicated that majority of the respondents were bachelor's degree holders and those with doctoral degree occupied the least number.

**Area of Assignment.** In terms of area of assignment, majority of the respondents assigned at other clinical areas or department of the hospital such as ophthalmology departments, dermatology department, laboratory and other specific clinical areas with 28.8% followed by respondents at the general ward (GW) with 26.5%, operating room (OR) with 25.3%, intensive care unit (ICU) with 12.4% and the least percentage at the emergency room (ER) with 7.1%. It can be gleaned from the table that majority of the respondents were posted at the other clinical areas or departments of the hospital.

**Length of Service.** Majority or 75.3% of the respondents were in the service from 1 to 3 years while those who had 4 to 6 years were 17.6% and for those who have been for 7 years and above acquired 7.1%. It is indicated that majority of the respondents who contributed in the study had 1 to 3 years in their service.

**Table 1: Frequency and Percentage Distribution of Respondents According to Their Profile**

<b>Demographic Profile</b>	<b>Frequency</b>	<b>%</b>
<b>Respondent's Category</b>		
Physicians	39	22.9
Nurses	108	63.5
Radiologist	1	.6
Medical Technologist	14	8.2
Radiology Technicians	8	4.7
<b>Age</b>		
21-25 years old	86	50.6
26-30 years old	3	19.4
31-35 years old	22	12.9
36-40 years old	15	8.8
41-45 years old	9	5.3
46-50 years old	2	1.2
51 and above	3	1.8
<b>Gender</b>		
Male	72	42.4
Female	98	57.6
<b>Civil Status</b>		
Single	110	64.7
Widow	1	.6
Married	56	32.9
Separated	3	1.8
<b>Educational Attainment</b>		
BSN Holder	114	67.1
With MA Units	32	18.8
Doctoral Degree	5	2.9
Others	19	11.2
<b>Area of Assignment</b>		
Emergency Room	2	7.1
Operating Room	43	25.3
Intensive Care Unit	21	12.4
General Ward	45	26.5
Others	49	28.8
<b>Length of Service</b>		
1-3 years	128	75.3
4-6 years	30	17.6
7 years or more	12	7.1

## 2. Extent of Quality Management Practices

The following discussions presents the extent of quality management practices among respondents in terms of quality management system, management responsibility, resource management, service realization and measurement, analysis and improvement.

### 2.1 Quality Management System

Table 2 shows the extent of quality management practices in terms of quality management system. The highest mean obtained was 4.02 interpreted as great extent for the item “I am part of the organization hat works towards the attainment of our Policy Objectives.” The lowest mean obtained was 3.86 interpreted as great extent for the item “I am involved in the control of documents to safeguard the integrity of the Quality Policy Manual.” The overall mean obtained was 3.91 with the interpretation of great extent.

This implies that there is a great extent of quality management practices in terms of quality management system. There is also a great extent when it comes to the implementation of the provision of the Quality Policy Manual, ensuring that objective evidences are intact as conformances to quality management system and establishment and maintenance of quality records that provide evidence of effective operation of the quality management system. It shows that quality management is practiced to a great extent. The implementation of quality management systems enables health care organizations to define and manage processes that ensure delivery of services that meet customer needs and expectations. Besides, it installs trust in both organizations and consumers in respect to service quality and conformity to respective standards (Buciuniene, Wiskow and Laaser, 2006).

**Table 2: Mean Distribution on the Extent of Quality Management Practices Among Respondents in Terms of Quality Management System**

Quality Management Practices	Mean	SD	Int.
1. I take part in the implementation of the provisions of the Quality Policy Manual.	3.88	0.84	GE
2. I am a part of the organization that works towards the attainment of our Policy Objectives.	4.02	0.90	GE
3. I am involved in the control of documents to safeguard the integrity of the Quality Policy Manual.	3.86	0.93	GE
4. I ensure that objective evidences are intact as conformances to Quality Management System.	3.90	0.86	GE
5. I take part in the establishment and maintenance of quality records that provide evidence of effective operation of the Quality Management System.	3.89	0.90	GE
Grand Mean	3.91		GE

Legend: 4.2-5 Very Great Extent (VGE); 3.4-4.19 Great Extent (GE); 2.6-3.39 Moderate Extent (ME); 1.8-2.59 Little Extent (LE); 1-1.79 (NE) No Extent



## 2.2 Management Responsibility

Table 3 shows the extent of quality management practices in terms of Management responsibility. The highest mean obtained was 3.87 interpreted as great extent for the item “I am empowered by top management commitment to implement the Quality System.” The lowest mean obtained was 3.60 interpreted as great extent for the item “I am empowered by top management to gather information regarding conformances to the implemented Quality Management System.” The overall mean obtained was 3.70 with the interpretation of great extent. This implies that there is a great extent of quality management practices in terms of management responsibility. The involvement of the health personnel in the team ensures that top management has established an organizational quality objective and quality policy, reports and communicates with the top management about the performance of the quality management system, and tasked by the top management to monitor, determine and fulfill the customer requirements. Moreover, Sisek (2009) discussed that the central task of the management is to define the structure of the company in terms of objectives and strategies of the companies with divisions on the style of leadership and organizational model.

**Table 3: Mean Distribution on the Extent of Quality Management Practices Among Respondents in Terms of Management Responsibility**

Quality Management Practices	Mean	SD	Int.
6. I take part in the implementation of the provisions of the Quality Policy Manual.	3.88	0.84	GE
7. I am a part of the organization that works towards the attainment of our Policy Objectives.	4.02	0.90	GE
8. I am involved in the control of documents to safeguard the integrity of the Quality Policy Manual.	3.86	0.93	GE
9. I ensure that objective evidences are intact as conformances to Quality Management System.	3.90	0.86	GE
10. I take part in the establishment and maintenance of quality records that provide evidence of effective operation of the Quality Management System.	3.89	0.90	GE
Grand Mean	3.91		GE

Legend: 4.2-5 Very Great Extent (VGE); 3.4-4.19 Great Extent (GE); 2.6-3.39 Moderate Extent (ME); 1.8-2.59 Little Extent (LE); 1-1.79 (NE) No Extent

## 2.3 Resource Management

Table 4 shows the extent of quality management practices in terms of resource management. The highest mean obtained was 3.98 interpreted as great extent for the item “I equip myself with necessary training and competencies in order to satisfy the requirement affecting quality service. The lowest mean obtained was 3.78 interpreted as great extent for the item “I am Part of the team that determines and manages organizational resources.” The overall mean obtained

was 3.88 with the interpretation of great extent. This implies that there is a great extent of quality management practices in terms of resource management. There is also a great extent when it comes to participation in the implementation and maintenance of the quality management system, participation in activities that are geared towards enhancement of organizational resources, and utilizing organizational resources to achieve the quality objectives. Resource requirements cover resources with regard to training, induction, responsibility, working environment, equipment requirements and maintenance. Provision of requirements is identifying the resources required to implement and improve the processes that make up quality management system. Human resources are assigning personnel with regard to competency, education, training, skill and experience. Infrastructure is identifying, providing and maintaining the workspace, facilities, equipment, and supporting services to achieve conformity of is identifying and managing the work environment (Tricker, 2005).

**Table 4: Mean Distribution on the Extent of Quality Management Practices Among Respondents in Terms of Resource Management**

Quality Management Practices	Mean	SD	Int.
11. I participate in the implementation and maintenance of the Quality Management System.	3.93	0.89	GE
12. I equip myself with necessary training and competencies in order to satisfy the requirement affecting quality service.	3.98	0.81	GE
13. I participate in activities that are geared towards enhancement of organizational resources.	3.92	0.89	GE
14. I am part of the team that determines and manages organizational resources.	3.78	0.93	GE
15. I utilize organizational resources to achieve the quality objectives.	3.81	0.91	GE
Grand Mean	3.88		GE

Legend: 4.2-5 Very Great Extent (VGE); 3.4-4.19 Great Extent (GE); 2.6-3.39 Moderate Extent (ME); 1.8-2.59 Little Extent (LE); 1-1.79 (NE) No Extent

## 2.4 Service Realization

Table 5 shows the extent of quality management practices in terms of service realization. The highest mean obtained was 4.08 interpreted as great extent for the item “I effectively communicate with the patients in order to render quality health care services.” The lowest mean obtained was 3.77 interpreted as great extent for the item “I participate in the planning process in order to meet the service quality requirement.” The overall mean obtained was 3.91 with the interpretation of great extent.

This implies that there is a great extent of quality management practices in terms of service realization. The participation in the documentation process required for the verification,



validation and monitoring of the service quality requirement, determination of patient's requirements, and maintaining quality health care services is also done to a great extent. Service realization absorbs most of the 20 elements of the old ISO 9000:1994 standard, including process control, purchasing, handling and storage and measuring devices. It is broken down to a number of sub sections that cover the requirements for planning of realization process, customer related processes, design and development, purchasing, production and service provision and control of monitoring and measuring devices (Tricker, 2005).

**Table 5: Mean Distribution on the Extent of Quality Management Practices Among Respondents in Terms of Service Realization**

Quality Management Practices	Mean	SD	Int.
16. I participate in the planning process in order to meet the service quality requirement.	3.77	0.96	GE
17. I take part in the documentation process required for the verification, validation and monitoring of the service quality requirement.	3.83	0.94	GE
18. I am part of the team that determines patient's requirements.	3.80	0.95	GE
19. I effectively communicate with the patients in order to render quality health care services.	4.08	0.83	GE
20. I take part in delivering and maintaining quality health care services.	4.06	0.82	GE
Grand Mean	3.91		GE

Legend: 4.2-5 Very Great Extent (VGE); 3.4-4.19 Great Extent (GE); 2.6-3.39 Moderate Extent (ME); 1.8-2.59 Little Extent (LE); 1-1.79 (NE) No Extent

## 2.5 Measurement, Analysis and Improvement

Table 5 shows the extent of quality management practices in terms of measurement, analysis and improvement. The highest mean obtained was 3.92 interpreted as great extent for the item "I am involved in taking actions to eliminate recurrence of errors with regards to rendering health care services." The lowest mean obtained was 3.71 interpreted as great extent for the item "I am in charge to monitor information relating to customer perception as to whether the organization has fulfilled customer requirements." The overall mean obtained was 3.83 with the interpretation of great extent.

This implies that there is a great extent of quality management practices in terms of measurement, analysis and improvement. The participation of the health personnel in the monitoring, measurement and analysis of the service quality process in order to demonstrate its conformity to customer requirement, participation with the organization's goal to continually improve the effectiveness of quality management system and participation in the organization's goal to determine the action that will eliminate root causes of errors in delivering the health care services is also done to a great extent.

Measurement, analysis and improvement absorb the former inspection and measurement control sections of ISO 9001: 1994. It includes requirements for monitoring and measurement, control of non-conforming product, analysis of data and improvement (Tricker, 2005).

**Table 6: Mean Distribution on the Extent of Quality Management Practices Among Respondents in Terms of Measurement, Analysis and Improvement**

Quality Management Practices	Mean	SD	Int.
21. I participate in the monitoring, measurement and analysis of the service quality process in order to demonstrate its conformity to customer requirement.	3.80	1.02	GE
22. I am in charge to monitor information relating to customer perception as to whether the organization has fulfilled customer requirements.	3.71	1.03	GE
23. I take part with the organization's goal to continually improve the effectiveness of Quality.	3.84	0.96	GE
24. I am involved in taking actions to eliminate recurrence of errors with regards to rendering health care services.	3.92	0.88	GE
25. I take part in the organization's goal to determine the action that will eliminate root causes of errors in delivering the health care services.	3.90	0.92	GE
Grand Mean	3.83		GE

Legend: 4.2-5 Very Great Extent (VGE); 3.4-4.19 Great Extent (GE); 2.6-3.39 Moderate Extent (ME); 1.8-2.59 Little Extent (LE); 1-1.79 (NE) No Extent

**Table 7: Summary Table of the Assessment on the Extent of Quality Management Practices**

Quality Management Practices	WM	Int.
Quality Management System	3.91	GE
Management Responsibility	3.71	GE
Resource Management	3.88	GE
Service Realization	3.91	GE
Measurement, Analysis and Improvement	3.83	GE

Table 7 shows the summary of the means obtained by the respondents on the extent of quality management practices in terms of quality management system, management responsibility, resource management, service realization, measurement, analysis and improvement.

As gleaned from the table, the highest mean obtained was 3.91 for the management practices in terms of quality management system and service realization. Whereas, the lowest mean obtained was 3.71 for the management practices in terms of the management responsibility.

### **3. Significant Difference , in the Assessment of Respondents on The Extent of Quality Management Practices Among Health Care Personnel When Grouped According to Respondent's Category, Length of Service and Area of Alignment**

#### **Respondent's Category**

#### **3.1. Significant Difference in the Respondents' Assessment When Grouped According to Respondent's Category**

Table 8 displays the significant difference in the assessment of the respondents on the extent of quality management system when grouped according to their category. (The computed p-value of .810 was greater than .05 degree of freedom. The researcher opted to use the 5% level of probability with 95% reliability to determine the degree of significance of finding. The study established on a .05 level of significance.) Since the computed p-value of .810 was greater than .05 level of significance, the hypothesis was accepted; hence there is no significant difference in the assessment on the extent of quality management practices in terms of quality management system among health care personnel when grouped according to respondent's category. The respondents have commonality in their assessments on the management practices of the institution in terms of quality management system. Quality management system is a coordinated aggregate of interrelated and interactive activities that determine quality policy and objectives as well as provide health care organizations with guidance and rules in their goal attainment (Buciuniene, Malciankina, Lydeka and Kazlauskaite, 2006).

There is no significant difference in the respondents' assessment on management responsibility when their category was observed as shown the computed p-value of .824 which was greater than .05 degree of freedom. Therefore, the hypothesis is accepted. Data also implies that the respondents have commonality in their assessments on the management practices of the institution in terms of management responsibility. The management responsibility contains the majority of the old 9001:1994 management responsibility and quality requirements all rolled together. It is broken down into management commitment, customer focus, and quality policy, planning, and responsibility, authority and communication (Tricker, 2005).

There is no significant difference in the respondents' assessment on resource management when their category was considered. The computed p-value of .850 was greater than .05 degree of freedom; the computed p-value was also greater than .05 level of significance. Therefore, the hypothesis is accepted. Data implies that the respondents have also commonality in their assessments on the management practices of the institution in terms of resource management.

Resource requirements cover resources with regard to training, induction, responsibility, working environment, equipment requirements and maintenance (Tricker, 2005). There is no significant difference in the respondents' assessment on service realization when their category was considered. The computed p-value of .532 was greater than .05 degree of freedom; thus, the study hypothesis is accepted. The respondents have commonality in their assessments on the management practices of the institution in terms of service realization. Service realization absorbs most of the 20 elements of the old ISO Service realization absorbs most of the 20 elements of the old ISO and storage and measuring devises (Tricker, 2005). There is no

significant difference in the respondents' assessment on measurement, analysis and improvement when their category was observed as shown by computed p-value of .688 which was greater than .05 degree of freedom; therefore, the study hypothesis is accepted. Data implies that the respondents have commonality in their assessments on the management practices of the institution in terms of measurement, analysis and improvement.

**Table 8: Significant Difference in the Assessment of Respondents on The Extent of Quality Management Practices When Grouped According to Respondent's Category**

Quality Management Practices	Df		F	p-value	Int.	Decision
Quality Management System	BG WG	4 165	.395	.810	Not Significant	Do not Reject Ho
Management Responsibility	BG WG	4 165	.375	.824	Not Significant	Do not Reject Ho
Resource Management	BG WG	4 165	.331	.850	Not Significant	Do not Reject Ho
Service Realization	BG WG	4 165	.532	.715	Not Significant	Do not Reject Ho
Measurement, Analysis and Improvement	BG WG	4 165	.575	.688	Not Significant	Do not Reject Ho

### Area of Assignment

3.2 Significant Difference in the Respondents' Assessment When Grouped According to Area of Assignment Table 9 displays the Table 9 displays the assessment on quality management system when their area of assignment was considered. The computed p-value of .810 was greater than .05 degree of freedom; the study established on a .05 level of significance. Therefore, the hypothesis that there is no significant difference in the respondents' assessment on the extent of quality management practices among health care personnel when grouped according to area of assignment is accepted. There is no significant difference in the respondents' assessment on the extent of quality management practices in terms of quality management system when grouped according to area of assignment. Data implies that the respondents have commonality in their assessments on the management practices of the institution in terms of quality management system. Quality management system is a coordinated aggregate of interrelated and interactive activities that determine quality policy and objectives as well as provides health care organizations with guidance and rules in their goal attainment (Buciuniene, Malciankina, Lydeka and Kazlauskaite, 2006). The computed p-value of 0.375 was greater than 0.05 degree of freedom. Thus, the research hypothesis is not rejected. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of management responsibility when grouped according to area of assignment. The respondents have commonality in their assessments on the management practices of the institution in terms of management responsibility. Management shall demonstrate their commitment to developing and improving their quality management system. Customer needs and expectations shall be determined,

converted into requirements and fulfilled (Tricker, 2005). The computed P-value of .331 was greater than .05 degree of freedom; therefore, the study hypothesis that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of resource management when grouped according to area of assignment is accepted. Data implies that the respondents have commonality in their assessments on the management practices of the institution in terms of resource management. Resource requirements cover resources with regard to training, induction, responsibility, working environment, equipment requirements and maintenance (Tricker, 2005).

The same table also shows the significant difference in the respondents' assessment on service realization when grouped according to area of assignment. It shows that the computed p-value of .715 was greater than .05 degree of freedom; therefore, the study hypothesis is accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices to terms of service realization when grouped according to area of assignment. Data implies that the respondents have the same notion on management practices in terms of service realization when grouped according to area of assignment.

Service realization is broken down into a number of sub sections that cover the requirements for the planning of realization process, customer related processes, design and development, purchasing, production and service provision and control of monitoring and measuring devices (Tricker, 2005).

Lastly, the same table shows the significant difference in the respondents' assessment on measurement, analysis and improvement when grouped according to area of assignment. The computed p-value of .688 was greater than .05 degree of freedom; as a result, the study hypothesis is accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of measurement, analysis and improvement when grouped according to area of assignment. Data implies that the respondents have commonality in their assessments on the management practices in terms of measurement, analysis and improvement. Measurement, analysis and improvement absorb the former inspection and measurement control sections of ISO 900:1994 (Tricker, 2005).

**Table 9: Significant Difference in the Assessment of Respondents on the Extent of Quality Management Practices When Grouped According to Area of Assignment**

	Df		F	p-value	Int.	Decision
Quality Management System	BG WG	4 165	.395	.810	Not Significant	Do not Reject Ho
Management Responsibility	BG WG	4 165	.375	.824	Not Significant	Do not Reject Ho
Resource Management	BG WG	4 165	.331	.850	Not Significant	Do not Reject Ho
Service Realization	BG WG	4 165	.532	.715	Not Significant	Do not Reject Ho
Measurement, Analysis and Improvement	BG WG	4 165	.575	.688	Not Significant	Do not Reject Ho

### 3.3 Significant Difference in the Respondents' Assessment When Grouped According to Length of Service

Table 10 displays the significant difference in the respondents' assessment on quality management system when grouped according to length of service. The computed p-value of .753 was greater than .05 degree of freedom. The study established on a .05 level of significance. Given that the computed p-value was greater than .05 degree of freedom; the study hypothesis is then accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of quality management system when grouped according to length of service. Data implies that the respondents have commonality in their assessment on management practices in terms of quality management system.

Quality management system is a coordinated aggregate of interrelated and interactive activities that determine quality policy and objectives as well as provides health care organizations with guidance and rules in their goal attainment (Buciuniene, Malciankina, Lydeka and Kazlauskaite, 2006). The same table shows the significant difference in the respondents' assessment on management responsibility when their length of service was considered. The computed p-value of .712 was greater than .05 degree of freedom. Therefore, the study hypothesis is accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of management responsibility when grouped according to length of service. Data implies that the respondents have commonality in their assessment on management practices in terms of management responsibility. Management shall demonstrate their commitment to developing and improving their quality management system (Tricker, 2005). The significant difference in the respondents' assessment on resource management when their length of service was considered as shown in the same table. The computed p-value of .467 was greater than .05 degree of freedom; therefore, the study hypothesis is accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of resource management when grouped according to length of service. Data implies that the respondents have commonality in their assessment on management practices in terms of resource management. Resource requirements cover resources with regard to training, induction, responsibility, working environment, equipment requirements and maintenance (Tricker, 2005). The same table shows the significant difference in the respondents' assessment on service realization when their length of service was considered. The computed p-value of .467 was greater than .05 degree of freedom; therefore, the study hypothesis is accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of service realization when grouped according to length of service. Data implies that the respondents have commonality in their assessments on management practices in terms of service realization based on length of service.

Service realization includes requirements such as control of production and service provisions, identification and traceability, customer property, preservation of product and control of measuring and monitoring devices (Tricker, 2005). The significant difference in the



respondents' assessment on measurement, analysis and improvement when their length of service was considered. The computed p-value of .517 was greater than .05 degree of freedom; for that reason, the study hypothesis is accepted. This means that there is no significant difference in the respondents' assessment on the extent of quality management practices in terms of measurement, analysis and improvement when grouped according to length of service. Data implies that the respondents have commonality in their assessments on management practices in terms of measurement, analysis and improvement. Measurement analysis and improvement absorb the former inspection and measurement control sections of ISO 9001:1994 (Tricker, 2005).

**Table 10: Significant Difference in the Assessment of Respondents on the Extent of Quality Management Practices When Grouped According to Length of Service**

	Df		F	p-value	Int.	Decision
Quality Management System	BG WG	2 167	.291	.753	Not Significant	Do not Reject Ho
Management Responsibility	BG WG	2 167	.375	.712	Not Significant	Do not Reject Ho
Service Realization	BG WG	2 167	.903	.467	Not Significant	Do not Reject Ho
Resource Management	BG WG	2 167	.439	.682	Not Significant	Do not Reject Ho
Measurement, Analysis and Improvement	BG WG	2 167	.879	.517	Not Significant	Do not Reject Ho

## CONCLUSIONS

Based on the findings of the study, the following conclusions were drawn:

1. Majority of the health care personnel are nurses, 21-25 years old, females, and single. Most of them are bachelor's degree holders assigned at the other clinical areas or departments of the hospital and have 1 to 3 years in the service.
2. Quality management practices are maintained in attaining the mission and vision of providing quality health care services. Quality management practices in terms of quality management system, management responsibility, resource management, service realization, and measurement, analysis and improvement are practice to a great extent.
3. There is no significant difference in the respondents' assessment on the extent of quality management practices when their respondent's category, length of service and area of assignment are considered. Therefore, profile of the respondents does not affect the practices in providing quality management.

## RECOMMENDATIONS

In the light of conclusions, the researchers offered the following recommendations.

1. The establishment of sustainability programs comprising the quality management system, management responsibility, resource management, service realization and measurement, analysis and improvement with the specific objectives, the implementor, time frame and evaluation of results was recommended. This is to ensure that the quality services delivered by the health care professional are assured and maintained. Since 100% of the quality management practices are performed to a great extent, the institution should provide this sustainability programs in order to consistently maintain and even improve more the quality management practices to a very great extent.
2. Continuous monitoring of the quality management practices of the health care institution should be done.
3. A similar study is recommended to include the entire departments that were not included in the present study.

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