

Evaluation of Quality for Management Development in Babylon Teaching Hospital for Maternity and Pediatric in Al-Hilla City

Noor Moosa Kadhim AL-Bayati¹, Naji Yasser Saadoon AL-Mayahi²

Department of Community Health Nursing /College of Nursing / University of Babylon¹

Department of Community Health Nursing /College of Nursing / University of Babylon²



Keywords:
Evaluation Quality

ABSTRACT

Identify relationship between CDC program and overall management evaluation. Identify relationship between CDC program and their human resources management. A descriptive study was carried-out between (200) nurses's in the medical field. at Babel Teaching Hospital for Maternity and Children. The scores obtained for answers to closed-ended questions were applied to determine the knowledge scale about overall management evaluation. This was done to evaluate quality assurances program in relation to the development of the hospital's human resource management. The results showed that the vast majority of health institution lacked human resources, including administrative funding, and were closely related to a degree of knowledge of the training program about quality assurance and human resources (P -value =0.001). The study summarize that the majority of health workers are not trained in the infectious disease control program for both sexes, deficiency of supervision of quality lead to negatively affects the management's quality evaluation. In additional insufficient human resources, most health workers are not obligated to wear their own equipment. Encouraging health workers, through health education, to adhere to established control protocols, and infection prevention and control guideline. Provide newly nurses with training courses based on standard precautions at regular intervals.



This work is licensed under a Creative Commons Attribution Non-Commercial 4.0 International License.

1. Introduction

Ideally, the quality of health care is defined as a degree of performance in relation to a defined standard of interventions acknowledged to be safe and have the capacity to improve health within a available resource, poor quality leads to increased infections and costs, as well as a loss of public trust, wasted time, and low staff morale, as well as a waste of limited resources [1]. Public health institutions that strive to improve the quality and security of services through specific methodologies build policies, programs and management plans from models applied in industries, technology and private health. The adoption of quality methodologies includes the entire organization, managers and professionals, which are pieces of utmost

importance to the effectiveness of the results [2]. All of these health-care stakeholders are working by the same goal: ensuring the highest quality of care for every patient, while keeping social concerns like cost control and accessibility out of sight. Quality assurance is critical to achieving and ensuring good service for each patient with each provider. The following five processes are involved in disease management: 1) the identification of a target group, 2) the provision of standardized medical treatment and patient education based on evidence-based clinical practice standards, 3) interprofessional collaboration, 4) investigation and evaluation of outcomes and processes, 5) feedback to health care professionals and patients [3]. Total Quality Management or (TQM) is a structured management approach constructed on the belief that an organization's continuous effort can contribute to its long-term success. Is a concept that may be characterized as a corporate management strategy, which play an important role to gain awareness of the quality in all organization processes [4]. Health promotion is declining mortality by ensuring timely case management and decreasing morbidity by supplying clean drinking water, sufficient cleanliness, and health promotion (besides enhanced hygiene and healthy food safety) to the local communities [5]. Health-education focuses, on health promotion and disease prevention. The community health nurse's duty is teaching and enabling individuals to avoid disease, adopt lifestyle changes, and enhance health for themselves, their families, the environment, and their community [6].

2. Methodology

A descriptive research was undertaken with (200) health-care employees who were randomly chosen by non-probability sample (convenience sampling), administered questionnaire, in order to achieve the early stated objectives, and to evaluate quality assurances for regarding for development of a hospital management. The scores achieved for answers to closed-ended questions was used to measured the level of knowledge of comprehensive management evaluation, this part is consisting of (11) items about overall management evaluation. The domain is performance of staff of evaluate administration monitors and program evaluation. These-items are deliberate as well as responses of partakers, by using a dichotomous Likert scale that consists of two axes: (Yes) (No). In this questionnaire, the opposite questions were used in this survey. The group includes (13) experts, who have more than 5 years of expertise in their profession were chosen after a thorough examination of the questionnaire's content to determine its validity.

The questionnaire is consisted of the following:

Through a comprehensive review of relevant literature and previous studies, it was composed of (3) major parts

A: Included personal information sheet which are concerned with the information about socio-demographic features of the staff from epidemic wards, of the subjects, include (age, gender, educational of level, training for CDC program, marital status, residence)

B: This part is consist of (11) items about overall management evaluation

deals with staff have the ability to gain experience, training and development, supervision, skills, administration, training programs, vaccinations, program evaluation.

C: This part is consist of (5) items about human resources management deals with efficient human, financial, sufficient staff, cleaners, financial management

3. Results

This chapter summarizes the findings and data analysis in scientific tables that correspond to the study's objectives:

Table (1): Distribution of the research sample by their socio demographic characteristics: (n=200)

variables	(n=200)	F	%
Age (years)	-29	76	38
	30-39	43	21.5
	40-49	35	17.5
	50 above	46	23
	Total	200	100%
<i>M.S ± S.D 2.25± 1.19</i>			

variables	(n=200)	F	%
Gender	Male	160	80
	Female	40	20
	Total	200	100%

M.S ± S.D 1.2± 0.4

Training for CDC Program	Yes	88	44
	No	112	56

M.S± S.D 1.56 ±0.49

Marital status	Single	53	26.5
	Married	127	63.5
	Widowed	5	2.5
	Divorced	11	5.5
	Separated	4	2
	Total	200	100 %

M.S ± S.D 1.92 ± 0.82

Residence	Urban	153	76.5
	Rural	47	23.5
	Total	200	100%

M.S ± S.D 1.2 ± 0.42

Level of education	Secondary Nursing School	55	27.5
	Institute (Diploma)	70	35
	College & above	75	37.5
	Total	200	100 %

M.S ± S.D 2.1± 0.80

Note: S.D (Standard Deviation), χ^2 (Chi-Square), P. (probability), P value ≤ 0.05 M.S(Mean Score)

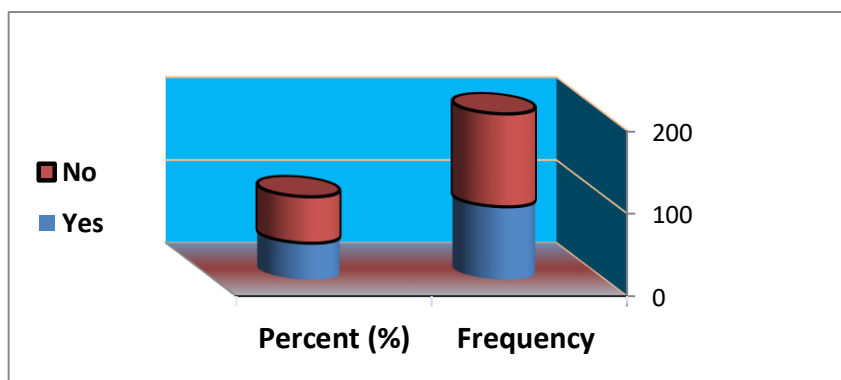


Figure (1) Allocation of the Participant and Training for CDC Program This figure shows that most of the health workers, where the percentage of participants in the training courses for the Communicable Disease Control Program was (88 %) answered Yes, and (112 %) answered No were the staff

Table (2): Association between the study sample and their overall management evaluation domine items:

List	Standards	Yes		No		Chi-squre				Sig.
		F.	%	F.	%	χ^2	P-value	S.D	M.S	
A1	Staff have the ability to gain experience by participating in group work	42	21	158	79	67.28	< 0.0001	0.40	1.79	S**
A2	The institution seeks to establish an information system for staff training and development	61	30.5	139	69.5	30.42	< 0.0001	0.46	1.69	S**
A3	Supervision of quality staff	47	23.5	153	67.5	56.10	< 0.0001	0.42	1.76	S**
A4	A dministration monitors the quality of service provision continuously	32	16	168	84	92.48	< 0.0001	0.36	1.84	S**
A5	A dministration works to address errors as soon as they occur	118	59	82	41	6.48	0.011	0.49	1.41	N.S
A6	Training programs aim to emphasize the importance of quality in health institutions	15	7.5	185	92.5	144.500	<0.0001	0.26	1.92	S**
A7	The administration maintains continuous communication with employees and facilitates access staff to him	196	98	4	2	184.320	<0.0001	0.140	1.02	N.S

A8	Continuously training staff on development processes	22	11	178	89	121.680	<0.0001	0.313	1.89	S**.
A9	Provide all vaccines in the institution	91	45.5	109	54.5	1.620	0.203	0.499	1.54	N.S.
A10	Get the necessary vaccinations for all employees	137	68.5	63	31.5	27.380	<0.0001	0.46	1.31	N.S.
A11	Program evaluation	43	21.5	157	78.5	64.980	<0.0001	0.41	1.78	S**
Total Chi-Square (χ^2) =387.552										
Total (P-value) =0.0001										
Note : d.f.(degree of freedom)= 1 , Sig. (Level of Significant) M.S (Mean Scores), S.D (Standard Deviation) , F. (Frequency) , S.(Significant) , N.S. (No significant) , H.S. (High significant)										

Table (2): Show represents findings out of this study sample in respect to their respond to reveal that of scores is highly significant on items such as: (1, 2, 3, 4, 6, 8, 11), while non- significant for items such as: (5, 7, 9, 10) for their overall management evaluation. (P>0.05).

Table (3): Association between the study sample and their human resources management

List	Standards	Yes		No		Chi-squre				Sig.
		F.	%	F.	%	X ²	P-value	S. D	M. S	
B1	Provides efficient human resources to provide its services with high quality	53	26.5	147	73.5	44.180	< 0.0001	0.442	1.73	S**
B2	Sufficient financial resources allocated to implement total quality management	79	39.5	121	60.5	8.820	0.003	0.490	1.60	N.S
B3	There are sufficient staff in this center	43	21.5	157	78.5	64.980	< 0.0001	0.41	1.78	S**
B4	Cleaners they wear their own equipment	53	26.5	147	73.5	44.180	< 0.0001	0.442	1.73	S**
B5	Financial management	46	23	154	77	58.320	< 0.0001	0.421	1.77	S**
Total Chi-Square (χ^2) =16.293										
Total (P-value) =0.0003										

Note : d.f.(degree of freedom)= 1 , Sig. (Level of Significant) M.S (Mean of Scores) , S.D (Standard Deviation) , F. (Frequency) , S.(Significant) , N.S. (No significant) , S** (High significant).

Table (3): Shows the domain of human resources management questionnaire. The responses to item of domain, shows their financial management is largest accounted that of score in the light of (1.7700), S.D. (.42189)

4. Discussion

As a result, male health workers were found to be substantially more prevalent than female health workers, socio-economic status has a profound impact on many diseases and disorders, including an array of pain conditions an important finding is that socio-economic inequalities are not confined to people who live in poverty. Instead, they manifest as a gradient in disease risk that increases among progressively lower rungs of the socioeconomic ladder [7]. This evaluation has shown that the organizational structure has suffered from a lack of funding, with a mechanism in place to ensure the treatment of all cases diagnosed by the medical and health staff starting from the health staff, and the lack of the information system for staff training and development. Table (3), reveals that most of these items reveal that of scores is highly significant, there is a weakness in quality management, weakness of the staff information system (especially the training and development system) in health programs and seminars related to communicable diseases, this study agrees with study done by [8] who found study in Switzerland, most respondents (69 %) favoured the use of outcome indicators for quality control; only (13%) favoured indicators pertaining to process or structure of care, according to the health care financing administration, (70%) of health care workers believed statistics on death rates were poor for improving quality of health care, while (30%) thought they were fair or better. In order for physicians to make good use of mortality statistics, crucial information must be provided to them, allowing for interpretation and constructive criticism. These results agrees with [9], who has reported to evaluate the 0practices of healthcare professionals in primary health care institutions in terms of infection control. Table (4), analysis of this assessment depicts that provides efficient human resources to provide its services with high quality, the results obtained 53 (26.5%), This outcome agree with the study done in Turkey by [10] they 0detected that by (100%) of top0tier-management, 65.1% with mid tier management was found to have a high correlation with organizational obligation, researcher' applied the questionnaires included (169) participants from top tier management personnel.

5. Conclusions

1. The study summarize that the majority of health workers are not trained in the infectious disease control program for both sexes
2. The current analysis reveals that there are significant gaps in standards, particularly among health workers and administrators
3. Deficiency of supervision of quality lead to negatively affects the management's quality assessment
4. Shortage human resources (staff, medical paws, mask) In additional most health workers are not obligated to wear their own equipment
5. Insufficient financial resources allocated to implement total quality management

Recommendations:

- 1- The study recommends to application and training for national program commmunicable disease control for nurses in demand to progress their practices regarding immunization process, and continuous medical educational program for all staff is the most important point.

2- Preferably the foundation of scientific conferences and development courses for nurses working in the administration of vaccines in communicable disease units

6. References

- [1] Kareem, Q., A., & Alalawe, S., M., Evaluating the Quality of Primary Health Care Services , Babylon Governorate, Iraq , Quality of primary health care services, Vol. 23 Issue 9, 2020,P.P: 1-12
- [2] Oliveira, E., M., C., & et al., Effectiveness Of Medical-Care Equipment Management: Case Study In A Public Hospital In Belo Horizonte / Minas Gerais, Brazil , International Journal of Innovation (IJI Journal), São Paulo, VOI. 5, No. 2, 2017, P.P : 234-249
- [3] Kazawa, K., & et al., Development and Evaluation of Disease Management Program and Service Framework for Patients with Chronic Disease , Japan, Hiroshima University, Health , Vol.7 No.6, 2015, P.P: 1-12.
- [4] Zaid, Z.,M., & Ahmad, N., Total Quality Management (TQM) Practices and Operational Performance in Manufacturing Company , MALAYSIA , Research In Management Of Technology And Business , Vol. 1 No. 1 , 2020 , P.P. 13–27 .
- [5] Taylor, D. L., Kahawita, T. M., Cairncross, S., & Ensink, J. H. J, The impact of water, sanitation and hygiene interventions to control cholera: A systematic review, San Francisco, California, US , PLoS ONE, Journal Pone Vol. 10 , No. (8), 2015, P.P: 2, 11-19.
- [6] Saadon, N., & Khalifa, M., ,Evaluation of Organization Structure as Component of Quality Improvement for Maternal and Child Health Promotion, Iraqi, , NJNS , Vol. 1 No. 27 , 2014 , P.P: 59-63
- [7] Slade, G., D., & et al., Study methods, recruitment, socio-demographic findings and demographic representativeness , J Pain. PMC , Vol. 12, No. (11 0) , 2013 , P.P: 12–26.
- [8] GRAZ, B., & et al., Quality Assurance in Swiss University Hospitals, International Journalfor Quality in Health Care, Switzerland, Vol. 8, No.3, 1996, P.P . 271-277.
- [9] AL-Kerity, S., H., F., & Naji, A., B., Evaluation of Healthcare workers' Practices Concerning Infection Control Measures at Primary Health Care Centers, Karbala University, Iraq. , Scientific Journal of Medical Research, Vol. 1, Issue 2, 2017, P.P: 63- 68
- [10] Şendoğdu & et al., The relationship between human resource management practices and organizational commitment, International Strategic Management Conference, Turkey, ELSEVIER, PROCEDIA, Vol. 99, No 6, 2013 , P.P: 818 – 827.