

A TWO LEVEL SELF-ASSESSMENT OF SERVICE QUALITY OF SELECTED PUBLIC AND PRIVATE HOSPITALS OF NEPAL USING EUROPEAN FOUNDATION FOR QUALITY MANAGEMENT (EFQM) MODEL



NEPAL ADMINISTRATIVE STAFF COLLEGE

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NEPAL ADMINISTRATIVE STAFF COLLEGE

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Abstract

Although there is lot of development and improvement in the health sector in Nepal, the quality measurement of Nepali hospitals has yet to be evaluated and accessed. Quality health service with excellent hospital facilities is prime focus of both public and private sectors. There is a need for the study to evaluate and access continuous improvement in the health sectors including hospitals. In this study, the European Foundation for Quality Management (EFQM) model was used to measure the service provider's perception of service quality status improvement and management. This study focused on evaluating service quality of selected public and private hospitals of Nepal. This study is a cross-sectional survey carried out using a 57-item questionnaire focused on two objects: the hospital as a whole and its clinical departments. A total of 36 respondents participated in the study, which comprised senior level and mid-level managers of selected public and private hospitals. The hospitals were selected using purposive sampling technique. From this study, it was found that in each private hospital and public hospitals, higher management levels perceived that they are in good position in enabler factors than was perceived by middle level manager. It is remarkable to note that private hospitals tend to be more positive in terms of result criteria than public hospitals. The overall score under enabler and result criteria across hospitals validate the relationship between enabler factor and result criteria envisioned in the EFQM model because it supports the fact that not better results can be achieved until input (enabler) factors are strong enough to support its result framework. In comparison to the standard EFQM Excellence Model value, it is found that the weightage of all enabler factors and value of result criteria of public hospitals are significantly lower.

Keywords: Total quality management, EFQM Model, service quality, enabler factors, result criteria

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Abbreviations

EFQM	European Foundation for Quality Management
ICT	Information and Communication Technology
MNBQA	Malcolm Baldrige National Quality Award
NASC	Nepal Administrative Staff College
Pvt. Ltd	Private Limited
RADAR	Result Approach Deployment Assessment Review
TQM	Total Quality Management

In this chapter, the general background to the research topic, statement of the research problem, focus of the study, research questions, objectives of the study, rationale for the study, limitations of the scope of the study and structure of the organization of the research have been presented.

1.1 General Background

Quality Gurus Deming, Juran and Crosby have shown that quality improvement efforts need to be planned, measured and controlled. The improvement in quality of product and services increase both productivity and profitability. Service quality and profit have positive relationship. Higher service quality leads to higher profit and vice versa. When the customers perceived service quality to be higher, it increases their satisfaction and loyalty, which ultimately increases transactions and revenue. Increased revenue helps to increase profitability. Heskett et al., (1994) show this relationship with the help of service profit chain.

Service quality has gained considerable popularity across the private sector; the public sector has been slower to adopt the concept (Agus, et al, 2007). Most of the

public sectors provide services and not manufactured products. Unlike tangible products, public services are intangible and employees have less motivation to improve. The reasons are that public sector workers do not see a clear link between fewer clients and loss of jobs. Public sector workers lack the employment incentives to improve quality that are experienced by private sector employees in competitive markets. Poor quality does not threaten jobs or the organization's survival in the same way. A number of problems have been reported in using total TQM and many other quality approaches in public services. According to Mosgan, and Murgatroyd (1994), the public sector is highly professional and has adopted working procedures which are highly formalized and, in some case, regulated. Public sector employees are not especially enthusiastic about change. Service quality has become important in private organizations because of national and global competition, which forces them to differ themselves from their competitors (Black, et al., 2001). Most of the frameworks have been developed to improve services with private companies in mind to make them efficient, customer friendly, profitable and competitive.

The hospitals provide pure health services. Service quality improvement and leading the organization towards excellence are therefore also very crucial. Many tools have been developed and practiced globally to lead an organization toward an excellent service provider. One of the popular tools is the European Foundation for Quality Management (EFQM) Excellence Model which was developed to support organizations find a path toward excellence.

European Foundation for Quality Management Model was created on 15 September 1988 in Brussels to encourage overall quality management. The model is a framework, which helps organizations to identify their strengths and the areas in which they need to improve. It guides organizations how they can become more competitive in the market by following continuous improvement process. Its mission was “to promote, and where possible to assist management in the understanding and application of total quality principles” (European Quality, 1999).

1.2 Focus of the Study

There are many approaches to examine and evaluate the service quality dimension and status of an organization. This research focuses on evaluating service quality

of selected public and private hospitals of Nepal by using EFQM excellence model. This model was used to assess the prevailing service quality status of selected hospitals in Nepal.

1.3 Problem Statement

The hospital service of Nepal has a very long history of inception. Public sectors in Nepal have made efforts to tackle quality related issues by introducing National Health Policy 2071, Minimum Service Standard for Districts 2071. Chand et al., (2018) studied the satisfaction of teaching hospitals in Kathmandu Valley from the patients' perspective. However, the quality dimensions of this service has not been adequately evaluated and measured from the perspective of total quality management. This could be one of the reasons behind the gradual/continuous improvement of quality services of hospital of Nepal, regardless of whether they are private or public in orientation. There is a need for the research to assess the EFQM model based on the quality of hospital service along with the service provider's perception of improving and managing service quality. This research raises the following research questions.

- i. What is the present status of service quality in selected public and private hospitals in Nepal?

- ii. How is the prevailing service perceived by the service providers based on EFQM Model?
- iii. What are the differences between service quality status of public and private hospitals based on EFQM Model?
- iv. What are the areas of improvement in the services to be provided by public and private hospitals?

1.5 Objectives of the study

The general objective of the research work is to find out the present service quality status and identify problems facing selected public and private hospitals in Nepal. Specific objectives are as follows:

1. To assess EFQM Model based prevailing service quality status of selected public and private hospital services in Nepal.
2. To analyze the service providers' perception towards existing service quality of hospital service using EFQM Model.
3. To identify the differences between service quality status of public and private hospitals based on EFQM Model.
4. To identify areas of improvement that contributes to ameliorating service quality of hospital service in Nepal.

1.6 Delimitations of the study

1. The research has been conducted on selected public and private hospitals of Kathmandu valley and respondents were service providers only.
2. A total of six hospitals, three public and three private hospitals were investigated.
3. The research was conducted with the administration of questionnaires based on EFQM model and the results obtained were analyzed based on the inputs only, regardless of various tools available in EFQM model.

1.7 Rationale for the Research

Approximately one-fourth of Nepali population is still below the poverty line, for which access to quality public hospital services is very important. However, not only in remote areas but also in urban areas, quality of public hospitals is very poor.

The services of private hospitals are often widely criticized frequently as they take health services only from the perspective of profit instead of being service centered. There is lack of reported quality status assessment studies to assess and identify areas for improvement in both types of hospitals in Nepal. The EFQM model has been widely used in various areas

of services to evaluate service quality status and identify areas for improvement (EFQM, 2010). It has been used to improve quality in hospital sectors (Vernero et al, 2007, Arcelay et al., 1999), in police service (Tari', 2006a), in local government (George et al, 2003, Jacobs and Suckling, 2007), in university administrative service (Tari', 2006b, Tari and Juana-Espinosa, 2007) etc. In this scenario, the reason for this research is to identify the prevailing quality status of public and private hospitals of Nepal using EFQM Model, and to identify the areas of improvement in their services.

1.8 Organization of Study

In the first chapter, brief description about the background and uses of EFQM model in assessment of hospital service is presented. Literature reviews related to the EFQM model and its relevant role in improving hospital service quality in Nepal are explained in chapter two. In the third chapter, research methodology to be used in conducting the research is presented. In fourth chapter, analysis and findings of the research are presented. In the fifth chapter, results and major findings of the research have been discussed to get into the conclusion. The last chapter discloses the referred literature, websites, books, journals, and other cited reference materials and documents while conducting the study in the APA format.

In this chapter, the related articles, books, research papers, and previous researches similar to the research topic of this study have been reviewed and presented. The summary of total quality management and development of quality model, fundamental concept of EFQM model, self-assessment, criteria weight and customer results have been presented. At the end of this chapter, the hospital sector quality improvement gap has been presented.

2.1 Total Quality Management and Development of Quality Models

TQM is the process in which the top management, along with other people in an organization, aims to continually increase service at all points, at all levels, to increase customer and employee satisfaction. It is a philosophy where top management is the main driver of initiation to continuously improve the performance of all parts of the organization. TQM has been adopted by a large number of contemporary organizations to satisfy customers through quality products and services in order to be competitive in the market (Mohanty & Lakhe, 2001). Deming (1986) was the

earlier thinker on quality management. He described total quality management with 14 points quality principles (with focus on continuous improvement, and constancy of purpose and determination to deliver quality and customer satisfaction).

Crosby (1979) is another contributor to total quality management. According to him, to continually produce quality products, the focus should be given to prevention rather than cure. He offered 14th step quality management process with “do it over again” as the 14th step that means to continually follow the quality improvement process by measuring and addressing and continuous improvement. Like, Deming, Juran (1989) worked extensively in Japan in the 1950s. He believes that quality cannot be consistently improved unless the improvement is planned. Beckford (2005) summarized his philosophy as following five key points:

- Management is largely responsible for quality
- Quality can be only improved through planning
- Plans and objectives must be specific and measurable

- Training is essential and starts at top
- A three step process of planning, control and action is required.

Juran (1993) proposes ten steps for continuous quality improvement. The second step of his ten steps is to “set goals for continuous improvement” that also suggests that quality improvement is not a one time job, but the establishment of continuous improvement system within organization. To promote total quality in Japan Deming Prize was founded in 1951. Deming gave a series of seminars on statistical quality control in 1950, and helped Japan's initiative to improve the quality of Japanese products. In appreciation of Deming's achievements the Japanese instituted the Deming Prize. It was based on the principles of self-assessment to achieve continuous quality improvement. The outcome of implementing the Deming Prize was that Japan became a serious threat to the survival of US businesses. In response the US Government launched the Malcolm Baldrige National Quality Award (MBNQA) in 1987. The MBNQA was based on self-assessment and rewarded companies that had successfully implemented total quality management (Jackson, 1999). Joseph Juran helped to develop MBNQA model for America.

Europe was lagging to address the success of Japanese quality based offensive in the market place, and also the American response to Japan (Conti, 2007). Conti (2007) argued that Malcolm Baldrige Award Model was the first well-structured TQM model. Following the American Malcolm Baldrige Award, EFQM excellence model was created to promote TQM in Europe. EFQM was formally established on 15 September 1988 in Brussels. The president of 14 leading European companies came together to create the EFQM. In 1991 the EFQM Excellence Model was born. The model is being implemented by over 30,000 organizations in the world, and it can be used to gain holistic view of any organization regardless of size, sector or maturity (EFQM, 2010). Its mission was “to promote, and where possible to assist management in the understanding and application of total quality principles” (European Quality, 1999). The EFQM is the acknowledged most robust quality and excellence model in existence today (Dubas & Nijhawan, 2005). Since the initiation of these models, several national quality award models have been established to stimulate systematic quality improvement and promote quality awareness in different places of the world (Mavroidis, et al., 2007).

2.2 The Fundamental Concept of EFQM Model

The EFQM excellence model is a practical, non-prescriptive framework that enables organizations to assess where they are on the path to excellence and to help them to understand their key strengths and potential gaps to their stated vision and mission and provide a means to achieve and sustain outstanding level of performance (EFQM, 2012). “Excellent Organizations achieve and sustain outstanding levels of performance that meet or exceed the expectations of all their stakeholders” (EFQM, 2012).

Being the EFQM Model a non-prescriptive framework, recognizes that there are many approaches to achieving sustainable excellence. Within this non-prescriptive approach there are eight Fundamental Concepts, which underpin the EFQM Model (EFQM, 2010).

- Achieving Balanced Results
- Adding Value for Customers
- Leading with Vision, Inspiration & Integrity
- Managing by Processes
- Succeeding through People
- Nurturing Creativity & Innovation
- Building Partnerships

- Taking Responsibility for a Sustainable Future

The model has been refined from the learning and experience to make it more appropriate for moving organizations toward Excellence.

2.3 EFQM Excellence Model

The model is considered to be flexible and it can be applied to organizations large and small, in the public as well as the private sector. The model has nine criteria: five ‘enabler’ criteria (leadership, people, policy and strategy, partnership and resources, process) and four ‘results’ criteria (customer results, people results, society results, key performance results (see Figure 1.1). The enablers cover what an organization does and the results represent what an organization achieves. The nine criteria were further divided into 32 sub-criteria. The premise was that outstanding performance in enablers eventually leads to better results and enablers are improved using feedback from results. The relationships between enablers and results criteria give the model its strength (Pyke et al., 2001). The arrows emphasize the dynamic nature of the model. They show innovation and learning to help to improve enablers that in turn lead to improved results.

At the heart of the model lies the Result Approach Deployment Assessment Review (RADAR)

Logic which is a dynamic assessment framework and powerful management tool that provides a structured approach to questioning the performance of an organization. At the highest level RADAR logic states that an organization needs to (EFQM, 2010):

- Determine the results it is aiming to achieve as part of its strategy

- Plan and develop an integrated set of approaches to deliver the required results both now and in the future
- Deploy the approaches systematically to ensure implementation
- Assess and refine the deployed approaches based on monitoring and analysis of the results achieved and ongoing learning activities.

The element of Approach, Deployment, Assessment and Review are used when assessing “Enabler” criteria and the Results element is used when assessing “Results”.

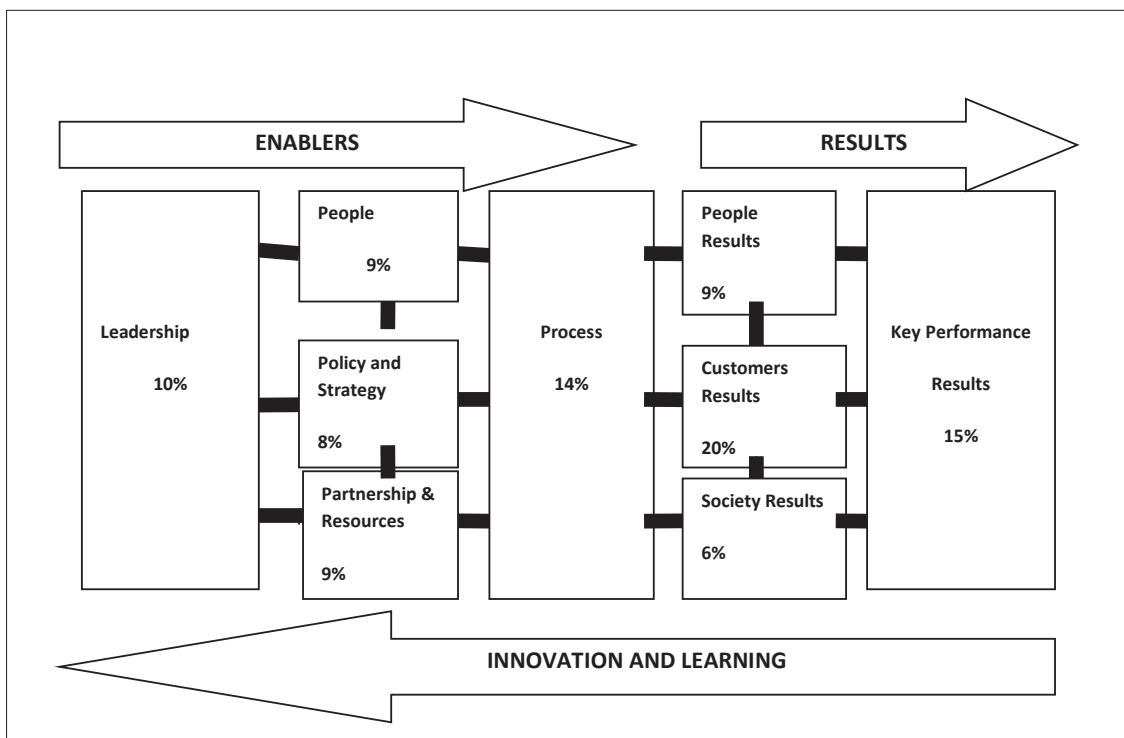


Figure 1.1: EFQM Excellence Model

2.4 Criteria Weight and Customer Results

The both enablers and results sides have equal 50% weighting. The percentages shown in the figure are the weighting of each criterion. When discussing quality and excellence, customer comes first. Quality has been defined from the perspective of its suitability for use. Juran (1989) defined quality as fitness for use. As per him the concept of fitness for use is universal and applies to all goods and services without exception. The suitability for whom means the suitability for use or suitability for customers. Considering that, Juran and Gryna (1993) define ‘quality is customer satisfaction’ and alternatively another

definition of quality is ‘fitness for use’. They were in line with Deming (1986) who considers that quality should be aimed at the needs of the consumer, present and future. Takeuchi and Quelch (1983) also point out that customers should not be forgotten as they are the ultimate judge of quality in the marketplace.

From the excellence perspective, EFQM excellence model has given the highest importance (20 % weight) for customer results in the model that means considering the value of it. Conti (2007) reviewed some of the historical aspects of EFQM Model development and also explained why more weightage needs to be given to the customers in the assessments.

Table 1.1: Model Criteria and Weighting of Each

Criteria	Weighting
Enablers:	
Leadership	10%
People	9%
Policy and Strategy	8%
Partnership and Resources	9%
Process	14%
Results:	
People Result	9%
Customer Result	20%
Society Result	6%
Key Performance Result	15%
Total	100%

2.4 EFQM Model Criteria

1. Leadership – It relates to how leaders develop and facilitate the achievement of the mission and vision. How they develop and implement organizational values and systems required for sustainable success via their actions and behaviors. During period of change they retain a constancy of purpose. Where required, such leaders can change the direction of the organization and inspire others to follow. It has five sub-criteria.

2. Policy and Strategy- It is related to implementing the mission and vision of the organization by developing a stakeholder focused strategy that takes account of the market and sector in which it operates. How policies, plans, objectives and processes are developed and deployed to deliver strategy. It has four sub-criteria.

3. People - It examines the management of organization's human resources. How fairness and equality are maintained and how employees are involved and empowered. How they care for, communicate, reward and recognize, in a way that motivates staff and builds commitment to use their skills and knowledge for the benefit of the organization. It has five sub-criteria.

4. Partnerships and Resources- It is related to how organizations plan to manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes. It has five sub-criteria.

5. Process – It examines how organizations design, manage and improve processes in order to fully satisfy, and generate increasing value for customers and other stakeholders. It has five sub-criteria.

6. Customer Results – It examines how organizations measure and achieve outstanding results concerning their customers. It has two sub-criteria.

7. People Results – It investigates what the organizations are achieving in relation to the satisfaction of its customers. It has two sub-criteria.

8. Society Results – It reviews what the organization is achieving in satisfying the needs and expectations of society. It has two sub-criteria.

9. Key Performance Results – It reviews what performance results the organization is achieving with respect to the key element of its policy and strategy. It has two sub-criteria. Sub criteria for each of the nine criteria are provided in appendix...

2.5 Self-Assessment

EFQM model has shown its validity concerning the aim for which it was developed (Conti, 2007). If a process of continuous improvement is to be sustained and its pace increased, some types of assessment are necessary (Ritchie & Dale, 2000). The first step of EFQM entails self-assessment aimed at identifying strengths and areas for improvements (Vernero et al., 2007). It has become one of the most important tools of today (Zink & Schmidt, 1998). An organization can assess its activities itself with this assessment method. The EFQM definition of Self-Assessment is as follows (EFQM 2010):

“Self-Assessment is a comprehensive, systematic and regular review by an organization of its activities and results referenced against the EFQM excellence model. The Self-Assessment process allows the organization to clearly identify its strengths and areas in which improvements can be made and culminates in planned improvement actions that are then monitored for progress”.

Self-assessment provides a number of immediate and long-term benefits and supports TQM (Ritchie & Dale, 2000). Those TQM related benefits are: it helps to refocus employees' attention on quality, provides a 'health check' of processes

and operations, encourages a focus on processes and not just the end product, and encourages improvements in performance. Organizations have enjoyed various benefits as a result of undertaking Self-Assessment using the EFQM Excellence Model (EFQM, 2010). Firms with high level of quality implementation in all criteria of EFQM Model show the highest results (Dubas & Nijhawan, 2005). The model is a useful tool for the cultural change towards a total quality management strategy in the health care sector (Arcelay, et al., 1999). The use of self-assessment in university shows that it is useful for continuous improvement (Tari, 2005).

2.6 Method of Self-Assessment

EFQM has mentioned that there is no single right way to perform Self-Assessment. A number of organizations have adopted different approaches to self-assessment (Ritchie & Dale, 2000). The approach to the questionnaire is considered easier among other approaches. The technique can be one of the least expensive and can be completed very quickly. It is an excellent way for gathering information on the perception of people within an organization. Some organizations use simple yes/no questionnaires, while others use slightly more sophisticated versions that use a rating scale. Questionnaires

could also be used as a tool for systematic gathering data in support of a more elaborate self-assessment technique.

2.7 Application of EFQM Model in Health Sectors

Health care institutes in Netherlands use the EFQM model for selfassessment and quality improvement to such a degree that the model has achieved a respectable place in the field of healthcare. Out of the 1711 health sectors institution surveyed, an unexpected high percentage use the EFQM model for self-assessment and quality improvement (Nabitz & Klaginga, 1999). The use of EFQM quality model showed results. As the model is based on the principles of self-assessment, continuous improvement, learning innovation, teamwork, and a culture totally focused on the customers, United Kingdom government commended the model to all organizations within the National Health Services (Jackson, 1999). EFQM model based assessment was carried out in Italian hospital that gave insights into the organization's strengths and areas requiring improvement. As a result, several improvement actions were planned and quality awareness was heightened (Varnero et al., 2007)

2.8 Hospital Sector Quality Improvements in Nepal

Some researchers have carried out quality related studies in Nepal. Chand et al., (2018) found that about 74% of patients surveyed were satisfied with the service quality. The research only considered one of the results criteria of EFQM model. The Ministry of Health and Population has issued National Health Sector Policy 2071 and minimum service standard to improve and standardize the service level of hospitals and particularly district hospitals. The policy identifies one of serious challenges as poor quality in hospitals and to address these many challenges, the ministry launched minimum service standards for district hospitals (Minimum Service Standard for Districts 2071) on eight major areas (governance, organizational management, human resource management, Financial management, information management, quality management, and hospital support service management). The efforts of public sectors are appreciative; however, there is lack of continuous assessment to what extent the improvements have been achieved and lacking application of total service quality management. To fill the gap of identifying to what extent the hospitals are being managed for improving and delivering results is lacking.

3.1 Introducing the EFQM Approach and Planning Self-Assessment

According to EFQM, self-assessment allows an organization to recognize its strengths and areas for improvement, and introduces a common quality reference framework, which forms the basis for a quality culture. The questionnaire approach was deployed for it is the most appropriate, in that it is a simple tool, well suited to an organization beginning its journey towards excellence.

3.2 Developing the Self-Assessment Questionnaire

A new questionnaire based on the nine parameters of the EFQM excellence model was framed and each sub-criterion question items were formulated specifically in the areas covered by the EFQM excellence model. Some items were specific to Udine Hospital. Most Enabler sub-criteria included up to ten items, whereas the Result criterion had up to eight, which formed a scale for each sub-criterion. There was a total of 57 items, grouped into nine main criteria (resulting in the EFQM criteria scores and a total quality level score).

All items have a four-point rating, 4 to 1, but the meaning of the rating categories varies for Enablers and Results criteria. The Appendix shows the items and ratings for one Enabler sub-criterion and one Result sub-criterion. In practice, managers scored items concerning the hospital as a whole followed by scores for their departments. The questionnaire was pre-tested and several adjustments were made to make the questions clearer and more relevant to the Nepali hospital's case. Having finalized the EFQM self-assessment questionnaire for first-level assessment, some minor modifications were made to the for second-level assessment. These changes were not thought to be detrimental to the compatibility of the two assessments regarding criteria levels.

3.3 Research Design

The study is a cross-sectional survey carried out using a 57-item questionnaire that focused on two objects: the hospital as a whole and its clinical departments. The respondents had broad hospital experience, were educated to use the instrument and were categorized as top-level managers (first level M1, n=18) and departmental managers (second level M2, n=18). First-

level managers assessed the whole hospital and the departments for which they are responsible. All 36 managers completed and signed the questionnaire, thereby accepting responsibility. This process was supported by several meetings and interviews. Printed questionnaire copies were distributed.

3.3 Sampling Technique

A total of 36 respondents filled in questionnaires (response rate =100 percent). The response was high because all managers participated in meetings and interviews from the beginning and considered it as an opportunity to influence the organization's policy.

Table 3.1: Sampling framework and sample size

SN	Response level	Public Hospitals				Private Hospitals			
		Public 1	Public 2	Public 3	Total	Private 1	Private 2	Private 3	Total
1	First Level Managerial Level (M1)	3	3	3	9	3	3	3	9
2	Second Level Managerial Level (M2)	3	3	3	9	3	3	3	9
	Total (Hospital wise)	6	6	6	18	6	6	6	18

3.4 Response Rate and Data Quality

The questionnaire was introduced in a workshop and the participants were involved through meetings and interviews. To increase response validity, the questionnaire was not answered anonymously but signed by the respondent. This approach led to a high response rate (100 percent) and no rate of missing responses. The Questionnaire administration was done through pre-booked schedule at a specified time in a meeting setting.

3.5 Scoring System and Statistics

The questionnaire's four rating categories 4, 3, 2 and 1 were converted into data (1= 0, 2 = 33, 3= 67, and 4 = 100). Data were converted into a sub-criteria average score, which was subsequently converted into the criteria average score and adjusted with the EFQM weights to obtain the weighted average criteria score (range=0 to 100). The weighted average criteria score (in short, the criteria scores) represents the overall quality level score used in the Figures and Tables. Four categories for interpreting the criteria scores were defined:

Enablers: 0 – 24 = not started, 25 – 49 = some progress, 50 – 74 = considerable progress, 75 – 100 = fully achieved.

Results: 0 – 24 = not measured, 25 – 49 = measured, 50 – 74 = positive trends and results, 75 – 100 = targets achieved.

3.6 Reliability and Validity

The questionnaire was pre-tested and reviewed by the research team based upon the framework envisioned by EFQM model. The items were believed to have high face validity. We assume that the overall quality level score has high construct validity because it is derived directly from the nine EFQM criteria. Although the questionnaire scoring is logical and similar to the EFQM system, there are some differences between questionnaires administered at present study in rating categories and the RADAR scoring matrix used by EFQM assessors. Therefore, the study's criteria scores cannot be directly compared to the EFQM values used for the European Quality Award.

No advanced statistical analyzes or tests were carried out, but the average score and weighted average total score for the criteria were calculated to give some indication of the scores' statistical meaning. Although not shown in the Tables and Figures, the 95 percent Confidence Interval has been given for each EFQM criterion; that is the range of measures that hold the true value with a probability of 95 percent.

The reliability of the Likert scale questionnaires was tested with Cronbach's alpha test for it is the most common measure of internal consistency ("reliability"). Each category under enabler and result criteria across different hospitals received value ranging from 0.73 to 0.91, which implies that the internal consistency of the questionnaire administered had at least 73% internal consistency and reliability.

3.7 Limitation of the Methodology Used

This study has opted purposive sampling method in order to obtain response from three selected Hospitals each from private and public sector which comprised the respondents three each from senior level managers and middle level managers. Each hospital service quality was assessed across a perceptual lens with a total of 6 managerial level officials from various departments and units. Altogether 36 responses were received from six chosen hospitals. Therefore, the results of the study could not necessarily be generalized as the overall hospital industry in Nepal as a whole.

3.8 Ethical Considerations

No harm provision was applied during the study,. Participants were informed about the nature of the study to the best

extent possible before and during the administration of the questionnaire. The interviews were conducted only after their consent. Privacy, anonymity and confidentiality of both organizational

level and individual level participants were guaranteed. Ethical behavior among researchers has been maintained via environment of trust, accountability and mutual respect.

In this chapter, different dimensions of hospital are analyzed based on the EFQM criteria and factors associated thereof. The weightage of each factor and criteria is equally allocated through model has assigned different weightage. The scale of analysis

have been conducted based on four levels which included EFQM criteria enabler and result level, hospital level and management level. The bottom up approach of analysis is done to come out to the conclusion using descriptive statistical tools.

4.1A Two Level Self-Assessment of EFQM Enabler Criteria in Private Hospital

The responses have been analyzed across different hospitals in a public and private setting at two levels of management under EFQM enablers and result criteria across defined factors under each criterion.

Table 4.1: Management level wise response of private hospitals in EFQM enabler criteria

SN	Factors (EFQM Model)	Private Hospitals								
		Hospital 1			Hospital 2			Hospital 3		
		M1	M2	Average	M1	M2	Average	M1	M2	Average
1	Leadership (10%)	68.34	84.63	76.49	81.95	77.04	79.49	45.54	32.51	39.02
2	Policy& Strategy (8%)	81.07	48.35	64.71	78.60	72.80	75.70	45.38	38.45	41.91
3	People (9%)	48.68	45.54	47.11	82.84	76.59	79.72	68.11	40.92	54.51
4	Partnership & Resources (9%)	83.75	72.57	78.16	86.64	79.94	83.29	67.88	37.79	52.83
5	Process (14%)	85.54	45.38	65.46	72.57	76.37	74.47	72.57	37.13	54.85
Total (50%)		73.47	59.29	66.38	80.52	76.55	78.53	59.90	37.36	48.63

Table 4.1 shows that the response of each private hospital on the basis of their management level wise in enabler factor of EFQM model. As per the EFQM score system used in this study, the average

score of Hospital 1 is 66.38, indicating the considerable progress in enablers' factors. Similarly, it is found that average score for Hospital 2 is 78.53, which shows that enabler factors are fully achieved.

However, the score of Hospital 3 is 48.63, which means some progress in enabler factors. It is remarkable to note that in each private hospital higher management levels

perceived that they are in good position in enabler factors than middle level manager perceived.

4.2 A Two Level Self-Assessment of EFQM Enabler Criteria in Public Hospitals

The response of each public hospital on the basis of their management level in enabler criteria of EFQM model is measured.

Table 4.2: Management level wise response of public hospitals in EFQM enabler criteria

SN	Factors (EFQM Model)	Public Hospitals								
		Hospital 1			Hospital 2			Hospital 3		
		M1	M2	Average	M1	M2	Average	M1	M2	Average
1	Leadership (10%)	34.16	33.50	33.83	49.01	40.92	44.96	46.70	43.40	45.05
2	Policy & Strategy (8%)	31.19	34.32	32.75	48.84	36.96	42.90	39.44	35.81	37.62
3	People (9%)	40.10	35.31	37.70	48.68	36.14	42.41	38.94	34.82	36.88
4	Partnership & Resources (9%)	44.55	42.24	43.40	47.52	46.04	46.78	46.37	43.40	44.88
5	Process (14%)	38.45	36.14	37.29	48.18	37.13	42.65	43.40	43.40	43.40
	Total (50%)	37.69	36.30	36.99	48.44	39.44	43.94	42.97	40.16	41.56

Table 4.2 depicts the response of each public hospital to enabler criteria of EFQM model on the basis of their management level. In comparison to private hospital, the average score of all public hospital is found between the ranges of 25-49 which indicate

that there is some progress in enabler factors. Similar to private hospitals, high level management perceived that they are slightly in good position in enabler factors than middle level manager perceived.

4.3 A Two Level Self-Assessment of EFQM Results Criteria in Private Hospitals

The response of each private hospital based on their management level in result criteria of EFQM model is analyzed.

Table 4.3: Management level wise response of private hospitals in EFQM result criteria

SN	Factors (EFQM Model)	Private Hospitals								
		Hospital 1			Hospital 2			Hospital 3		
		M1	M2	Average	M1	M2	Average	M1	M2	Average
1	People/Employee (9%)	75.92	71.46	73.69	81.95	73.02	77.49	38.45	36.30	37.37
2	Customer (20%)	81.95	67.50	74.73	79.49	76.82	78.16	40.26	32.01	36.14
3	Society (6%)	100.00	73.13	86.56	81.95	76.37	79.16	45.38	37.13	41.25
4	Key Performance (15%)	83.74	45.38	64.56	81.95	72.57	77.26	48.18	33.00	40.59
	Total (50%)	85.40	64.36	74.88	81.34	74.69	78.02	43.07	34.61	38.84

Table 4.3 portrays the response of each private hospital based on their management level in result criteria of EFQM model. It is found that in hospitals 1 and 2, average value in result criteria is 74.88 and 78.02 respectively which indicate target achieved. However, in Hospital 3, average score is 38.84 which means results are just measured, but no positive evidence have been noticed. In the result criteria, it is also found that higher level management perceived that hospitals are getting their result in better way than the middle level management perceived.

4.4 A Two level Self-Assessment of EFQM Results Criteria in Public Hospitals

The response of each public hospital based on their management level in result criteria of EFQM model is assessed in this section.

Table 4.4: Management level wise response of public hospitals in EFQM result criteria

SN	Factors (EFQM Model)	Public Hospitals								
		Hospital 1			Hospital 2			Hospital 3		
		M1	M2	Average	M1	M2	Average	M1	M2	Average
1	People/Employee (9%)	39.60	35.48	37.54	46.20	34.65	40.43	39.60	37.13	38.36
2	Customer (20%)	43.07	33.00	38.03	43.07	29.37	36.22	41.25	46.04	43.64
3	Society (6%)	45.38	35.15	40.26	48.18	38.45	43.31	41.25	46.37	43.81
4	Key Performance (15%)	45.38	66.99	56.18	56.43	46.70	51.56	43.40	46.37	44.88
	Total (50%)	43.35	42.65	43.00	48.47	37.29	42.88	41.37	43.97	42.67

Table 4.4 shows the response of each public hospital based on their management level in result criteria of EFQM model. In each hospital average score is found between 25-49 which indicates that results are measured but not in positive trend

and not fully achieved. Similar to private hospitals, it is also found that higher level management perceived that hospitals are getting their result in better way than the middle level management perceived.

4.5 Self-Assessment Score of EFQM Enabler Criteria in Hospitals

The response of hospitals based on their management level in enablers' criteria of EFQM model is analyzed.

Table 4.5: Management level wise response comparison of hospitals in EFQM enabler criteria.

SN	Factors(EFQM Model)	Public Hospitals			Private Hospitals		
		M1	M2	Average	M1	M2	Average
1	Leadership (10%)	43.23	39.27	41.25	76.14	46.69	61.42
2	Policy & Strategy (8%)	39.77	35.64	37.78	73.68	46.86	60.27
3	People (9%)	42.57	35.47	38.94	72.34	47.68	60.01
4	Partnership & Resources (9%)	46.2	43.89	45.05	79.49	67.88	73.68
5	Process (14%)	43.39	38.94	41.09	76.81	46.36	61.59
	Total (50%)	43.03	38.64	40.82	75.69	51.09	63.39

Table 4.5 shows the response of hospitals based on their management level in enablers' criteria of EFQM model. The average score of all three public hospitals is 40.82 which indicates some progress in enabler factors. Similarly, the average score of private hospital is 63.39 which falls under the range of 50-74 and indicates considerable progress as per EFQM

model. It is remarkable to note that private hospitals are in better position than public hospitals in terms of enabler factors. Again it is found that higher level management perceived that hospitals are good in enabler factors than the middle level management perceived in each enabler category of hospitals.

4.6 Self-Assessment Score of EFQM Results Criteria in Hospitals

The response of the hospital based on management level across different factors in result criteria is measured.

Table 4.6: Management level wise response comparison of hospitals in EFQM results criteria.

SN	Factors (EFQM Model)	Public Hospitals			Private Hospitals		
		M1	M2	Average	M1	M2	Average
1	People/Employee (9%)	41.75	35.81	38.78	69.89	47.69	58.79
2	Customer (20%)	42.41	36.14	39.27	71.90	46.04	58.97
3	Society (6%)	44.88	39.93	42.41	77.49	49.01	63.25
4	Key Performance (15%)	48.35	47.52	47.93	77.04	44.06	60.55
Total (50%)		44.34	39.85	42.10	74.08	46.70	60.39

Table 4.6 displays the response of hospital based on management level across different factors in result criteria. The average score of result criteria of public hospital is 42.10 which indicate that the result is just measured. In case of private hospitals, the

average score is found to be 60.39 which shows the result criteria are measured and are in positive trends. It is remarkable to note that private hospitals are toward a positive trend in result criteria than that of public hospitals.

4.7 Self-Assessment Score of EFQM Enabler and Results Criteria in Hospitals

The overall score of enabler and result criteria of public and private hospitals is identified.

Table 4.7: Comparison of hospitals in overall EFQM criteria

SN	EFQM Criteria	Weightage	Public Hospitals	Private Hospitals	Total Average Score
1	Enabler Criteria Score	50%	40.76	69.89	55.32
2	Results Criteria Score	50%	42.08	68.78	55.43
	Total Average Score	100%	41.42	69.33	55.37

Table 4.7 shows the overall score of enabler and result criteria of public and private hospitals. Enabler criteria score and result criteria score of public hospitals is 40.76 and 42.08 respectively. This score validates the input output relationship of enabler factors and results criteria. The status of public hospital is that there is some progress in enable factors and results are measured but no positive evidence of trend have been realized yet. Similarly, enabler score and result criteria score of private hospitals is 69.89 and 68.78; indicating that there is considerable progress in enabler factors and positive trends in result criteria. The overall enabler score and result criteria score are 55.32 and 55.43 respectively. The overall score under enabler and result criteria across hospitals validate the relationship between enabler factor and result criteria envisioned in the EFQM model because it supports the

fact that not better results can be achieved until out input (enabler) factors are strong enough to support its result framework.

4.8 EFQM Excellence Model Average Score of Public Hospital

Figure 4.1 depicts the EFQM Excellence Model value of Public hospitals. In comparison to the standard EFQM Excellence Model value, it is surprisingly found that the value of all enabler factors and value of result criteria of public hospitals are significantly lower than an excellent organization should have as per the model. In overall, the weightage of enabler factor is 29.21% lower than the standard. Similarly, the score of result criteria is 28.93% lower than standard. Both values indicate that public hospitals are not matured in terms of enablers' factors and result criteria.

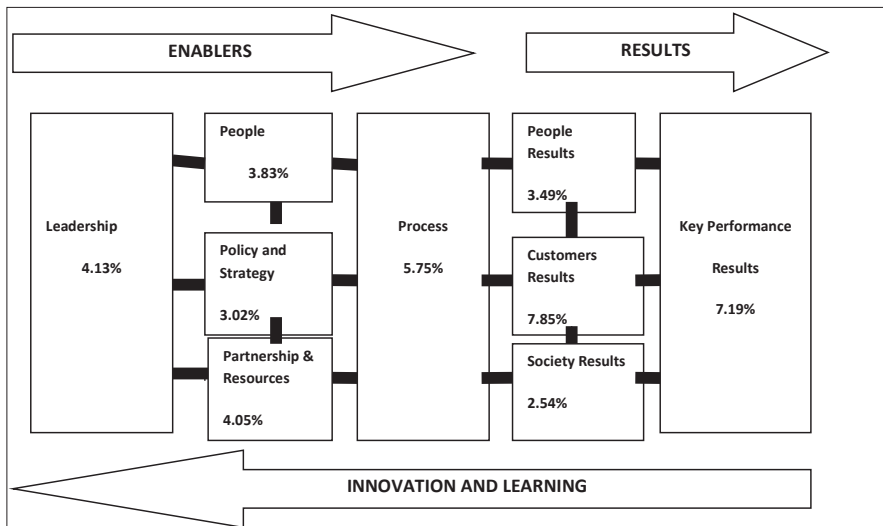


Figure 4.1 EFQM Excellence Model values of public hospitals

4.9 EFQM Excellence Model Average Score of Private Hospital

Figure 4.2 portrays the EFQM Excellence Model value of private hospitals. It is remarkable to note that the value of each enabler factor and value of each result criteria of private hospitals are lower than an excellent organization should have as

per the standard EFQM Excellence Model value. In overall, the weightage of enabler factor is 31.62 % and the score of result criteria is 29.96 %. It indicates that private hospitals are also not sound in enabler factors and result criteria.

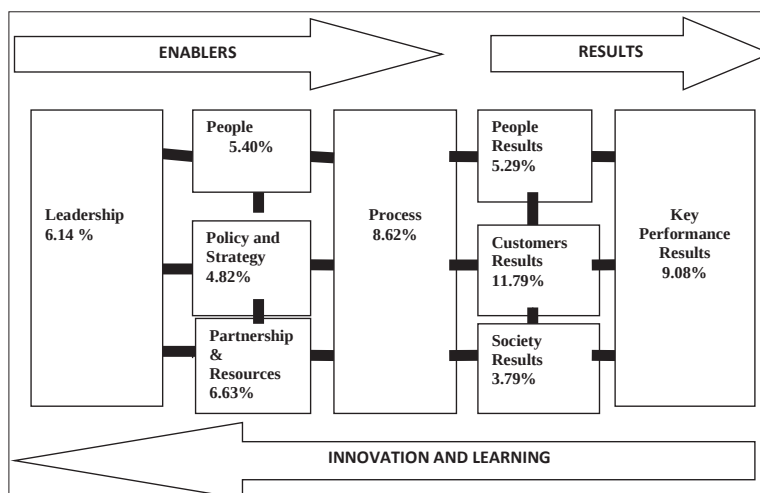


Figure 4.2 EFQM Excellence Model values of Private hospitals

4.10 EFQM Excellence Model Average Score of Selected Hospital

Figure 4.3 shows that the EFQM Excellence Model value of both public and private hospitals. It is found that the value of overall enabler factors and value result criteria of all hospitals are lower than an

excellent organization should have as per the standard EFQM Excellence Model value. The weightage of enabler factor is 23.80% lower and the score of result criteria is 24.48 % lower than standard EFQM Excellence Model value. It indicates that hospitals are not found much better in enabler factors and result criteria.

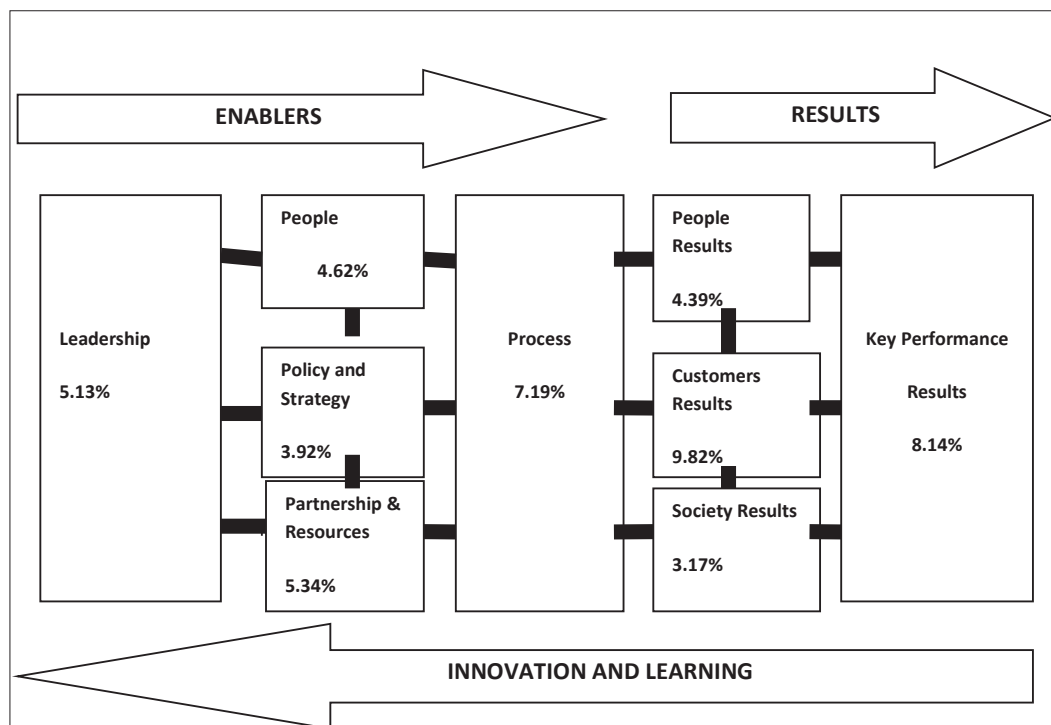


Figure 4.3 EFQM Excellence Model Score of both public and private hospitals

5.1 Discussion

A two-level self-assessment of the EFQM excellence model was carried out at selected public and private hospitals as part of an assessing fundamental organizational and cultural improvement programme. Thirty six managers and professionals were involved in the EFQM self-assessment research. They discussed and learned the EFQM approach, the basic notions of quality management and the systematic assessment of enablers and results. The two-level hospital and its departments' assessment identify the main strengths like leadership, policy and strategy, partnership and resources. The areas requiring improvement are the result criteria, mainly people, society and customer results. There was a good correlation between top and middle managers' views; however, there are major gaps that exist between the various professional groups and departments. As a result of our education and assessment initiative, hospital staff acquired a common language shared by managers and health professionals and a systemic approach to quality issues. The general image that emerges from assessment is clear. The enablers have a

priority position for both top and middle managers. It provides a solid base for developing a quality culture. Enablers, such as leadership, policy and strategy, partners and resources are well developed in the hospital and the departments. Key performance results were also measured and are positive and encouraging.

However, people management is weak and presently, customer and society results are not positive either. This picture is consistent across all the hospitals; however, there are major differences between score given by first and second level managers across all the hospitals. Nevertheless, overall, first-level assessment shows a positive perception of the organization, slightly higher than second level managers. The fact that Enabler scores were higher than those for results showed that many actions were implemented, but not routinely measured. Partnership and resources, key performance results and leadership measures currently in progress are consistent with the construction of the new integrated hospital, equipment innovation, materials and technology and promotion of ICT. Recent partnerships with other regional and extra-regional

healthcare organizations and the effect on hospital efficiency (shorter length of stay, increased appropriateness of admissions and development of day to day surgery) are positive improvements to enablers. The public sectors have achieved low scores in both enablers and result criteria compared that of private hospitals. Local citizens are the Hospital's potential customers and their opinion reflects their confidence in treatment and care – an important aspect and one to be taken seriously.

In both types of hospitals improvement is required for people results. The low score is mainly owing to the lack of measurements conducted in the past, as well as low motivation and dissatisfaction among lower level employees. The different scores obtained for various clinical, managerial, administrative and technological structures also suggest the existence of separate “worlds” within the same organization. However, people management and people results criteria were weak in all seven Italian healthcare organizations performing EFQM self-assessment (Venero et al., 2004). There is need for an inter-organizational working group on this issue to consider ways of promoting and empowering people within the organizations through the integration of personal, professional and organizational values and goals.

In short, the EFQM model proved to be a good diagnostic tool for the organization as a whole, as well as for individual departments. The two-level self-assessment process not only gave answers to five questions directly related to the EFQM excellence model, but also achieved other tangible results. Managers recognized that assessing the hospital helped them look beyond the confines of their own individual wards and departments and acquire a more systemic view of the whole organization. Department assessment also prompted them to focus more on organizational and clinical outcomes as well as staff interaction and external customers. All participants recognized that self-assessment helped them understand the organization's complexity and the different worlds within it. A first integration of separate situations was achieved through the introduction of a common mental model and language.

The questionnaire approach proved to be a simple, fast and efficient way to conduct an EFQM self-assessment and a useful way of introducing Excellence issues to an organization for the first time. Professionals had to learn and think about EFQM criteria and the notions of quality management. However, the questionnaire and scoring system was found to have certain weaknesses. First, the questions covered too many aspects at the same time,

making it difficult to relate the score to the items. Furthermore, the scoring system results cannot be compared with profiles obtained using more complex approaches such as the RADAR scoring matrix used by EFQM assessors.

The RADAR logic has a far more differentiated rating system, uses more elements and is scored by trained assessors, either internal or external to the organization. Most professionals considered self-assessment as an opportunity to express their opinion and to address hospital decision-makers. Only few participants stated that an anonymous questionnaire would have been preferable. Systematic feedback from staff has probably improved communication within the hospital, which may lead to better integration between departments. The EFQM excellence model, which emphasizes the causal relationship between enablers and results and results feedback, is a simple and a potent model that was introduced through a two-level self-assessment process at selected public and private hospitals.

The EFQM Excellence Model has provided a structured approach to assessing the current performance of hospitals. The main outcomes from undertaking self-assessment using the EFQM Excellence Model are:

- It has helped to raise the profile of the EFQM Excellence model within the Department and the learning experience should help to underpin future best value reviews.
- It has provided a mechanism for consultation with staff and for assessing the impact of "People management" on staff
- It has helped challenge the departments thinking about the vision and strategic direction of the organization and the impact that it has on customers and society
- It has focussed attention on key performance results and how these compare with other Authorities and providers
- It has made the department consider how resources and processes could be re-aligned or re-engineered – through competition and outsourcing – to strengthen the value chain in entire hospital services.

5.2 Conclusion

In this study, EFQM Model was used to assess the status of public and private hospitals in Nepal. In Nepali context, the quality dimension of hospital service has not been properly accessed from the perspective of total quality management. On this basis, this study was focused on assessing the status of Nepali hospitals, which might contribute to gradual improvement of service quality in this

sector. There is a need for the research work which assesses the EFQM model based status of hospital service quality, along with the service provider's perception of enhancing and management of service quality status. Therefore this study aims to find out the present service quality status and identify problems faced by selected public and private hospitals in Nepal.

From this study, it was found that in each private hospital as well as public hospitals higher management levels perceived to be in a good position in enabler factors than perceived by middle level manager. In comparison to private hospitals, the average score of all public hospitals is between the ranges of 25-49, indicate that some progress has been made in enabler criteria factors. The average score for each public hospital is between 25-49, which indicates that result is measured but not in positive trend and not fully achieved. Similar to private hospital, it is also found that higher level management perceived that hospitals are performing well than the middle level management perceived. It is remarkable to note that private hospitals are in better position than public hospital in term of

enabler factors. In addition, it is found that higher level management perceived that hospitals are good in enabler factor than that of the middle level management. The average score of public hospital result criteria is 42.10, which means that the result is just measured. In case of private hospitals, it is found that the average score is 60.39, which shows that the result criteria are measured and that there are positive trends. It is remarkable to note that private hospitals tend to be more positive in terms of result criteria than public hospitals. The overall Enabler score and result criteria score are 55.32 and 55.43 respectively. The overall score under enabler and result criteria across hospitals validates the relationship between enabler factor and result criteria envisioned in the EFQM model as it reflects the assumptions that no positive result can be achieved before input (enabler) factors are strong enough to support its result framework. Compared to the standard EFQM Excellence Model, the weightage of all enabler factors and value of result criteria of public hospitals are significantly lower and there is enough space for improvements.



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Appendices

Appendix 1

European Foundation for Quality Management Excellence Model (EFQM Model)

Introduction

Continuous quality improvement is vital to enhance efficiency, productivity, profitability and finally image of organization. Service quality, client satisfaction and profit have positive relationship. Higher service quality leads to higher satisfaction and that leads to profit and vice versa.

Hospitals provide pure service. In the service industry, continuous quality improvement and leading the organization towards excellence is very crucial to sustain in highly dynamic competitive environment. In case of Nepal, both private and public hospitals face many issues and blames about the services they offer.

There are many tools developed and practiced globally to lead an organization towards an excellent service provider. Many tools believe in self-evaluation of the service quality and identify where the organization stands, then make improvements plan and execute, and self-evaluate again. It is the continuous process. In the long run, these practices gradually transform organization into an excellent organization in terms of quality service delivery.

In this regard, one of the most popular models is European Foundation for Quality Management Excellence Model (EFQM). This model was created to promote Total Quality Management on 15 September 1988 in Brussels. It developed the model to promote excellence and help organizations to become more competitive. The model is comprised of a framework, which helps organizations to identify their strengths and the areas in which they need to improve. Its mission was “to promote, and where possible to assist management in the understanding and application of total quality principles” (European Quality, 1999).

The framework involves nine criteria: five ‘enabler’ criteria (leadership, people, policy and strategy, partnership and resources, process) and four ‘results’ criteria (customer results, people results, society results, key performance results (see Figure 1). Both the enablers and the results sides have equal weightage. The percentages shown in the figure are the weightage of each criterion. Total weight is 100. The highest weight was given to customer result (20%). The arrows emphasize the dynamic nature of the model. They show innovation and learning helping to improve enablers that in turn lead to improved results.

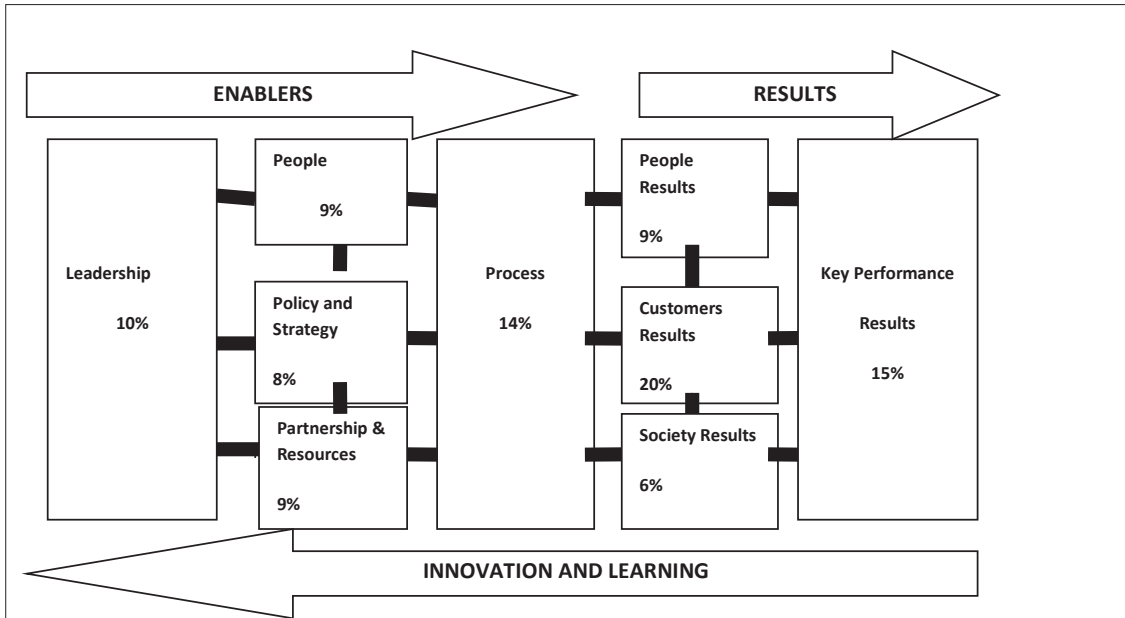


Figure 1: EFQM Excellence Model

EFQM Model Criteria

1. Leadership

It is related to how leaders develop and facilitate the achievement of the mission and vision. How they develop organizational values and systems required for sustainable success and implement these via their actions and behaviors. During period of change they retain a consistency of purpose. Where required, such leaders are able to change direction of the organization and inspire others to follow.

2. Policy and Strategy

It is related to implementing mission and vision of the organization by developing a stakeholder focused

strategy that takes account of the market and sector in which it operates. How policies, plans, objectives and processes are developed and deployed to deliver strategy.

3. People

It examines the management of organization's human resources. How fairness and equality is maintained and how employees are involved and empowered. How they care for, communicate, reward and recognize, in a way that motivates staff and builds commitment to using their skills and knowledge for the benefit of the organization.

4. Partnerships and Resources

It is related to how organizations plan to manage external partnerships, suppliers and internal resources in order to support policy and strategy and the effective operation of processes.

5. Process

It examines how organizations design, manage and improve processes in order to fully satisfy, and generate increasing value for, customers and other stakeholders.

6. Customer Results

It examines how organizations measure and achieve outstanding results with respect to their customers.

7. People Results

It investigates what the organizations are achieving in relation to the satisfaction of its customers.

8. Society Results

It reviews what the organization is achieving in satisfying the needs and expectation of society.

9. Key Performance Results

It reviews what performance results the organization is achieving with respect to the key element of their policy and strategy.

Self-Assessment

Self-Assessment is a comprehensive, systematic and regular review by an organization of its activities and results referenced against the EFQM criteria and the components thereof. The process allows the organization to clearly identify its strengths and areas in which improvements can be made. Further, the process culminates with planned improvement actions that are then monitored for progress.

Questionnaire is one of the convenient approaches of self-assessment. It is an excellent method for gathering information on the perception of people within an organization. Some organizations use simple yes/no questionnaires, others use slightly more sophisticated versions that use a rating scale. Here, for the convenience of study, a simple rating scale has been used to self-assess the total quality of hospitals using EFQM Model.

Appendix 2: Formal Communication Letter

श्री अस्पताल निर्देशक ज्यू
..... अस्पताल

बिषय:शोध कार्यमा आवश्यक सहयोग गरिदिनुहुन ।

महोदय,

प्रशिक्षण, परामर्श तथा अनुसन्धानकार्य मार्फत नेपाल सरकार तथा सार्वजनिक संस्थानको प्रशासकीय तथा व्यवस्थापकीय क्षमता विकास गर्ने उद्देश्यले यस नेपाल प्रशासनिक प्रशिक्षण प्रतिष्ठान, जावलाखेल, ललितपुर को स्थापना भएको हो ।

काठमाण्डौमा अवस्थित विभिन्न सरकारी तथा निजी अस्पतालहरुको सेवाप्रवाहको गुणस्तर अस्पतालकै रणनीतिक तथा व्यवस्थापन तहका पदाधिकारीहरुको स्वमुल्यांकनबाट विश्लेषण गर्ने र सो को अवस्था पहिचान गर्ने उद्देश्यले“European Foundation for Quality Management (EFQM) Model Based Evaluation of Service Quality of Selected Public and Private Hospitals of Nepal”शिर्षकमा यो शोध कार्य गर्न लागिएको हो ।

यस प्रयोजनको लागि European Foundation for Quality Management Excellence Model लाई आधार बनाएर प्रश्नावलीहरु निर्माणगरिएको छ । यस सर्वेक्षणले अस्पतालको वर्तमान सेवाप्रवाहको अवस्था पहिचान गर्दै त्यसमा गुणात्मक सुधार ल्याउन मदत गर्नेछ । साथै व्यवस्थापकीय, प्रशासनिक, कर्मचारी, भौतिकपुर्वाधार लगायतका क्षेत्रमा अस्पतालको वर्तमान अवस्थाको पहिचान गरेर बढ्दो प्रतिस्पर्धात्मक वातावरणमा आफ्ना दिर्घकालीन परिलक्ष्य हासिल गर्ने सवालमा गहिरो र वस्तुगत अध्ययन गरिनेछ । यस कार्यको लागि शोध टोलिले Model तथा प्रश्नावलीको परिचय गर्न र प्रश्नावली भर्न सहजिकरण गर्न उच्च तथा मध्यम स्तरका व्यवस्थापकहरु संग एक घण्टाको सामुहिक छलफल गर्नु पर्ने हुन्छ । अतः यस सर्वेक्षण कार्यमा शोध टोलिलाई सामुहिक सहयोग गरिदिनुहुन अनुरोध छ ।

यस शोधकार्यमा संलग्न अस्पतालहरु तथा उत्तरदाताहरुको पहिचान पुर्णत गोप्य राखिने छ ।

Appendix 3: Research Questionnaire Template

Nepal Administrative Staff College
Jawalakhel, Lalitpur

Self-Assessment Questionnaire Performance Assessment of Hospitals on the Basis of Nine Criteria

This research effort is to measure the performance perceived by senior level employees of six different hospitals using European Foundation of Quality Management Excellence Model. This is a self – assessment model that aims at self-assessment of the performance against defined criteria. It focuses on nine areas/criteria. Self-assessment gives clear picture of your strength and areas for improvement. Five of the criteria are termed as "Enablers" and the remaining four are "Results". The "enablers" cover what an organization does and the "results" cover what an organization achieves. "Results" are caused by "enablers". This study will help to identify the fundamental organizational and cultural improvement areas to transform itself into a learning organization and sustain over time in the competitive environment.

You are kindly requested to provide us inputs by filling the questionnaire. The questionnaire has mainly two parts. One part asks you to indicate the performance of your organization on five enabler criteria and another part ask to indicate the performance of your organization on results parts. Your help and cooperation will be useful to identify the strengths and areas for improvement. The response shall be kept intact and analyzed in a professional manner.

Research Questionnaire

Respondents Personal Details

Name:

Designation:

Total Service Period in this hospital

Date:

Cell Phone:

Signature.....

A. Enabler Criteria

Enabler criteria are related to measure how the hospital undertakes key activities. Five enabler criteria are leadership, policy and strategy, people, partnerships and resources and processes. The set of statements relates to quality management related performance of Nepal Post on five enabler criteria. Please indicate by a tick mark (✓) the performance of your organization (hospital) under five enabler criteria (Leadership, Policy and Strategy, People, Partnership and Resources and Process). Before indicating a tick mark (✓), please see the possible answers under enabler criteria.

Possible answers

1	No, not started, not planned
2	Little, in starting phase, in planning phase, informal
3	Partial, occasional, partially accomplished, partially developed, partially formalized
4	Yes, systematically, fully accomplished, totally developed, completely formalized

A.1 Leadership

This section explores the activities and the behaviour of the leadership. How leaders of the hospital develop and facilitate the achievement of mission and vision, develop organizational values and systems required for sustainable development and implement

them through appropriate actions and behaviours, and are personally involved in ensuring that the organization's management system is developed and implemented.

S.N	Leaders in the hospital	4	3	2	1
101	Develop the mission and vision				
102	Design & implement plan, policy & program to support its mission & vision				
103	Develop and provide a role model with regard to ethical aspects and values				
104	Personally involved in ensuring the organization's management system is developed and implemented				
105	Frequently interact with stakeholders (customers, society, social organization etc.)				
106	Put continuous innovative efforts to upgrade its service delivery process.				
107	Reinforce the culture of continuous excellence with employees.				
108	Identify and champion activities for bringing positive change in organization.				
109	Have developed formal channel to communicate organizational goal and value to employees				
110	Encourage employees to participate and contribute in organizational improvement activities				

B.2 Policy and Strategy

It explores how the hospitals implement their mission and vision by developing stakeholders focused strategy that takes account of the market and sector in which they operate supported by relevant policies, plans, objectives, targets a process.

S.N	The hospital policy and strategy	4	3	2	1
201	Are formally developed				
202	Inculcate present and future needs				
203	Have anticipated expectations of stakeholders				

Contd. Table

204	Are based on performance measurement, research, learning and external activities				
205	Is able to proactively track competitors' activities/strategies				
206	Are aligned with individual and team objectives				
207	Are communicated and implemented				
208	Are consistently reviewed and updated				
209	Have defined objectively verifiable indicators to assess and track the effective deployment of strategy				

B.3 People

It assesses how the hospital explore and utilize the full potential of its people at an individual, and organizational level. This criteria assess how hospital promote fairness, equality and empowers its people to reward, recognize, motivate and build commitment for the benefit of the organization.

S.N	In the hospital	4	3	2	1
301	Written and formal Human Resource policy is developed				
302	People resources are planned, managed and improved				
303	Formal practices/mechanism to encourage people to share their knowledge, ideas and provide feedback to upper level				
304	Peoples are appraised to help improve their performance				
305	People's competencies are identified, developed and sustained				
306	Formal and defined mechanism to ensure that people get equal opportunities for capacity development and empowerment				
307	People are rewarded, recognized and motivated to excel in performance				

B.4 Partnership and resources

It explores how the hospital manages external partner (suppliers, investor etc.) and internal resources to support and sustain its policy and strategy.

S.N	In the hospital there is	4	3	2	1
401	Well defined policy to manage relationship with external partner.				
402	Special unit/team to maintain harmonious relationship with external partner.				
403	Structurally defined unit for financial management and control.				
404	Special unit/team to manage physical assets (buildings, vehicles, equipment and materials)				
405	Special unit/team to manage medicine, chemicals & medical equipment.				
406	Well defined supply chain of medicine, chemical & medical equipment.				
407	Special unit/team to manage MIS/IT systems				
408	Guideline and special operating procedure for using and maintaining organizational resources.				

B.5 Process

It explores how the hospital design, manage and improve processes in order to satisfy and generate increasing value for customer and other stakeholders

S.N	In the hospital	4	3	2	1
501	There is well defined and systematic process to optimize operations.				
502	Processes are periodically improved and innovated to inculcate changes				
503	Products and services are designed and developed based on customer needs and expectations				
504	There is formal mechanism and defined unit/team to foster customer relationships				

B. Results Criteria

Results criteria are concerned with what results are being achieved. Four result criteria are Customer Results, People Results, Society Results and Key Performance Results. The following set of statements relates to quality management related performance of the hospital on result criteria. Please indicate by a tick mark (✓) the achievement of your organization under four result criteria. Before indicating a tick mark (✓), please see the possible answer under result criteria.

Possible answers

1	Not measured
2	Measurements are defined and collected
3	Measured, there is evidence of positive trend
4	Measured, there is evidence of positive trend, favorable and appropriate targets for results are set and achieved

C.1 Customer results

This criterion explores what the hospital is measuring and achieving in relation to its customer.

S.N	In the hospital, customers' perception is measured through satisfaction survey and focus group with regard to:	4	3	2	1
601	Quality of relation and communication (courtesy, attention, responsiveness, quality of interaction)				
602	Technical and professional skills (reliability, safety, timely, professional expertise)				
603	Environmental quality of services (cleanliness, physical surroundings)				
604	Fulfillment of expectations				
605	Intention to re-visit and willingness to recommend organization's service to others				
606	Provision of grievance box & its trend analysis				

C.2 People/Employees Results

This criterion explores what the hospital is measuring and achieving in relation to its people.

S.N	Peoples'/Employees perception at the hospital is measured through satisfaction survey and focus group with regard to:	4	3	2	1
701	Quality of relation and communication (courtesy, attention, quality of interaction)				
702	Development of technical and professional skills (training, education etc.)				
703	Environmental quality of services (cleanliness, physical surroundings)				
704	Fulfillment of expectations				
705	Intention to stay in the hospital and no intention to get a quit the job				

C.3 Society Results

This criterion explores what the hospital is measuring and achieving with respect to society.

S.N	In the hospital, perception of society is measured through survey and focus group with regard to:	4	3	2	1
801	Image of organization as being responsible				
802	Environmental impact of organization				
803	Involvement in corporate social responsibilities (CSR)				
804	Ethical behavior of organization				

C.4 Key Performance Results

This criterion examines the key indicators set by the hospital to measure its planned performance and assess progress against its strategy.

S.N	The key performance results of the hospital is measured and compared against target in terms of:	4	3	2	1
901	Financial health of the organization (Income, assets, liabilities)				
902	Brand image				
903	Early adoption of new technology				
904	Growth trend of customer volume (Bed Occupancy Rate)				



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