Achievement of Total Quality Management by Using National Accreditation Standards in Royal Care International Hospital, Khartoum State- Sudan (Case Study: Service Providers and Service Recipients)

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Abstract: This study aimed to know the achievement of total quality management by using national accreditation standards in Royal Care International Hospital, Khartoum state- Sudan. The study was conducted during the period between 2018- 2019. The questionnaire was used as a data collection tool, which was designed according to the requirements of the study, two types of questionnaire were designed, questionnaire for service providers and other questionnaire for service recipients. Each questionnaire was contained four axes. A random sample of service providers and recipients was selected and 200 questionnaires were distributed to service providers and 88 questionnaires were distributed to service recipients. The statistical packages for the social sciences version 22 were used to conduct the analysis. The validity and consistency of the study questions (for the four hypothesis) were calculated by the Alpha Kronbach test. The study showed that there was a statistically significant relationship at the level of significance (0.05) between the achievement of total quality management and the implementation of national accreditation standards (management, safety, patient safety, patient care and social services) for both service providers and recipients (patient and co-patient) in Royal Care International Hospital. The study concluded that the application of national accreditation standards achieves the total quality management at Royal Care International Hospital and this has a very high impact on both service providers and recipients.

Keywords- Achievement; Total Quality Management; National Accreditation Standards; Royal Care International Hospital

1. INTRODUCTION

For the past two decades, the total quality management (TQM) is considering one of the most prominent developments in management. It was started in Japan in the early 1980s and then spread to the Western countries and Australia. TQM topics became very important in the 1990s, after that many companies for the reason to develop and improve their businesses, were looking to apply TQM and use it [1]. TOM is defined by Sadikoglu and Olcay as a management philosophy concerned with people and work processes that focuses on customer satisfaction and improves organizational performance [2]. Health organizations face many challenges that can be classified into four major areas: increases in the cost of health services, rapidly growing technology dependence, pressure on health organizations to decrease costs and improve quality to cope with the international organizations that establish standards and give licenses [3,4] and satisfying patients' needs, a major demand requiring hospitals to maintain high quality services [5]. The aim of the quality management programs in hospitals is challenges force health planners to adopt a system that can manage health care in a measurable way to offer a high quality service [6]. The system that can cope with all of these challenges and resolve all health organization's problems is TOM [7]. TOM is also known as continuous quality improvement (CQI) [8], quality improvement (QI) [9], quality management (QM) and total quality control (TQC) [9]. The key principles of TQM include the following: customer focus, obsession with quality, scientific approach, long-term commitment. teamwork. and continual improvement systems, education, and training, freedom through control, unity of purpose and employee involvement and empowerment [10].

2. Materials and methods

2.1 Study design:

It is descriptive study.

2.2 Study area:

The study was conducted at Royal Care International Hospital, Khartoum State- Sudan.

2.3 Study population:

The study was conducted on service providers and service recipients at Royal Care International Hospital.

2.4 Sample size:

The targeted samples of this research were 88 service recipients and 200 service providers who had respond to the questionnaire.

2.5 Study period:

The study was conducted during the interval from September 2018 to September 2019.

3. Methods

3.1 Data collection methods:

Questionnaire was used as the basic tool in this study. The quantitative survey consisted of questionnaire contain three hypothesis that cover the research questions which distributed for personnel included and limited to laboratory technicians. The study depends on the questionnaire as a key to offer gathering information from the study population, as for questionnaire advantages including:-1.can be applied to get information on the number of individuals.

2. The low cost and ease of application.

3. Ease of put the questionnaire questions

4. The questionnaire save responder time and give him a chance to think, this effect the reliability and validity of the answers, stability means that measures give the same results if used more than once under similar conditions.

Reliability is defined as the extent to which a questionnaire, test, observation or any measurement procedure produces the same results on repeated trials.

Validity is defined as the extent to which the instrument measures what it purports to measure and calculate in many ways represents the easiest being the square root of the reliability coefficient.

Validity = $\sqrt{\text{Reliability}}$

3.2 Questionnaire design:

The following five steps of questionnaire design process were followed:

Firstly, the information was determined to be drawn from the research objectives, questions and hypothesis with consideration to who will be able to supply the information. Secondly, the structure and the length of the questionnaire were determined, the questionnaire was self-administrated and thus the gave clear instructions with direct and simple questions. Thirdly a draft questionnaire was prepared considering the content, format, layout ...ect. Fourthly, the questionnaire was pre-tested and revised. Fifthly, the questionnaire reliability and validity were assessed.

3.4 Data analysis:

The data obtained were analyzed using the Statistical Package for Social Sciences (SPSS). To achieve the objectives of the study, statistical methods were used the frequency distribution of the answers, the percentages, chisquare test for the significance of differences between the test results considering all other variables, the halffractionation method using the Spearman-Brown equation, Alpha-Kronbach equation, the method of re-applying the test, method of equivalent images and Gutman's equation. Then data were presented in tables.

3.5 Ethical considerations

Study permissions were obtained from College of Graduate Studies- Sudan University of Science and Technology, then from Management of Royal Care International Hospital.

4. Results

The values of validity and reliability were calculated to identify the sample of the service recipients and the values were very high, which indicates the validity and reliability of the answers in the hypothesis of the study (table 1). The majority of respondents 84 (95.5%) were, co-patients and then a patient with a frequency of 4 (4.5%) (table 2). It was clear from the table (3) below that the most frequent occurrences of the academic qualification was 48 (54.5%) for B.Sc., followed by M.Sc. 20 (22.7%), secondary 13 (14.8%) and diploma 7 (8%). It was clear from the table (4) below that the most frequent occurrences of relative relation were others with a frequency of 30 (36.1%), a mother with a frequency of 24 (28.9%), a father with a frequency of 15 (18.1%), a spouse with a frequency of 11 (13.5%) and a child with a frequency of 3 (3.6%). The most frequent categories of stay were the category (1-5) days with a frequency of 56 (65.1%), the category (6-10) of the frequency of 24 (27.9%), then the category (16-20 and with a frequency of 5 (5.8%) and the category (11-15) with a frequency of 1 (1.2%) (table 5). It was clear from table (6) below that the most frequent reason for admission to the hospital was to receive treatment with 50 recurrences at 56.8%, then surgery with 35 recurrences at 39.8%, and other at 3 recurrences at 3.4%. The most frequent occurrences of how many times have been admitted to the hospital so far was more than 3 times with a frequency of 32 by 36.4%, then once with 31 recurrences by 35.2%, then twice with 17 recurrences by 19.3%, then three times with 8 recurrences by 9.1% (table 7). The most frequent treatment of your receptionist was excellent with a frequency of 47 (53.4%), good with a frequency of 25 (28.4%), and unacceptable with a frequency of 3 (3.4%) (table 8). It was clear from table (9) below that the most frequent iteration procedures were good at 30 (34.1%), excellent (26) at 29.5%, unacceptable at 17 (19.3%) and acceptable at 15 (17%). Validity and reliability of questionnaire of service providers were shown in table (10). The most common age group of service providers was 20-30 years with a frequency of 72.9%, followed by the age group 31-40 years with a frequency of 38 (19.1%), and 41-50 years with a frequency of 11 (5.5%) then 51 and above with frequency of 5 (2.5%) (table 11). It was clear from the table (12) below that the most frequent occurrences of academic qualification of service providers were 114 (57.3%). It was clear from the table (13) below that the most frequent categories of years of experience of service providers were the category (1-5 years) with a frequency of

107 (55.2%). Table (14) below showed that the most frequent occurrence of job title of service providers was a nurse with a frequency of 56 (28%). Descriptive analysis of the first hypothesis of the service recipient was shown in table (15). The result of Chi-square analysis of the first hypothesis of service recipient was shown in table (16). Descriptive analysis of the second hypothesis of service recipient was shown in table (17). The result of Chi-square analysis of the second hypothesis of service recipient was shown in table (18). Descriptive analysis of the third hypothesis of service recipient was shown in table (19). The result of Chi-square analysis of the third hypothesis of service recipient was shown in table (20). Descriptive analysis of the fourth hypothesis of service recipient was shown in table (21). The result of Chi-square analysis of the fourth hypothesis of service recipient was shown in table (22). Descriptive analysis of the first hypothesis of service providers was shown in table (23). The result of the Chisquare analysis of the first hypothesis of service providers

was shown in table (24). Descriptive analysis of the second hypothesis of service providers was shown in table (25). The result of Chi-square analysis of the second hypothesis of service providers was shown in table (26). Descriptive analysis of the third hypothesis of service providers was shown in table (27). The result of the Chi-square analysis of the third hypothesis of service providers was shown in table (28). Descriptive analysis of the fourth hypothesis of service providers was shown in table (29). The result of the Chisquare analysis of the fourth hypothesis of service providers was shown in table (30).

Hypothesis	Number of phrases	Alpha value	Value	Result	
The first hypothesis	10	0.879	0.938	Very high	
The second hypothesis	16	0.919	0.959	Very high	
The third hypothesis	7	0.876	0.936	Very high	
The fourth hypothesis	5	0.859	0.963	Very high	
Tal	ble 2 : Frequency distribution	on of responder type	of service recipier	nt	
Responder type	Frequency		Percentage (
Patient	4		4.5	-	
Co-patient	84		95.5		
Total	88		100.0		
2	Frequency 0		Percentage (0.00	%)	
Without secondary			U		
Secondary	13		14.8		
Diploma	7		8.0		
B.Sc.	48		54.5		
M.Sc.	20		22.7		
Total	88		100		
Tab	le 4: Frequency distribution	on of relative relation	of service recipie	nt	
Relative relation	Frequency		Percentage (
Father	15		18.1	-	
Mother	24		28.9		
Spouse	11		13.3		
Child	3		3.6		
Others	30		36.1		
Total	83		100.0		

Table 5: Frequency distribution of hypnosis and hospital stay of service recipient

Hypnosis duration (day)	Frequency	Percentage (%)

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1-5	56		65.1	
6-10	24		27.9	
11-15	1		1.2	
16-20	5		5.8	
Total	86		100.0	
	ency distribution of the reas	son for admission to		-
Cause of admission	Frequency		Percentage (%))
Surgery	35		39.8	
Receiving treatment	50		56.8	
Other	3		3.4	
Total	88		100.0	
	ribution of how many time	s has been admitted		
Number of admission	Frequency		Percentage (%))
Once	31		35.2%	
Twice	17		19.3%	
Three times	8		9.1%	
More than three times	32		36.4%	
Total	88		100.0	
	8: Frequency of the recepti	onist's treatment to		
Treatment of receptionist	Frequency		Percentage (%))
Excellent	47		53.4	
Good	25		28.4	
Acceptable	13		14.8	
Unacceptable	3		3.4	
Total	88		100.0	
	Table 9: Frequency distri	bution of speed of e	ntry procedures	
Speed of actions	Frequency	e auton of speed of e	Percentage (%))
Excellent	26		29.5	,
Good	30		34.1	
Acceptable	15		17.0	
Unacceptable	17		19.3	
Total	88		100.0	
Hypothesis	le 10: Validity and reliabil	Alpha value	Validity value	Result
Hypothesis	Number of phrases	Alpha value	validity value	Kesun
The first hypothesis	19	0.910	0.954	Very high
The second hypothesis	7	0.801	0.895	Very high
The third hypothesis	22	0.903	0.950	Very high
The fourth hypothesis	5	0.845	0.919	Very high
	Table 11: Frequency dist.	ribution of age of se	<u>.</u>	
Age groups (years)	Frequency		Percentage (%))
20-30	145		72.9	
31-40	38		19.1	
41-50	11		5.5	
51 and above	5		2.5	
Total	199		100.0	
Table 12	2: Frequency distribution o	f academic qualifica	ation of service provid	ders
Qualification	Frequency	*	Percentage (%)	
Without secondary	0		0	
High secondary school	11		5.5	

21 Diploma 10.6 B.Sc. 57.3 114 M.Sc. 41 20.6 Ph.D. 12 6.0 Total 199 100.0 Table 13: Frequency distribution of years of experience of service providers Years of experience Frequencies Ratio (%) less than one year 25 12.9 107 1-5 years 55.2 6-10 years 35 18.0 11 and above 27 13.9 Total 194 100.0
Table 14: Frequency distribution of job title of service providers
 Job title Frequency Ratio (%) Administrative 23 11.5 42 Doctor 21.0 Nurse 56 28.0 Pharmacist 4 2.0 Laboratory technician 22 11.0 Receptionist 31 15.5%

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Financial accountant

Other

Total

 Table 15: Descriptive analysis of the first hypothesis of service recipient

2.5%

8.5%

100.0

5

17

200

No.	Phrase	Strongly	Agree	Neutral	Disagree	Strongly	Result
		agree				disagree	
		Frequency	Frequency	Frequency	Frequency	Frequency	
		(%)	(%)	(%)	(%)	(%)	
1	The hospital provides	24	45	12	3	4	I agree
	reception and emergency	27.3	51.1	13.6	3.4	4.5	
	services and is managed						
	according to a fixed						
	system and is known by						
	service providers.						
2	A qualified 24-hour	35	32	14	3	3	I strongly
	emergency team is available.	40.2	36.8	16.1	3.4	3.4	agree
3	Diagnostic services	39	32	14	2	0	I strongly
	(radiology, analysis,	44.8	36.8	16.1	2.3	0	agree
	blood bank) are available						
	near reception and						
	emergency services.						
4	The hospital has internal	38	37	8	4	1	I strongly
	transports (trolleys,	43.2	42	9.1	4.5	1.1	agree
	wheelchairs, stretchers) in						
	good numbers and in						
	good condition.		2.4				· · ·
5	There is a system of	37	34	15	1	1	I strongly
	medical records that	42	38.6	17	1.1	1.1	agree
	includes written, applied,						
	well-kept and well-						
	arranged procedures in a					l	

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	safe place.						
6	The hospital achieves	31	22	12	12	9	I strongly
	speed of treatment and	36	25.6	14	14	10.5	agree
	flexibility in						
	administrative procedures.						
7	Mechanisms are in place	37	29	20	2	0	I strongly
/	to ensure the	42	33	20	2.3	0	I strongly agree
	confidentiality and	12	55	22.7	2.5	Ū	ugree
	accessibility of patient						
	information in the						
	medical record.						
8	A special patient relations	26	23	30	7	2	Neutral
	office to facilitate	29.5	26.1	34.1	8	2.3	
	communication between companions and						
	companions and physicians regarding their						
	patients' cases.						
9	The hospital has a social	13	24	39	5	7	Neutral
	worker	14.8	27.3	44.3	5.7	8	
10	The patient is educated	25	14	22	11	16	I strongly
	and trained to coexist	28.4	15.9	25	12.5	18.2	agree
	with his illness or training						
	facilities and educated the patient's condition during						
	and before discharge.						
	Total	305	292	186	50	43	876
	Ratio	35%	33%	21%	6%	5%	100%

Table 16: The result of Chi-square analysis of the first hypothesis of service recipient

No.	Phrase	Mean	Standard	Test	Degrees of	Probability	Result
			deviation	value	freedom	value	
1	The hospital provides reception and emergency services and is managed according to a fixed system and is known by service providers.	3.9318	.98021	69.386	4	.000	I agree
2	A qualified 24-hour emergency team is available.	4.0690	1.00918	54.552	4	.000	I strongly agree
3	Diagnostic services (radiology, analysis, blood bank) are available near reception and emergency services.	4.2414	.80645	39.207	3	.000	I strongly agree
4	The hospital has internal transports (trolleys, wheelchairs, stretchers) in good numbers and in good condition.	4.2159	.87689	76.432	4	.000	I strongly agree
5	There is a system of medical records that includes written, applied, well-kept and well-	4.1932	.84225	68.364	4	.000	I strongly agree

	arranged procedures in a safe place.						
6	The hospital achieves speed of treatment and flexibility in administrative procedures.	3.6279	1.37239	19.465	4	.001	I strongly agree
7	Mechanisms are in place to ensure the confidentiality and accessibility of patient information in the medical record.	4.1477	.85150	30.818	3	.000	I strongly agree
8	A special patient relations office to facilitate communication between companions and physicians regarding their patients' cases.	3.7273	1.04746	34.614	4	.000	Neutral
9	The hospital has a social worker	3.3523	1.06177	44.955	4	.000	Neutral
10	The patient is educated and trained to coexist with his illness or training facilities and educated the patient's condition during and before discharge.	3.2386	1.45424	7.568	4	.109	I strongly agree

Table 17: Descriptive analysis of the second hypothesis of service recipient

NT		scriptive anar		¥ 1		^	D 1
No.	Phrase	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Result
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	
1	The hospital has well- known procedures for medical consultation among different specialties of inpatients.	22 25.6	35 40.7	22 25.6	5 5.8	2 2.3	I agree
2	There is a regular passage of patients admitted to the hospital, recorded in date and time in the patient's file.	43 48.9	29 33	9 10.2	4 4.5	3 3.4	I strongly agree
3	Patients are given a summary of their cases upon discharge and handed out follow-up cards to the outpatient clinic.	32 36.4	30 34.1	20 22.7	5 5.7	1 1.1	I strongly agree
4	The patient is guaranteed the right to receive detailed information about his or her condition.	41 46.6	31 35.2	8 9.1	7 8	1 1.1	I strongly agree
5	The consultant is called in critical cases.	34 38.6	32 36.4	18 20.5	2 2.3	2 2.3	I strongly agree
6	The hospital has written	33.0	28	17	4	2.3	I strongly
0	and well-known hygiene	42	31.8	19.3	4.5	2.3	agree

	systems for the nutrition department during the day with supervision.						
7	The nutritional care program is under the supervision and responsibility of the specialist nutrition officer who in turn follows the hospital administration and provides food according to the doctor's instructions.	37 42.5	33 37.9	10 11.5	3 3.4	4 4.6	I strongly agree
8	The hospital provides sufficient staff to ensure the quality of services provided by the laboratory and the blood bank.	36 41.9	32 37.2	12 14	3 3.5	3 3.5	I strongly agree
9	The laboratory has schedules of results for all tests taking into account the emergency cases.	29 33.3	32 36.8	9 10.3	10 11.5	7 8	I agree
10	The laboratory has all the necessary requirements of equipment, devices, solutions and reagents	30 34.5	30 34.5	21 24.1	4 4.5	2 2.3	I strongly agree
11	The hospital provides the maximum possible health care to all patients until their condition is settled without discrimination based on age, sex, religion, race, nationality, social or economic status or special needs of any kind.	47 54	22 25.3	10 11.5	7 8	1 1.1	I strongly agree
12	The patient is guaranteed the right to receive detailed information about his or her condition	38 45.8	33 39.8	7 8.4	4 4.8	1 1.1	I strongly agree
13	The patient has the right to refuse treatment provided that the attending physician clarifies the consequences of such refusal and therefore assumes full responsibility for himself and signs the refusal.	37 42.5	27 31	17 19.5	3 3.4	33.4	I strongly agree
14	Patientsshallberespectedandtheirsecretsandinformation	49 56.3	22 25.3	16 18.4	0 0	0 0	I strongly agree

	shall be respected even after their death, unless required by law.						
15	Service providers are	45	32	6	2	2	I strongly
	committed to ethical and professional discipline and patients have the right to complain to the hospital administration	51.7	36.8	6.9	2.3	2.3	agree
16	Health services are	24	20	43	0	0	Neutral
	provided to patients with mental illness and special needs to ensure their safety.	27.6	23	49.4	0	0	
	Total	581	468	245	63	34	1391
	Ratio	42%	34%	18%	5%	2%	100%

Table 18: The result of Chi-square analysis of the second hypothesis of service recipient

No.	Phrase	Mean	Standard deviation	Test value	Degrees of freedom		Result
1	The hospital has well-known procedures for medical consultation among different specialties of inpatients.	3.8140	.96420	43.186	4	.000	I agree
2	There is a regular passage of patients admitted to the hospital, recorded in date and time in the patient's file.	4.1932	1.02675	70.864	4	.000	I strongly agree
3	Patients are given a summary of their cases upon discharge and handed out follow-up cards to the outpatient clinic.	3.9886	.96483	45.523	4	.000	I strongly agree
4	The patient is guaranteed the right to receive detailed information about his or her condition.	4.1818	.97728	68.591	4	.000	I strongly agree
5	The consultant is called in critical cases.	4.0682	.94438	54.727	4	.000	I strongly agree
6	The hospital has written and well-known hygiene systems for the nutrition department during the day with supervision.	4.0682	1.00339	51.886	4	.000	I strongly agree
7	The nutritional care program is under the supervision and responsibility of the specialist nutrition officer who in turn follows the hospital administration and provides food according to the doctor's instructions.	4.1034	1.04586	61.448	4	.000	I strongly agree
8	The hospital provides sufficient staff to ensure the quality of services provided by	4.1047	1.00621	58.302	4	.000	I strongly agree

	the laboratory and the blood bank.						
9	The laboratory has schedules of results for all tests taking into account the emergency cases.	3.7586	1.25722	33.402	4	.000	I agree
10	The laboratory has all the necessary requirements of equipment, devices, solutions and reagents	3.9425	.99249	42.943	4	.000	I strongly agree
11	The hospital provides the maximum possible health care to all patients until their condition is settled without discrimination based on age, sex, religion, race, nationality, social or economic status or special needs of any kind.	4.2299	1.01959	76.391	4	.000	I strongly agree
12	The patient is guaranteed the right to receive detailed information about his or her condition	4.2410	.89156	73.566	4	.000	I strongly agree
13	The patient has the right to refuse treatment provided that the attending physician clarifies the consequences of such refusal and therefore assumes full responsibility for himself and signs the refusal.	4.0575	1.03829	51.218	4	.000	I strongly agree
14	Patients shall be respected and their secrets and information shall be respected even after their death, unless required by law.	4.3793	.78119	21.310	2	.000	I strongly agree
15	Service providers are committed to ethical and professional discipline and patients have the right to complain to the hospital administration	4.3333	.88484	90.759	4	.000	I strongly agree
16	Health services are provided to patients with mental illness and special needs to ensure their safety.	3.7816	.85488	10.414	2	.005	Neutral

Table 19: Descriptive analysis of the third hypothesis of service recipient

No.	Phrase	Strongly agree	Agree	Neutral	Disagree	Strongly	Result
						disagree	
		Frequency (%)	Frequency	Frequency	Frequency	Frequency	
			(%)	(%)	(%)	(%)	
1	The medical staff is	52	29	4	1	2	I strongly
	keen to clean their	59.1	33	4.5	1.1	2.3	agree
	hands when serving						
	me.						
2	The hospital has all	53	29	3	1	2	I strongly

	the equipment such as medical gloves, medical masks, soaps as well as sterile solutions and used properly.	60.2	33	3.4	1.1	2.3	agree
3	The hospital will explain to me, my family and my training on infection control and dangerous areas with signs indicating them.	21 23.9	21 23.9	27 30.7	10 11.4	9 10.2	Neutral
4	The hospital implements procedures to minimize the risks (sterilization, disinfection of devices, hand washing, and methods for the disposal of infectious waste, body fluids and sharp instruments).	44 50	25 28.4	13 14.8	3 3.4	3 3.4	I strongly agree
5	The hospital is concerned with hygiene to improve the working environment, especially the patient rooms and health facilities, and the disposal of hazardous waste and materials.	53 60.2	31 35.2	2 2.3	2 2.3	0 0	I strongly agree
6	The hospital provides methods of prevention and management of fire and internal and external disasters according to known plans	29 33	21 23.9	34 38.6	3 3.4	1 1.1	Neutral
7	The environment of the hospital is free of industrial pollutants and others.	43 49.4	26 29.9	16 18.4	0 0	2 2.3	I strongly agree
	Total	295	182	99	20	19	615
		48%					

Table 20: The result of Chi-square analysis of the third hypothesis of service recipient

o. Phrase	Mean	Standard deviation	Test value	Degrees of freedom	Probability value	Result
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1	The medical staff is keen to clean their hands when serving	4.4545	.82920	114.614	4	.000	I strongly agree
	me.						agree
2	The hospital has all the equipment such as medical gloves, medical masks, soaps as well as sterile solutions and used properly.	4.4773	.81618	120.182	4	.000	I strongly agree
3	The hospital will explain to me, my family and my training on infection control and dangerous areas with signs indicating them.	3.3977	1.25524	13.818	4	.008	Neutral
4	The hospital implements procedures to minimize the risks (sterilization, disinfection of devices, hand washing, and methods for the disposal of infectious waste, body fluids and sharp instruments).	4.1818	1.03441	68.136	4	.000	I strongly agree
5	hygiene to improve the working environment, especially the patient rooms and health facilities, and the disposal of hazardous waste and materials.	4.5341	.66000	83.727	3	.000	I strongly agree
6	The hospital provides methods of prevention and management of fire and internal and external disasters according to known plans	3.8409	.96949	51.091	4	.000	Neutral
7	The environment of the hospital is free of industrial pollutants and others.	4.2414	.91455	41.046	3	.000	I strongly agree

 Table 21: Descriptive analysis of the fourth hypothesis of service recipient

No.	Phrase	Strongly	•	Neutral		<u>^</u>	Result
INO.	Fillase	Strongly	Agree	Neutral	Disagree	Strongly	Result
		agree				disagree	
		Frequency	Frequency	Frequency	Frequency	Frequency	
		(%)	(%)	(%)	(%)	(%)	
1	The hospital has a special	16	19	38	5	8	Neutral
	office for social research	18.6	22.1	44.2	5.8	9.3	
	and psychological						
	counseling and social						
	services are carried out						
	by qualified and						
	experienced people and						
	social services are						
	administered in						
	accordance with						
	applicable regulations.						
2	There is mutual trust	15	18	33	13	7	Neutral
	between hospital	17.4	20.9	38.4	15.1	8.1	
	management and patients						
	in terms of covering						
	material costs with regard						

1	to incapable cases.						
3	The hospital has a	23	34	18	7	2	I agree
	committee to examine complaints and suggestions.	27.4	40.5	21.4	8.3	2.4	
4	I am tactfully	43	33	2	6	3	I strongly
	communicated by the medical staff	49.4	37.9	2.3	6.9	3.4	agree
5	Benefiting from the	28	32	15	2	9	I agree
	patient experience as an	32.6	37.2	17.4	2.3	10.5	-
	essential supporter for						
	service providers and						
	recipients.						
	Total	125	136	106	33	29	429
	Ratio	29%	32%	25%	8%	7%	100%

Table 22: The result of Chi-square analysis of the fourth hypothesis of service recipient

No.	Phrase	Mean	Standard deviation	Test value	Degrees of freedom	Probability value	Result
1	The hospital has a special office for social research and psychological counseling and social services are carried out by qualified and experienced people and social services are administered in accordance with applicable regulations.	3.3488	1.13519	39.000	4	.000	Neutral
2	There is mutual trust between hospital management and patients in terms of covering material costs with regard to incapable cases.	3.2442	1.15744	21.907	4	.000	Neutral
3	The hospital has a committee to examine complaints and suggestions.	3.8214	1.00793	38.738	4	.000	I agree
4	I am tactfully communicated by the medical staff	4.2299	1.03093	84.667	4	.000	I strongly agree
5	Benefiting from the patient experience as an essential supporter for service providers and recipients.	3.7907	1.22826	37.140	4	.000	I agree

Table 23: Descriptive analysis of the first hypothesis of service providers

No.	Phrase	Strongly	Agree	Neutral	Disagree	Strongly	Result
		agree				disagree	
		Frequency	Frequency	Frequency	Frequency	Frequency	
		(%)	(%)	(%)	(%)	(%)	
1	The hospital provides	94	95		0	1	I agree
	reception and emergency	48	48.5		0	0.5	
	services and is managed			6			
	according to a fixed			3.1			
	system and is known by						
	service providers.						
2	A qualified 24-hour	104	67	20	4	1	I strongly
	emergency team is	53.1	34.2	10.2	2	0.5.	agree

	available.						
3	Diagnostic services (radiology, analysis, blood bank) are available near reception and emergency services.	115 58.7	70 35.7	5 2.6	4 2	2 1	I strongly agree
4	The hospital achieves speed of treatment and flexibility in administrative procedures.	48 24.5	72 36.7	35 17.9	35 17.9	7 3.6	I agree
5	The hospital has internal transports (trolleys, wheelchairs, stretchers) in good numbers and in good condition.	98 50	64 32.7	13 6.6	17 8.7	42	I strongly agree
6	There is a system of medical records that includes written, applied, reserved and well- arranged procedures in a safe and accessible.	106 53.6	73 36.9	15 7.6	2 1	2 1	I strongly agree
7	There is a training committee to develop the competence and skill of the staff, headed by an experienced person.	42 21.2	65 32.8	39 19.7	26 13.1	26 13.1	I agree
8	The presence of a suitable place and equipped with appropriate means for training in the hospital	49 24.7	73 36.9	36 18.2	24 12.1	16 8.1	I agree
9	Various functional levels are trained within the hospital and are encouraged to develop their abilities and skills.	32 16.2	55 27.9	42 21.2	39 19.7	29 14.7	I agree
10	An annual training plan covering the training needs of hospital staff according to local, regional or international commitments.	26 13.1	41 20.8	56 28.4	40 20.3	34 17.3	Neutral
11	The hospital has an integrated functional structure and includes quality management.	94 48	78 39.4	16 8.1	4 2	6 3	I strongly agree
12	The hospital benefits from the patient experience.	67 35.3	62 32.6	40 20.3	13 6.8	8 4.2	I strongly agree
13	The hospital works to improve communication between service providers and recipients.	72 37.5	65 33.9	36 18.2	15 7.8	4 2	I strongly agree

14	There is information management in the	77 41.6	83 44.9	14 7.6	8 4.2	3 1.6	I agree
	hospital.		,	7.0	7.2	1.0	
15	The hospital has an	90	78	19	7	3	I strongly
	effective safety system including fire alarms and evacuation plans.	45.7	39.4	9.6	3.6	1.6	agree
16	The hospital has plans for	55	87	35	17	2	I agree
	continuous improvement in all existing departments and the introduction of new departments to accommodate existing diagnostic equipment.	27.9	44.4	17.0	8.7	1	
17	The hospital staff works	64	63	36	25	9	I strongly
17	as a team in the light of an understanding of all plans and activities achieved for the overall quality.	32.5	32	18.2	12.7	4.6	agree
18	Usually, a service	54	80	34	15	3	I agree
	provider immediately reports a medical error to improve the quality of the work.	29	43	18.3	7.8	1.6	
19	I find a fair and	20	35	34	52	51	Disagree
	rewarding financial return.	10.4	17.0	17.7	27.1	26.6	-
	Total	1307	1306	531	346	211	3701
	Ratio	35%	35%	14%	9%	6%	100%

Table 24: The result of the Chi-square analysis of the first hypothesis of service providers

No.	Phrase	Mean	Standard deviation	Test value	Degrees of freedom	Probabili ty value	Result
1	The hospital provides reception and emergency services and is managed according to a fixed system and is known by service providers.	4.4337	.60822	169.265	3	.000	I agree
2	A qualified 24-hour emergency team is available.	4.3724	.79036	205.071	4	.000	I strongly agree
3	Diagnostic services (radiology, analysis, blood bank) are available near reception and emergency services.	4.4898	.74068	267.520	4	.000	I strongly agree
4	The hospital achieves speed of treatment and flexibility in administrative procedures.	3.6122	1.13799	57.010	4	.000	I agree
5	The hospital has internal transports (trolleys, wheelchairs, stretchers) in good numbers and in good condition.	4.1990	1.03091	165.582	4	.000	I strongly agree

6	There is a system of medical records that includes written, applied, reserved and well- arranged procedures in a safe and accessible.	4.4091	.76026	226.192	4	.000	I strongly agree
7	There is a training committee to develop the competence and skill of the staff, headed by an experienced person.	3.3586	1.30897	25.788	4	.000	I agree
8	The presence of a suitable place and equipped with appropriate means for training in the hospital	3.5808	1.21373	50.939	4	.000	I agree
9	Various functional levels are trained within the hospital and are encouraged to develop their abilities and skills.	3.1117	1.30842	10.487	4	.033	I agree
10	An annual training plan covering the training needs of hospital staff according to local, regional or international commitments.	2.9239	1.27747	12.365	4	.015	Neutral
11	The hospital has an integrated functional structure and includes quality management.	4.2626	.91890	186.545	4	.000	I strongly agree
12	The hospital benefits from the patient experience.	3.8789	1.09886	77.526	4	.000	I strongly agree
13	The hospital works to improve communication between service providers and recipients.	3.9688	1.03300	93.052	4	.000	I strongly agree
14	There is information management in the hospital.	4.2054	.87909	168.703	4	.000	I agree
15	he hospital has an effective safety system including fire alarms and evacuation plans.	4.2437	.88151	173.635	4	.000	I strongly agree
16	The hospital has plans for continuous improvement in all existing departments and the introduction of new departments to accommodate existing diagnostic equipment.	3.8980	.94451	112.980	4	.000	I agree
17	The hospital staffs work as a team in the light of an understanding of all plans and activities achieved for the overall quality.	3.7513	1.17111	58.508	4	.000	I strongly agree
18	Usually, a service provider immediately reports a medical error to improve the quality of the work.	3.8978	.96719	101.796	4	.000	I agree
19	I find a fair and rewarding financial return.	2.5885	1.33125	18.573	4	.001	Disagree

Table 25: Descriptive analysis of the second hypothesis of service providers

No.	Phrase	Strongly	Agree	Neutral	Disagree	Strongly	Result
		agree				disagree	

		Frequency	Frequency	Frequency	Frequency	Frequency	
		(%)	(%)	(%)	(%)	(%)	
1	There is an accredited program and approved by the hospital administration in infection control.	59 29.5	86 43	38 19	13 6.5	4 2	I agree
2	The hospital has all equipment such as medical gloves, medical masks, soaps as well as sterile solutions.	112 56	79 39.5	7 3.5	2 1	0 0	I strongly agree
3	The hospital is trained in infection control and hazardous areas and signs are available.	58 29.3	72 36.4	30 15.2	25 12.6	13 6.5	I agree
4	The hospital implements procedures to minimize risks (isolation and reporting of infectious conditions, sterilization, disinfection of devices, hand washing, methods of disposal of infectious waste, body fluids and sharp instruments).	83 41.7	92 46.2	17 8.5	5 2.5	21	I strongly agree
5	Emergency generator available.	118 61.1	62 32.1	10 5.2	1 5	2 1	I strongly agree
6	The hospital provides The hospital provides fire prevention and disaster management methods according to well-known plans.	79 39.9	75 37.9	21 10.6	21 10.6	21	I strongly agree
7	The hospital is concerned with hygiene to improve the working environment, especially the patient rooms and health facilities and the disposal of hazardous waste and materials.	P17 58.5	67 33.5	9 4.5	5 2.5	21	I strongly agree
	Total	626	533	132	72	25	1388
	Ratio	45%	38%	10%	5%	2%	100%

No.	Phrase	Mean	Standard deviation	Test value	Degrees of freedom	Probability value	Result
1	There is an accredited program and approved by the hospital administration in infection control.	3.9150	.96041	112.650	4	.000	I agree
2	The hospital has all equipment	4.5050	.61797	176.760	3	.000	I strongly

	such as medical gloves, medical masks, soaps as well as sterile solutions.						agree
3	The hospital is trained in infection control and hazardous areas and signs are available.	3.6919	1.20533	60.636	4	.000	I agree
4	The hospital implements procedures to minimize risks (isolation and reporting of infectious conditions, sterilization, disinfection of devices, hand washing, methods of disposal of infectious waste, body fluids and sharp instruments).	4.2513	.79594	194.744	4	.000	I strongly agree
5	Emergency generator available.	4.5181	.71511	270.031	4	.000	I strongly agree
6	The hospital provides The hospital provides fire prevention and disaster management methods according to well-known plans.	4.0505	1.01134	124.020	4	.000	I strongly agree
7	The hospital is concerned with hygiene to improve the working environment, especially the patient rooms and health facilities and the disposal of hazardous waste and materials.	4.4600	.78196	257.200	4	.000	I strongly agree

Table 27: Descriptive analysis of the third hypothesis of service providers

No.	Phrase	Strongly		Neutral	Disagree		Result
INO.	rmase	Strongly	Agree	Ineutial	Disagree	Strongly	Kesuit
		agree		-		disagree	
		Frequency	Frequency	Frequency	Frequency	Frequency	
		(%)	(%)	(%)	(%)	(%)	
1	The hospital has well-	54	79	47	13	2	I agree
	known procedures for	27.7	40.5	24.1	6.7	1	
	medical meetings to						
	discuss clinical cases.						
2	The hospital has well-	62	100	25	6	1	I agree
	known procedures for	32	51.5	12.9	3,1	5.0	-
	medical consultation						
	among the different						
	specialties of inpatients						
3	There is a regular	86	90	18	2	0	I agree
	passage of patients	43.9	45.9	9.2	1	0	U
	admitted to the						
	hospital, recorded in						
	date and time in the						
	patient file						
4	Patients are given a	89	83	16	4	2	I strongly
	summary of their cases	45.9	42.8	8.2	2.1	- 1	agree
	upon discharge and	15.9	12.0	0.2	2.1	1	ugree
	handed out follow-up						
	cards to the outpatient						
	clinic.						
5	The consultant is called	109	62	11	8	0	I strongly
	in critical cases.	57.4	32.6	5.8	4.2	0	agree

6	The hospital provides the maximum possible health care to all patients until their condition is settled without discrimination based on age, sex, religion, nationality, social or economic status or special needs of any kind.	101 52.1	66 34	16 8.2	7 3.6	4 2.1	I strongly agree
7	The patient is guaranteed the right to receive detailed information about his or her condition	96 48.7	76 38.6	18 9.1	6 3	1 5.0	I strongly agree
8	The patient has the right to refuse treatment provided that the attending physician clarifies the consequences of such refusal and therefore assumes full responsibility for himself and signs the refusal.	98 50.3	61 31.3	31 15.9	5 2.6	0 0	I strongly agree
9	I respect the patients and keep their secrets and information even after their death unless the legal necessity requires it.	116 58.9	57 28.9	17 8.6	5 2.6	2 /1	I strongly agree
10	Service providers are committed to ethical and professional discipline and patients have the right to complain to the hospital administration.	90 45.5	74 37.4	10 5.1	23 11.6	1 5.0	I strongly agree
11	The health service is provided to patients with mental illness and special needs to ensure their safety.	55 28.1	76 38.8	40 20.4	22 11.2	3 1.5	I agree
`12	The nutritional care program is under the supervision and responsibility of the competent nutrition officer who in turn follows the hospital administration and provides food as instructed by the	92 46.2	86 43.2	10 5	7 3.5	4 2	I strongly agree

	doctor.						
13	The hospital has an integrated therapeutic	80 40.4	74 37.4	26 13.1	13 6.6	5 2.5	I strongly agree
	feeding unit built according to engineering and health specifications			1011			ug. ee
14	A medical check-up is carried out under the supervision of the hospital according to a specific program known to all kitchen staff	58 29.7	60 30.8	54 27.7	15 7.7	8 4.1	I agree
15	The hospital has written and well- known hygiene systems for the nutrition department during the day with supervision.	68 35.2	69 35.8	38 19.7	15 7.7	3 1.6	I agree
16	The hospital has an integrated laboratory in accordance with the standard engineering specifications for laboratories and blood banks and provides all the needs of equipment, devices, solutions and reagents	78 39.6	73 37.1	27 13.7	19 9.6	0 0	I strongly agree
17	The laboratory has schedules of results for all tests taking into account the emergency cases	53 27	71 36.2	31 15.8	31 15.8	10 5	I agree
18	The hospital provides sufficient staff to ensure the quality of services provided by the laboratory and blood bank	62 31.5	73 37.1	35 17.8	22 11.2	5 2.5	I agree
19	A system of ordering the list of operations taking into account age, infection, diabetes and emergency. There is also a checklist for surgical procedures to prevent any medical error	63 32	78 39.6	44 22.3	7 3.6	5 2.5	I agree
20	The existence of written procedures explaining the system of work within the	73 36.7	92 46.2	27 13.6	6 3	1 5.0	I agree

	processes including (registration of vital signs, giving blood, infection control and pollution prevention, safety and security and prevention).						
21	Availability of all equipment according to the type of operations performed in the operating room	68 34.9	85 43.6	29 14.9	13 6.7	0 0	I agree
22	All types of radiology are available within the hospital and with the required engineering specifications	58 29.6	86 43.9	23 11.7	25 12.8	4 2	I agree
	Total	1709	1671	593	274	61	4308
	Ratio	40%	39%	14%	6%	1%	100%

Table 28: The result of the Chi-square analysis of the third hypothesis of service providers

No,	Phrase	Mean	Standard deviation	Test value		Probability value	Result
1	The hospital has well-known procedures for medical meetings to discuss clinical cases.	3.8718	.93001	100.872	4	.000	I agree
2	The hospital has well-known procedures for medical consultation among the different specialties of inpatients	4.1134	.78028	179.866	4	.000	I agree
3	There is a regular passage of patients admitted to the hospital, recorded in date and time in the patient file	4.3265	.68351	126.939	3	.000	I agree
4	Patients are given a summary of their cases upon discharge and handed out follow-up cards to the outpatient clinic.	4.3041	.79198	194.814	4	.000	I strongly agree
5	The consultant is called in critical cases.	4.4316	.78549	144.947	3	.000	I strongly agree
6	The hospital provides the maximum possible health care to all patients until their condition is settled without discrimination based on age, sex, religion, nationality, social or economic status or special needs of any kind.	4.3041	.91916	189.454	4	.000	I strongly agree
7	The patient is guaranteed the right to receive detailed information about his or her condition	4.3198	.80449	192.670	4	.000	I strongly agree

8	The patient has the right to refuse treatment provided that the attending physician clarifies the consequences of such refusal and therefore assumes full responsibility for himself and signs the refusal.	4.2923	.82593	98.559	3	.000	I strongly agree
9	I respect the patients and keep their secrets and information even after their death unless the legal necessity requires it.	4.4213	.83309	235.056	4	.000	I strongly agree
10	Service providers are committed to ethical and professional discipline and patients have the right to complain to the hospital administration.	4.1566	.99783	160.737	4	.000	I strongly agree
11	The health service is provided to patients with mental illness and special needs to ensure their safety.	3.8061	1.01938	81.908	4	.000	I agree
`12	The nutritional care program is under the supervision and responsibility of the competent nutrition officer who in turn follows the hospital administration and provides food as instructed by the doctor.	4.2814	.87109	203.638	4	.000	I strongly agree
13	The hospital has an integrated therapeutic feeding unit built according to engineering and health specifications	4.0657	1.01298	123.869	4	.000	I strongly agree
14	A medical check-up is carried out under the supervision of the hospital according to a specific program known to all kitchen staff	3.7436	1.09163	65.744	4	.000	I agree
15	The hospital has written and well-known hygiene systems for the nutrition department during the day with supervision.	3.9534	1.00151	93.606	4	.000	I agree
16	The hospital has an integrated laboratory in accordance with the standard engineering specifications for laboratories and blood banks and provides all the needs of equipment, devices, solutions and reagents	4.0660	.95869	56.868	3	.000	I strongly agree
17	The laboratory has schedules of results for all tests taking into account the emergency cases	3.6429	1.18322	55.837	4	.000	I agree
18	The hospital provides	3.8376	1.07096	79.827	4	.000	I agree

	sufficient staff to ensure the quality of services provided by the laboratory and blood bank						
19	A system of ordering the list of operations taking into account age, infection, diabetes and emergency. There is also a checklist for surgical procedures to prevent any medical error	3.9492	.95696	109.168	4	.000	I agree
20	The existence of written procedures explaining the system of work within the processes including (registration of vital signs, giving blood, infection control and pollution prevention, safety and security and prevention).	4.1558	.80457	166.804	4	.000	I agree
21	Availability of all equipment according to the type of operations performed in the operating room	4.0667	.87383	68.774	3	.000	I agree
22	All types of radiology are available within the hospital and with the required engineering specifications	3.8622	1.04582	108.337	4	.000	I agree

Table 29: Descriptive	analysis of the	e fourth hypothesis	of service providers

No.	Phrase	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Result
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	
1	The hospital has a special office for social research and psychological counseling and social services are carried out by qualified and experienced people. Social services are administered in accordance with applicable regulations.	32 16.3	50 25.5	53 27	35 17.9	26 13.3	Neutral
2	There is mutual trust between hospital management and patients in terms of covering the material costs of incapable cases.	31 15.8	47 24	59 30.1	42 21.4	17 8.7	Neutral
3	The hospital has a committee to	67 34.2	77 39.3	33 16.8	14 7.1	5 2.6	I agree

	examine complaints and suggestions						
4	There is a training program for staff on patient satisfaction and communication skills	37 18.7	53 26.8	36 18.2	33 16.7	39 19.7	I agree
5	Benefiting from the patient experience as an essential supporter for service providers and recipients	40 20.3	65 33	43 21.8	16 8.1	33 16.8	I agree
	Total	207	292	224	140	120	983
	Ratio	21%	30%	23%	14%	12%	100%

Table 30: The result of the Chi-s	square analysis of the f	fourth hypothesis of servic	e providers
	square analysis of the		e providero

No.	Phrase	Mean	Standard	Test	Degrees of	Probability	Result
			deviation	value	freedom	value	
1	The hospital has a special office for social research and psychological counseling and social services are carried out by qualified and experienced people. Social services are administered in accordance with applicable regulations.	3.1378	1.26750	14.051	4	.007	Neutral
2	There is mutual trust between hospital management and patients in terms of covering the material costs of incapable cases.	3.1684	1.18850	26.041	4	.000	Neutral
3	The hospital has a committee to examine complaints and suggestions	3.9541	1.01422	103.184	4	.000	I agree
4	There is a training program for staff on patient satisfaction and communication skills	3.0808	1.40468	6.141	4	.189	I agree
5	Benefiting from the patient experience as an essential supporter for service providers and recipients	3.3198	1.34174	31.909	4	.000	I agree

5. Discussion

From the descriptive analysis and Chi-square test of the first hypothesis of the sample of the service recipient, the study proved that there were significant differences at the level of (0.05) between achieving the total quality management and applying the national accreditation standards for management (reception and organization of the hospital, medical records, training and education, quality) at Royal Care International Hospital, this result was consistent with the result obtained by Ibrahim (2017), who concluded that the speed of delivery and the level of response provided to the beneficiary by the service provider at Rabak Hospital were good for the response. This finding also coincided with the finding obtained by Al-Haidari (2001) who found that there was a positive trend in improving the level of health services provided and in-patient satisfaction with the efficiency of hospital management and the speed of reception procedures and treatment. The results of present study were in disagreement with the results of Karadasha (2012), who concluded that there was no statistically significant relationship between the application of TQM principles and medical records. From the descriptive analysis and Chi-square test of the second hypothesis of the sample of the service recipient, the study showed that there were significant differences at the level of (0.05) between

achieving total quality management and applying the national accreditation criteria for patient care (clinical practices, nutritional care, laboratory and blood bank, human rights) at Royal Care International Hospital. This finding was consistent with the finding of the Karadasha (2012), who found a statistically significant relationship with the standard of patient rights and health care. Also, the present study was coincided with the study done by Ibrahim (2017), who concluded the service providers' policy and their ability to inspire confidence and reassurance among patients. The results of this study were consistent with the results of Al-Haidari (2001), who found that there was improvement in level of medical services which provided. When using the descriptive analysis and Chi-square test for the third hypothesis of the sample of the service recipient, the study showed that there were significant statistical differences at the level of (0.05) between achieving total quality management and applying the national accreditation standards for safety and patient safety (control of hospitalacquired infections, environmental safety) at Royal Care International Hospital, this finding was incompatible with the finding obtained by Ibrahim (2017), who found that the physical elements of the dimension of tangibility (buildings, equipment, health facilities and staff appearance) at Kosti and Rabak Hospital were weak and fell short of the expectations and level of ambition of service beneficiaries. The results of this study coincided with the result of Karadasha (2012) who found a statistically significant relationship with regard to the standard of training and education and the application of the principles of total quality management. The results of the present study were in line with the results of Al-Haidari (2001) who concluded that there was a positive trend in improving the level of health services provided and the satisfaction of the inpatients with the efficiency of the cleanliness of the hospital and its facilities. From the descriptive analysis and the Chi-square test of the fourth hypothesis of the sample of the service recipients, the study showed that there were significant statistical differences at the level of (0.05) between achieving the total quality management and applying the national accreditation standards for social services (social support). This finding was incompatible with finding of Al-Haidari (2001), who found that there was a positive trend in improving the level of health services provided and the satisfaction of inpatients with the level of prices and treatment fees. From the descriptive analysis and the Chisquare test of the first hypothesis of the sample of service providers, the study proved that there were significant statistical differences at the level of (0.05) between achieving total quality management and applying the national accreditation standards for management (reception and organization of the hospital, medical records, training and education, quality). This result was in line with the result obtained by Ibrahim (2017), who concluded that technical training programs were put in place to increase the skill of workers in accomplishing work through merit, measure and

credibility, and that the management of the health facility was working to raise the level of quality of health services provided to patients by providing services on time. The results of this study also coincided with the results of Karadasha (2012), who concluded that training and educating employees had the most important role in their awareness and awareness of the importance of applying these standards and informing them of the objectives of the institution and their knowledge of the job description of each category according to their specialization and their awareness of regulations and laws followed by the hospital. From the descriptive analysis and the Chi-square test of the second hypothesis of the sample of service providers, the study showed that there were significant statistical differences at the level (0.05) between achieving total quality management and applying the national accreditation standards for safety and patient safety (control of hospitalacquired infection, safety of the environment). This finding was consistent with the finding of Ibrahim (2017). The results of the present study also coincided with the results obtained by Karadasha (2012), who concluded that the training of workers had the most important role in their awareness and awareness of the importance of applying the standards in order to their safety and provide a safe and healthy work environment for them and achieve their high goal for the safety of patients and their environment from risks. When using descriptive analysis and Chi-square test analysis for the third hypothesis of the sample of service providers, the study showed that there were significant statistical differences at the level (0.05) between achieving total quality management and applying the national accreditation standards for patient care (clinical practices, patient rights, nutritional care, Laboratory, radiology, surgical procedures). This finding was consistent with the finding of Karadasha (2012), who found a statistically significant relationship with regard to the standard of patient rights, health care and the achievement of total quality management. It also coincided with the finding of Ibrahim (2017), who concluded the service providers policy and their ability to inspire confidence and reassurance among patients. Responding to and providing immediate service to patients and informing them of the times of service provided by the management had a profound impact on the quality of the provided. When using descriptive analysis and Chi-square test for the fourth hypothesis of the sample of service providers, the study showed that there were statistically significant differences at the level (0.05) between achieving total quality management and applying the national accreditation standards for social services (social support). This finding was incompatible with finding of Al-Haidari (2001) in that there was a positive trend in improving the level of health services provided and the satisfaction of inpatients on the level of prices and treatment fees. Also, the results from the present study were in agreement with the study done by Ibrahim (2014) who conducted plan for quality assurance by determine work problems, analysis and

6. Conclusion

The study concluded that there was a statistically significant relationship at the level of significance (0.05) between the achievement of total quality management and the implementation of national accreditation standards for management (reception and organization of the hospital, medical records, training and education, quality) and safety and patient safety (control of infections acquired from hospitals, environmental safety) and patient care (clinical practices, patient rights, nutritional care, laboratory, radiology, surgical procedures) and social services (social support) for both service providers and recipients (patient and co-patient) at Royal Care International Hospital.

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