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Extent of application of health service quality management standards in Saudi private hospitals

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Abstract:

This study aims to identify the application of Saudi private hospitals and the difficulties they face in the application of total quality management. To achieve the objectives of this study, a questionnaire related to the study variables was designed. Total quality management is applied, and the results also showed that private hospitals face difficulties in applying total quality management.. Based on the results of the study, the researcher recommended a set of recommendations, the most important of which were: the need to achieve integration between the various governmental and private health institutions in order to distribute the burden of caring for patients to government hospitals to ensure the quality of health services provided to patients, and to support health research based on improving The work environment within health institutions in general and hospitals in particular due to their vital and important role, in addition to the interest in health and administrative training and training in the government sector, especially with regard to doctors and health staff, and their involvement in administrative processes until the doctor turns from a person not concerned with the quality of health services he provides to An administrator who exercises real control over the management of the existing resources.

Key Words:

Quality management - health services - health institutions.

Introduction

Health institutions are witnessing a radical shift towards quality due to the remarkable shift in patients' desire for the best. Therefore, it is necessary for those interested in health services to carry out a technological, knowledge and service development that reflects the needs and demands for what is best for patients in a good way, and also focuses on meeting these needs, improves performance, and explains the extent of interest witnessed by the health services sector.

Quality is not a casual matter, rather it is a result of high-level interest and good direction, and it is the fruit of sincere efforts and brilliant implementation. We can say that quality represents the wise choice among many options. The most important and sensitive aspects of his life, and the duty requires workers in the health sector to provide the best possible level of health care in the safest and most efficient way, seeking to communicate the pleasure of God Almighty first, and then achieving the satisfaction of the recipient of the service and meeting his needs. Secondly, in the health field, the issue acquires another important dimension, which is that The health field is the person himself, who visits health facilities primarily seeking reassurance, and here we must increase this reassurance as we guarantee him the quality of health services that will be provided to him and constitute the commitment of the senior management. (Balasubramanian. M, 2016, p.23).

In health institutions, the application of quality policies is the most important factor for the success of quality projects. Therefore, work in this field begins to spread the culture of quality among workers by conducting seminars and courses through which a deep understanding of the concept of quality in the health field is made, after that it becomes easy to take steps The next step is to form a quality team in every health institution, and then start field work, which will always have the opportunity to achieve the best performance.

According to Vision 2030, the development of the health sector is one of the most important priorities of this vision. Where the health system is witnessing a change in orientation due to

medical errors that have spread in recent periods, where quality has played an important role in changing patients' preferences, increasing their awareness and interest, and defining responsibilities. On the other hand, we must be aware that the absence of accurate standards and measures to assess the efficiency of the health sector may lead to the deterioration of the services provided or their provision in a random manner, and these services cannot be measured due to their lack of availability and whether they are provided correctly or not. Medical sciences are witnessing a rapid technical development to build a system that ensures that patients have their own health care. Thanks to quality management, it has been transformed into a more responsive and less complex care, as well as improving the quality of health services.

The health sector and health services enjoy advantages and characteristics, the most important of which is the principle of non-profitability, the presence of a large group of medical professionals, and high levels of efficiency that make medicine committed to improving and ensuring quality, and health institutions must support it, and it is difficult for health institutions to adopt the same standards and concepts applied in other services. Because it does not correspond to the specified and also because health services are linked to human life goals. Thus, achieving development depends on participation and coordination with all levels in accordance with the principle of teamwork and with the support and commitment of the senior management and medical staff of the hospital. It is the continuous pursuit towards achieving the patient's requirements at the lowest possible cost, which includes three basic points: the first is achieving quality from the patient's point of view, which can be verified by measuring patient satisfaction, and the second is achieving quality from the professional point of view, which is providing the best services according to the latest scientific methods. And professional

The third is focused on quality from the point of view of administrators, and it mainly means how to use the available resources and the ability to attract more resources to cover the needs necessary to provide a distinguished service. Effective and supportive works to consolidate these new concepts, in addition to that requires.

Study importance:

The importance of this study can be identified in these points next:

- Raising the level of health services by enhancing the culture of workers, which in turn is reflected in the quality management of health services in private hospitals.
- Analyzing and studying the credibility that leads to improving the performance of the health service.
- The importance of supporting higher departments that affect service quality and dealing with them positively so that we can improve the service provided to patients.
- Knowing the needs that customers (patients) need in private hospitals as a first step, addressing them and finding appropriate solutions for them.

Study objectives:

This study aims to achieve a primary objective, which is to identify the impact of quality management on the performance of health services in Saudi private hospitals, by achieving a number of sub-objectives, which can be identified as follows. :

- Identifying the culture of workers and its impact on the quality and performance of services in Saudi private hospitals.
- Recognizing the dimension of credibility as one of the ways to reach a high level of service.
- Identifying the support of senior management for many decisions and means that contribute to raising the level of quality management and the extent to which health services performance is improved in Saudi private hospitals.
- Determining customer needs as one of the factors used in determining the level of quality of health services.

Literature review:

First: Quality of Services:

What is the service and its characteristics:

There are many concepts that define quality, including:

It is defined as: “an intangible product that provides direct benefits and benefits to the customer as a result of applying or using human or mechanical effort or energy on specific and specific people or things, and the service cannot be physically acquired or consumed”. (Tortorella, G., Giglio, R., & van Dun, D. H, 2018, p33)

And it is: “Any act or performance that can be achieved by one party to another party and is an intangible gem, and does not result in any ownership and that its production may or may not be linked to material production” (Charles, Omwenga, 2017)

And it is: "a human activity that takes place through the provision of benefits, so that this activity is intangible and is not acquired and owned."

The service is characterized by main characteristics that make it distinct from the commodity, which can be identified as follows:

Intangible: It means that it is not possible to choose it, see it, touch it, or hear it before it is purchased, especially for that person who does not have previous experience in the intended service.

Correlation: The service is generally associated with the process of direct consumption, as the product can go through the stages of manufacturing, storage and sale, and then it is consumed in a final stage, while the service represents a state of consumption linked to the time of its production, i.e. it is produced, sold, consumed or used at the same time.

Variation: It is sometimes difficult to maintain a single level of standardization in the outputs of the same service provided to the consumer, and perhaps this is due to the determinants affecting the inputs of service follow-up represented by the materials, timing, speed, and tools used.

Loss: It is that the service cannot be stored and kept for a period of time, and that it does not exceed the time of the demand achieved for it, especially if the demand is volatile.

Non-ownership: This means that the service can be used, but it is not possible to have the right to own it when it is obtained.

What is quality of service and its importance:

There are many definitions regarding quality of service due to the different needs and expectations of customers when searching for the required quality of service, as well as the difference in judging the quality of service, and among these definitions:

It is: “That quality includes the procedural dimension and the personal dimension as important dimensions in providing high-quality service, where the procedural aspect consists of the specific systems and procedures for providing the service, while the personal aspect of the service is how the workers interact with their attitudes, behaviors, and verbal practices with customers” ([4]).

And that: “It is the quality of services provided, whether expected or perceived, that is, what customers expect or realize in actual reality, and it is the main determinant of customer satisfaction or dissatisfaction, as it is considered at the same time one of the main priorities that increase the level of quality in its services. (Cool, K., & Schendel, D, 2012, p22).

The quality of service is of great importance for institutions that aim to achieve success and stability, and the importance of quality in service provision lies in the following:

Growth in the field of service: The number of institutions that provide services has increased. For example, half of American institutions are related to providing services. In addition, service institutions are still growing and continuing.

Increased competition: The increase in the number of service institutions will lead to intense competition between them. Therefore, relying on the quality of service will give these institutions many competitive advantages.

Understanding Customers: Customers want to be treated well and hate dealing with service-focused organizations. It is not enough to provide quality service at a reasonable price without providing good treatment and greater understanding of customers.

The economic significance of quality of service: Service institutions are currently focusing on expanding their market share. Therefore, institutions should not strive to attract new customers, but they must also maintain existing customers. To achieve this, more attention must be paid to the level of service quality. (Beckworth, 2015, p11).

Comprehensive quality in health services:

The history of interest in the quality of health care dates back to 1860 when Florence Nightingale developed quality assurance programs by establishing a unified system for collecting and evaluating hospital statistics, and her statistics showed that death rates vary greatly from one hospital to another. Codman is considered one of the pioneers in evaluating the quality of health care. In 1916 he studied the final results of health care. His famous study confirmed the same issues that are discussed today when examining the quality of health services, including:

- The importance of licensing service providers.

Institutional accreditation.

- The need to take into account the severity of the stage of the disease.
- The health and behavior of the patient.
- Economic obstacles to receiving the service.

In 1955, the Joint Commission in the United States put pressure on the concept of medical auditing, and in January of 1981 the Joint Commission applied a new standard for quality

assessment. This standard requires that the hospital's activities be integrated into one audit system, and the standard requires that the hospital have a quality assurance plan. At the end of 1986, the Joint Committee launched a new project entitled the Change Table. The aim of this program was to improve the output monitoring and evaluation process that would help health care institutions improve the quality of their services. (Budair, 2002, P 76.) As for Jordan, quality assurance programs started late compared to developed countries. In 1992, contacts began between the Ministry of Health and the United States Agency (USAID), where the ministry requested a workshop on quality assurance to be held in order to present the concept to those concerned. In this field. Twenty-five officials from the Ministry of Health attended this symposium. The workshop made several recommendations, including the establishment of a central unit in the Ministry of Health to be responsible for quality assurance. In 1993 a new department was established called the Directorate of Quality Control and Control. The most important reasons behind the establishment of this directorate were the following:

- Ensure optimal use of the resources available to the Ministry of Health.
- To set standards for financial, administrative and technical performance.
- To raise the level of health services and to achieve this goal, a scientific day was held in Al-Bashir Hospital, one of the largest government hospitals in Jordan, under the auspices of the Minister of Health and was attended by the working and executive directors of the Ministry of Health in addition to employees in other health institutions. On quality assurance activities, in this regard, eight courses were conducted related to the following topics: the concept of quality, basic skills for quality assurance, team building skills, problem-solving techniques, setting standards, customer service quality, and other skills, and training senior management managers on quality assurance. The Ministry of Health has given full attention to the issue of quality assurance and control through the establishment of a specialized directorate in this field in an effort to improve quality, reduce costs and raise the level of performance of health service providers.

And quality in health services refers to creating a work environment by health leaders to enhance the conviction of health workers for their right with ideal work and access to consumers' conviction. (Maxwell & Temin, 2003) indicated that the latest concept of quality in health care expresses the degree to which health services operate. To promote and move towards achieving the desired health results that are compatible with the scientific and professional knowledge of the medical staff and that this concept means that quality improvement should focus on the knowledge and practices of doctors and on the processes of care that are based on the provision of health services by health care organizations.

(Kovner, 1999) points out that the quality of health care aims to maintain and preserve the health response, and that it is provided in the appropriate location in a manner that satisfies patients. The dimensions of quality in health services are summarized as follows:

1. Technical competence:

It means the technical skills and capabilities and the correct and consistent actual performance of health service providers, administrators and auxiliary cadres. Competence for health cadres means the ability to perform preventive, curative and advisory services. As for the competency of administrators, it means competence in supervision, training and problem-solving. As for auxiliary cadres, it depends on the job description. The skills required of a radiology technician differ from those of a laboratory technician, and competence is measured by the extent to which technical performance conforms to the required technical standards and specifications.

2. Easy access to services

This dimension is considered one of the most important dimensions, because the difficulty of accessing the hospital leads to an increase in preventable diseases and deaths, and the ease of access to services means that there are no obstacles (geographical, physical, social, institutional or linguistic) that stand in the way of accessing the service. Geographical access is measured by the availability of transportation, the distance and the time required to reach the health service or

any natural obstacles that prevent the patient from accessing the health service. As for physical access, it means the ability to purchase the health service. As for social access, it means the patients' acceptance of the provided health service that does not contradict with Values, beliefs and traditions. As for the institutional access, it means the system of the health institution to receive the patients with regard to the number of clinic hours, the appointment system, the waiting time, and the method of providing the service. As for the language access, it means that the services are available in the citizen's language and in a nice and clear way that he can understand.

3. Effectiveness:-

It means the extent to which the desired results are obtained from the applied procedure, and it is measured by dividing the results by the inputs.

4. The relationship between individuals:

It means the interaction between the auditors and the health team, as well as between the administrators and the health teams, and between the health team and the community. Good relationships inspire trust and credibility by showing respect, maintaining confidentiality, courtesy, responsiveness, kindness, and listening. Steady good relationships contribute to the success of health advice and patient response to medical instructions. Bad relationships It works to weaken the effectiveness of good health service and may lead to the patient's reluctance to request this service.

5. Efficiency in using resources:-

This means providing the best health care to the community by achieving the greatest benefit within the available resources. Efficiency affects the service output and its cost, especially since health resources are usually limited and require the provision of necessary and correct services and the avoidance or reduction of unnecessary and wrong services.

6. Continuity:-

It is intended to provide various necessary health services without interruption or interruption, and it can mean that a single patient always sees the same doctor, who knows his medical history. In some cases, continuity means keeping correct medical files that enable the new doctor to know the patients' medical history and follow up on their treatment. Continuity is necessary because its interruption puts health care at risk and lowers the level of quality, which leads to an exacerbation of the relationship between the patient and the health team.

7. Health Safety:-

It is intended to reduce the risk of exposure to injuries and infections as well as side effects or any risks related to health services, and these procedures include the patient and the health team.

8. Luxuries:-

It refers to the elements of services that have nothing to do with medical procedures, but which increase patients' demand, satisfaction, and their return to health service, and their willingness to pay for this service. The luxuries include the appearance of the external building, amenities, privacy and the availability of some devices that amuse the reviewers.

As for the concept of total quality management in health services, it refers to three points of view that are complementary to each other, which is inclusiveness: a process at the level of the organization that includes every person in the organization, quality. Only the commitment and pledge of senior management to quality objectives only, but to work on actual integration into it or adoption (Nwabueze, 2001). The basics of total quality management in the health sector include strengthening systems and processes, encouraging workers to participate and doing teamwork to solve problems, recommending continuous improvement by empowering workers, developing and making decisions based on objective information, improving communication and coordination between organizational units and the health institution, and leadership commitment and commitment. To work towards quality of service.

Berwick has laid out ten key lessons from leading theories of quality for application in health care: Use quality improvement tools in health care: These tools help problem teams focus on a specific problem, rather than the whole system, and enable them to measure and understand process functions.

1. The importance of forming joint teams from all levels of health functions: to improve the quality of service, which helps the organization to understand the interrelated and interrelated relationships between operations, and shows the simultaneous changes that we need in the various procedures to reach the desired result.
2. Using the data collection method to improve the quality of health care: Hospitals collect a lot of data, and new analytical methods can be applied to process this data and benefit from the results.
3. The means of improving quality are fun to use: the pleasure of using the new methods, namely: team formation - scientific experiments - scientific analyses, the relationship between the health team and the beneficiaries - celebrations of improvement instead of the old methods - standards - inspection - monitoring - blame - incentives.
4. High cost of low quality. The savings of applying the quality program: the hidden cost is high in health care (waste cost, redundancies, excess services, unreliability, complexity of procedures, and too many orders) as well as in industry.
5. It is difficult for physicians to absorb the improvement process because of their preoccupation with their work, but it is necessary because of the importance of their role in improvement. "They can build and destroy improvement efforts."
6. Emergence of the importance of training: All cadres must be trained in order to improve, and this applies to managers, chiefs and teams.
7. Early interest in improving administrative procedures and auxiliary services that support clinical services, which give quick and clear results that encourage continuation and improvement of complex clinical problems.
8. Health institutions need a broader and more comprehensive definition of quality.

9. The fate of quality management programs in health institutions: The responsibility for the fate of quality management programs rests with the commitment and pledge of senior management as in the industry.

(Kline, 1992) believes that the application of total quality management in government hospitals requires making some changes, such as focusing on improving operations, paying more attention to productivity, and reducing the cost of health service. This is in addition to creating an appropriate education and training system on problem-solving skills.

A study (2018, Tortorella et al.) (titled: Industry 4.0 as a moderator on the relationship between lean and operational performance.

The modified effect of industry (4.0) on the relationship between lean production and improved operational performance in a developing economy. The study aimed to identify the modified effect of Industry 4.0 on the relationship between lean production and improving operational performance in a developing economy. The study showed that due to the convergent and disparate characteristics of Industry 4.0 technologies and lean production practices, it is not clear whether the simultaneous implementation of Industry 4.0 practices in Lean manufacturing systems can lead to increased performance. On the one hand, agility implies an organizational culture that enables clear recognition of the process status quos and enables information exchange, which can be enhanced by interconnectivity, data acquisition, and analytics inherent in Industry 4.0 technologies. Lean production, on the other hand, entails social and cultural changes catalyzed daily by quick and simple work experiences, which may conflict with the high levels of capital expenditure and technological expertise required by Industry 4.0. These conflicts may occur especially when Industry 4.0 practices are implemented in systems Lean production in the context of developing economies. The study sample consisted of 147 companies Brazilian manufacturing adopted both lean production and Industry.4.0. The researchers used the descriptive analytical method through a questionnaire developed and distributed to 162 managers and engineers of Brazilian manufacturing companies who were former students of four different

educational courses on lean production offered by large Brazilian universities during In 2017, 157 of them responded, and ten others were excluded.

The study found a set of results, the most important of which is the presence of a statistically significant relationship for lean production practices (pull flow, low set-up time) and Industry 4.0 with its dimensions (technologies related to the process, technologies related to services, and technological intensity on the performance of production processes) and the level of delivery service; stock level; the quality; and safety in the companies under study The findings indicate that although reduced setup time in lean production improves performance, its impact differs when Industry 4.0 practices are adopted. The study recommended that managers should prioritize parallel adoption of different packages of Industry 4.0 practices and lean production.

Study (2016) Balasubramanian entitled: "Total quality management (TQM) in the healthcare industry challenges, barriers and implementation developing a framework for TQM implementation in a healthcare setup".

Total Quality Management (TQM) in the Healthcare Industry - Challenges, Obstacles, Implementation and Development Work on Implementation for Total Quality Management in the Healthcare Setting. The study aimed to build a model that includes factors that affect the level of quality of health services in Indian hospitals and lead to achieving patient satisfaction, in addition to identifying factors that negatively affect them and are considered challenges and obstacles to achieving a satisfactory level of quality. The study relied on an in-depth review of the literature that dealt with quality Health services in the Indian environment and the most important factors influencing them, which were as follows: customer satisfaction, employee empowerment and training, senior management support, continuous improvement, organizational change, and organizational culture. During which patient satisfaction can be measured, the study concluded that employee satisfaction is as important as the level of customer satisfaction represented by the patients, because the quality of health service depends mainly on

the skills of the employees in addition to their level of dedication to effort and time in providing the best service.

The study identified the most important factors that hindered the provision of the target quality level, as they were, according to the degree of influence, the leadership and the level of support provided for the implementation of total quality, the organizational culture, which was influenced by the culture of Indian society, in addition to the mental models and the way of thinking of the medical staff. The study recommended paying attention to the factors that are considered obstacles to the adoption of total quality management, integrating workers with quality activities, and providing training courses that improve their attitudes and behavior towards the application of quality.

Study hypotheses:

Based on the study problem and its objectives, the following hypotheses were formulated:

- Saudi private hospitals do not apply total quality management
- Saudi private hospitals do not face difficulties and obstacles in the application of total quality management.

Study population and sample:

The study population consisted of all managers and their assistants in private hospitals, and a random sample of workers in private hospitals was selected. (100) copies of the questionnaire were distributed by hand to the study sample, and it was fully recovered. Table No. (1) shows that the majority of the study sample are males, the majority of them are over 70 years old, most of them hold a bachelor's degree, and most of them have experience ranging between 4-6 years. Each member of the study sample was asked to answer each individual on the Likert scale, which includes five degrees: strongly agree (it has five degrees), agree (it has four degrees), neutral (it has three degrees) and disagree Agree (two marks) and disagree (one mark).

	options	The ratio	Repetition
gender	male	%71	71
	feminine	%29	29
	the total	%100	100
Age	Less than 25 years old	%6	6
	26-35 years old	%70	70
	36-45 years old	%24	24
	the total	%100	100
Qualification	Bachelor's	%85	85
	Master's	%13	13
	Ph.D	%2	2
	the total	%100	100
Years of Experience	13 years	%9	9
	4-6 years	%67	67
	7-9	%24	24
	the total	%100	100
Career center	Assistant Director	%31	31
	Administrative manager	%22	22
	Art Director	%19	19
	doctor	%28	28
	the total	%100	100

Table No. (1) Distribution of study individuals according to demographic data

Data collection method:

Secondary data: In obtaining this data, the researcher relied on the library method to build the theoretical framework by reviewing books, periodicals, the Internet, and previous studies related to total quality management.

Primary data: In obtaining this data, the researcher relied on the questionnaire that was designed in accordance with the objectives and hypotheses of the study to investigate the trends of the study sample regarding the application of total quality management.

Data processing and analysis:

To achieve the objectives of this study and to identify the extent to which private hospitals apply total quality management, the descriptive statistical method was used to calculate the frequencies and percentages of the demographic variables of the study sample. using Statistical Packages for Social Sciences (SPSS).

Statistical analysis of the study data:

Table No. (2) shows the arithmetic mean and standard deviation for each of the expressions that measure the application of total quality management by Saudi private hospitals. It is clear from the table that the average respondents' responses to the items of private hospital application ranged between (3.59-4.72), while the standard deviation ranged between (3.59-4.72). Between (0.87727 – 0.51405).

The table indicates that sustaining improvement and training ranked first among private hospitals' efforts to implement total quality management, while patient satisfaction ranked second among hospitals' application efforts to manage total quality, measuring the patient's score ranked third, and hospitals' pursuit of distinction in performance ranked last, as shown. The total average of the administration's efforts in applying comprehensive effort management was (4.2780), and there is agreement among the respondents on that, and this arithmetic average of

more than (3) indicates the approval of individuals from the study on the efforts made by private hospitals in the application of total quality management.

Table (2) The arithmetic means and standard deviations of the study sample's answer about the application of total quality management by private hospitals

number	Questions	average	standard deviation
1	The hospital has a plan to improve the level of performance of the health service provided.	4.4700	0.59382
2	Health service quality is a strategy for the company	4.3100	0.67712
3	The hospital management works to perpetuate improvement and training	4.7200	0.51405
4	Training the hospital management staff to provide distinguished health services	4.3200	0.78983
5	The hospital administration is keen to satisfy the employees	4.0700	0.90179
6	The hospital administration assures the quality of the medical service provided	4.1300	0.74745
7	The hospital administration provides a modern information system	3.8900	0.75069
8	The hospital administration encourages team work	4.5400	0.62636
9	The hospital management aims to ensure a high level of quality	4.5500	0.70173
10	The hospital has a council concerned with the quality of health services	4.4300	0.74203
11	The hospital administration always strives for excellence in providing medical services	3.5900	0.87727
12	The hospital management focuses on the patient	4.2600	0.74698
13	The hospital administration focuses on periodically measuring the degree of patient satisfaction	4.5600	0.59152

14	The hospital administration works to identify and address patients' complaints	4.3000	0.62765
15	The hospital administration is sure to provide services that are in line with the manager's expectations	4.0300	0.68836
16	Patient satisfaction is a special priority for the hospital	4.6300	0.61390
	overall average	4.2780	0.39787

Table No. (3) shows the arithmetic mean and standard deviation for each of the expressions that measure the difficulties facing Saudi private hospitals in the application of total quality management.) while the standard deviation ranged between (0.88100- 0.51405). The table indicates that the lack of a strategy for the application of quality management ranked first among the difficulties faced by private hospitals to apply total quality management, while the lack of availability of medical staff in some medical specialties ranked second among the difficulties that Private hospitals face the application of total quality management, and the high costs of applying total quality management ranked third, and the absence of standard measures for the quality of health service ranked last, and it turns out that the total average of difficulties facing private hospitals in applying comprehensive effort management reached (4.2030), There is an agreement among the respondents on this, and this arithmetic average of more than (3) indicates the agreement of the study subjects on the Difficulties faced by private hospitals in the application of total quality management.

Table (3) The arithmetic means and standard deviations of the study sample's answer about the difficulties faced by private hospitals in the application of total quality management.

number	Questions	average	standard deviation
17	The lack of a specific strategy for the implementation of quality management	0.51405	4.7200

18	Lack of experience in the hospital capable of applying quality management	0.81767	3.9100
19	Lack of financial resources allocated for the implementation of total quality management	0.77616	4.0600
20	Absence of annual planning to determine hospital needs	0.75872	4.0100
21	Lack of qualified personnel in some medical fields	0.61167	4.6400
22	Shortage of cadres in the supporting medical fields	0.80873	4.1500
23	The absence of standard measures for the quality of health services	0.88100	3.5400
24	Inadequate training programs and continuous improvement	0.82118	4.1800
25	High costs of applying total quality management	0.82505	4.1900
	overall average	0.04978	4.2030

Hypothesis testing

The first premise

Ho: Saudi private hospitals do not implement total quality management

Table No. (12)

Results of the first hypothesis test

T calculated	Tabular T	Sig. (alpha)	result of the null hypothesis
37,121	1.9842	zero	to reject

The One Sample T-Test was used, and the results of the test, as shown in Table (4), indicate that the value of (calculated T) is greater than its tabular value, and this means rejecting the null

hypothesis (HO) and accepting the alternative hypothesis (Ha), and this means that private hospitals apply Total Quality Management.

The second hypothesis

Ho: Saudi private hospitals do not face difficulties in applying total quality management

Table No. (5) The results of the second hypothesis test

T calculated	Tabular T	Sig. (alpha)	result of the null hypothesis
24.168	1.9842	zero	to reject

The One Sample T-Test was used, and the results of the test, as shown in Table (5), indicate that the value of (calculated T) is greater than its tabular value, which means rejecting the null hypothesis (HO) and accepting the alternative hypothesis (Ha), and this means that private hospitals face Difficulties in applying total quality management.

Study findings and recommendations:

This study aimed to identify the extent to which Saudi private hospitals apply the application of total quality management, as well as to identify the difficulties that private hospitals face in applying total quality management. By carrying out certain procedures with the aim of adhering to this management philosophy, as the results of the analysis showed, however, Saudi private hospitals face difficulties in applying total quality management. In the end, it is necessary to point out the inevitability of applying total quality management in private hospitals, due to the intense competition between these hospitals.

In the end, the study recommends the need to focus on the patient, as it is the main focus of the work of hospitals, in addition to that the patient's satisfaction with the quality of health services provided to him works to increase the market share of hospitals and achieve profitability that

helps in the continuation of the hospital. The study also recommends that private hospitals need to measure patient satisfaction periodically.

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