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Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

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Revista de cercetare și intervenție socială, 2020, vol. 70, pp. 228-249

https://doi.org/10.33788/rcis.70.14

Published by:
Expert Projects Publishing House

expert projects
publishing

On behalf of:
„Alexandru Ioan Cuza" University,
Department of Sociology and Social Work
and
HoltIS Association

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA
is indexed by Clarivate Analytics (Social Sciences Citation Index),
SCOPUS and CROSSREF

Effect of Employee Participation and Patient Focus Approaches in the Scope of TQM on Hospital Performance

Asena Tugba EVREN SUBASI[1], Latif OZTURK [2]

Abstract

In this study, it was aimed to investigate the effect of employee participation and patient focus, which are included in the total quality approach of 33 private hospitals within the borders of Ankara, on the performance of the hospital. Accordingly, relational screening model was used in the research. The universe of the research consists of senior managers such as chief physicians, chief assistants, hospital managers, hospital manager assistants, quality coordinators of 33 private hospitals actively serving within the borders of Ankara. Interviews were made with 308 hospital senior managers. Questionnaire was used as a data collection tool in quantitative research methods. In the research, face-to-face interviews were made with hospital managers. SPSS20 program was used in the analysis of research data. Introductory characteristics of hospital managers are shown with frequency and percentage. Participants' assessments of the scales are indicated with the mean and standard deviation. In the research, the effect of employee participation and patient focus on hospital performance within the scope of total quality management (TQM) was investigated by multiple linear regression analysis. The research data were evaluated within the 95% confidence interval. As a result, it was determined that employee participation and patient focus practices within the scope of TQM played an active role on hospital performance and positively affected them. In the study, they stated that private hospital managers gave high scores for employee participation and patient focus dimensions and that these processes were followed in their hospitals. In addition, administrators expressed a positive opinion about the performances of private hospitals.

Keywords: Total Quality Management, employee participation, patient focus approach, hospital performance, responsiveness

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Introduction

A complex, volatile, enigmatic and ambiguous climate is generated by the health industry (Manjunath *et al*., 2007). Total Quality Management (TQM) is viewed as an important organizational methodology focused on operational quality concepts and praxis (Dahlgaard Park 2011). The latest TQM literature focuses mainly on industrial companies (Mahmood *et al* . , 2014; Singh & Ahuja, 2014). Nevertheless, the TQM definition has been implemented in recent years, taking into account the key features of services (intangibility, complexity, incompatibility and spoilage) in different sectors (Arasli,2012; Talib *et al*. ,2012013; Jyoti *et al*. ,2017)

The commitment to employees has been recognized as a management tool for enhancing organizational performance by pursuing the common objectives of staff and management, according to Ojokuku and Sjuyigbe (2014). This is accomplished by the development of a mission plan, the implementation of rules and practices, remuneration, advancement and provision of rights for the workers. A human resource contribution will also be a key competitive benefit and capable of success if substantial improvements are made in the development of human resources and successful management of resource over time (Messersmith & Guthrie, 2010; Pfeffer, 1998) Quality management (QM) is considered to be the theory of management distinguished by its performance development values, procedures and techniques, growing employee participation and employee performance, alignment of operations, sustainable standards, good leadership, continuing outcomes and stronger partnerships with suppliers (Ronnback and Witell, 2008). This research is focused on the patient-oriented approach that evaluates patients' level of service quality satisfaction or defines the patient's perceptions about service quality. The value of this strategy is gradually being understood by hospitals. All of them used this method of quality assurance to overcome these problems and eventually obtain superior organisational efficiency (Evans, 2010; Lee *et al*., 2013). Studies have continually demonstrated concern and a challenge for the effect of staff engagement and patient attention on quality control activities on hospital results.

Studies have continually demonstrated concern and a challenge for the effect of employee engagement and patient focus on quality control activities on hospital results. Various empirical studies were undertaken to explore the relation and continuity between employee engagement and quality control activities (Lim *et al* . 2018; Kraska *et al* . 2017; Groen *et al* . 2017). But only some research have attempted to examine the connection between employee involvement and a patient-oriented approach to quality management and hospital performance.In addition, there was little knowledge relevant to the impact of patient oriented approach on the performance of private hospital. Summarizing, the objectives of this study are to: (1) expand the current knowledge about TQM factors to the service sector as there is a little previous academic research or empirical study focusing on this filed (Pattanayak *et al*., 2017); (2) examine the relationship between employee

participation, patient focus approach of TQM implementation practices and hospital performance. The rest of the paper is structured as follows: Section 2 presents a review of literature on the Quality in Heath care, employee participation, patient oriented approach and hospital performance and it dimensions; this is followed by the methodology and the finding of the research. Finally, the paper discusses the findings and ends with the main practical implications.

Literature review

Quality in Health Care

Mills and Rorty (2002: 481) investigated that, at the middles of twentieth century medicine was primarily in the hands of professionals. Physicians proposed relationships with individuals looking at medical care, and negotiated their relations with hospitals, pharmaceuticals etc. These days, equivalent of health care is like big business rather than independent small business. In the early 1990s, the focus of attention was the high and increasing cost of health. Subjects of discussion in those days were waste and inefficiency.

Aggarwal and Zairi (1997: 352) mentioned that when medical care moves towards an era of evaluation the critics for total quality management (TQM) in health care have become numerous. According to Sloan (1991) cited in Aggarwal and Zairi (1997: 352) that; effectiveness of modern medical methods unchallenged; costs of health care continue to escalate; demands of society and growth of consumerism; growth and success of TQM in the industrial and commercial sectors. In addition to the critics of Total Quality Management, some researchers defined important components for this system. According to Khan and Khan (2004: 142) the components of TQM focus on customer - internal and external, analysis of processes quality project teams, systematic use of simple methods to analyse quality problems, plan change and evaluate the results, identify and analyse problems and evaluate the results of change, change implementation. On the other hand the components of TQM in a hospital rises from the basic functions of a manager, i.e., planning, organising, staffing, directing, controlling and budgeting; are the crucial functions of the Total Quality Management programme of a hospital.

According to Berwick *et al*. (1990) cited in Anderson (2010: 62) that despite success achieved by TQM in manufacturing and service industries, there was a doubt if industrial quality approach could be implemented efficiently to the health care industry. The reasons for this ambiguity are lack of a standard uniform product in health care; lack of an assembly line in health care; difference in cultural setting difficulty of measuring or defining health care quality; and the belief that higher quality would lead to higher cost.

There were five keys to effectively implementing Deming's principles to health care as a service. They were recognizing the existence of a supplier-

customer dynamic that should be characterized by longterm commitments, clear communications and mutual trust; acknowledging the importance of reducing needless variation and that understanding the variability of processes is key to improving quality; perceiving that the management of hand-offs between internal customers within a process is an important element in reducing variation and improving the process; appreciating the importance of teamwork in improving health care quality; and developing methods for integrating the physician into the improvement process (cited in Anderson, 2010: 63). TQM concept defined as satisfying internal and external customers. According to the TQM philosophy, meeting customer needs requires a thorough knowledge of the customer (Adinolfi, 2003: 143).

Health service quality is form of the methods that used the health organizations to distinguish itself about other health organizations, which performs the same activity (Kotler and Armstrong, 1994: 640). Health service quality is the application of sciences and medical technologies through style achieves utmost benefit to public health without increased exposure to dangers (Nakijima, 1997:33). Health service quality means a raft of measures designed to ensure the ability to achieve high levels of quality of health service provided to customers in health organizations. As explained (Ellis & Whittington, 1993: 23) Health service quality means: provide health services safer and more accessible and more convincing to providers and more pleasing to their beneficiaries, so that arise in the community a positive view of the health care provided (Alasaly, 2006:11). Accordingly, the health service quality represents a set of policies and procedures designed, which aims to provide health care services to beneficiaries (patients and others), According to style contributes to the improvement of patient care and solving problems in a scientific way through the use of employees in the health Organizations for their skills and experience and techniques available to them to achieve the best results and the lowest possible cost.

According to the theories in literature the latest SERVQUAL change, incorporates expanded expectation conceptualization. SERVQUAL attribute, three values are measured which are customers' desired service level; service level adequacy; and a specific company's perceived service (Ramsaran & Roshnee, 2005). As cited in Gupta (2008: 20-21) that measurement of health care service quality attributes and patient satisfaction have been investigated by a number of scholars. Sisk, Dougherty, Ehrenhaft, Ruby and Mitchner (1990) evaluated the validity and reliability of quality indicators. These are as follows: Physicians practicing in the area of their training are more likely to deliver highertechnical quality than physicians practicingoutside their training; Certification by a medical specialty board hasnot been associated with the quality of a physicians' care; Patient assessments of their care can providevalid information about the interpersonal aspects of the service, but patient evaluations of technical aspects have not yet been validated. As cited in Chang, Wei and Huang (2006) that according to theories of Carvin (1984), quality defined as follows: (1) Transcendent or philosophic

approach: the quality is innate excellence and cannot be clearly defined, but can only be understood by contacting the object features; (2) Product-based approach: the quality differences originate from a product's measurable differences in nature. Quality is accurate and measurable, and when there are more or higher properties, there is a better quality; (3) Product excellence is determined by the user. Products that can satisfy consumers the most have higher qualities; this is the concept of fitness for use; (4) Manufacturing- based approach: the quality is the conformance to requirements; (5) Value-based approach: quality stands for performances under an acceptable value, or the fitness to specification under acceptable costs.

Regan (1963) theorized the service quality in a different perspective as intangibility (service is an abstract product that is not tangible); inseparability (services are inseparable from its original source); heterogeneity (the same service could have different standards due to the differences of attendants, timings, or locations); and perishability (a service cannot be stored). Donabedian (1998) explained the structure, process, and outcome, to explore medical qualities as: (1) Service structure: the bodies and tools that provide medical services, including hospital spaces, facilities and equipment, number of service attendants and their quality; (2) Service process: the main body that provides services or accepts care, including the stage during patient's consultation, seeking of medical service, and tracking of treatment in hospitals; and (3) Service outcome: it is the level of physical recovery after treatment compared to before, such as physical status, attitude, and behavioral changes.

Of the difficulties faced by patients in their assessment of the service as intangible, and despite the fact that 'you are dependent on their assessment of the quality of health service provided to them on the basis of the level or quality degree, relying on five dimensions (Kotler et al., 2008).

Reliability. Reliability is defined as the ability to perform in what has been determined in advance in a reliable and accurate manner, the degree of dependence on the service provider and the accuracy of its delivery to the required service, (Delivering a Time) (Felix, 2017). This dimension is the most stable of the five dimensions and is the most important in determining service quality perceptions When customers. This dimension represents 32% as a relative importance in the tree compared to other dimensions according to Kotler.

Responsiveness. The response is defined as having the will to help customers and immediately provide them with service, the speed of completion and the level of assistance provided to the beneficiary by the service provider, or the desire to assist ((Felix, 2017). This dimension focuses on courtesy and kindness, Problems, and this dimension represents 22% as a relative importance in quality according to Kotler.

Assurance. The Assurance is on users' knowledge, merit, reliability, confidence and confidence, and refers to the information and courtesy of service providers,

and their ability to inspire trust and confidence (Felix, 2017). This dimension represents 19% as a relative importance in quality according to Kotler.

Empathy. It is defined on the basis that the essence of emotional interaction is to reach the customer through a customized personal relationship to the service, and that the customer is unique and unique, the customer wants to feel that the concept is good and important (Felix, 2017). This refers to the degree of care and care of the beneficiary in particular, and attention to the problems and work to find a sweet in a humane and luxury, treating customers as individuals and personally (Treating customer individuals), and this dimension is 16% as a relative importance in quality according to Kotler.

Tangibles. The "Tangibles" is defined as an external appearance of physical facilities, supplies, people and communication materials (Felix, 2017). It includes the material elements of the service: seats, lights, chairs, equipment, machinery, machinery, buildings, workers' clothing and all elements of the physical environment (Representing the service physically), This dimension represents 11% as a relative importance in quality according to Kotler.

Employee Participation in Hospitals

Employee or worker participation is a complicated, ambiguous concept that has various meanings, concepts and aims (Arrigo & Casale, 2011). The implementation of participation practice vary depend on the philosophical ideas of the organization for participation and on the definition that comes from that ideas (Yadav & Rangnekar, 2015). Various terms are used to define participation with some slight differences in their subtext. Some of these can be counted as "organizational democracy, industrial democracy, employee involvement, employee voice etc.". Terms participation, involvement, empowerment or engagement are sometimes used interchangeably (Gollan & Xu, 2015).

The definitions and forms vary depending on the wider deepness of the involvement of employees in the joint decision making processes. The amount of influence and participation over the decisions, the importance and the extent of the decisions vary from form to form. Also definitions vary depending on different theoretical disciplinary backgrounds, such as "human resource management, political science, psychology or law" (Markey & Townsend, 2013: 475-477).

There are plenty of different definitions coming from different approaches that are made in the literature for employee participaton in decision making. Employee participation may be seen as "the act of sharing decision making with others to achieve organizational objectives". It is the sharing of influence between subordinates and supervisors (Wagner, 1994) regarding the subordinates' tasks (Khalid & Nawab, 2018). A traditional definition is made by Miller and Monge (1986) as the amount of involvement that employees have the chance to reach a decision. Employee voice, which is a type of employee participation in decision making practice that is implemented in the organizations regarding the decisions

about the performing work activities. In other words, it is the level the opportunities of the employees for being involved in the decision making (Scully *et al*., 1995). Participation in decision making is a sort of involvement of employees with fully committed and satisfied with their work (Wildermuth & Pauken, 2008). It is an influence sharing between hierarchially unequal individuals in an organization that makes a balance on making the decisions about routine tasks and jobs (Wagner, 1994).

Employee participation in decision making may be defined as, being requested by their managers to participate, being allowed to make some decisions and make suggestions for possible improvements for the work, having adequate communication channels between managers and employees (Sun, Aryee & Law, 2007). Strauss (2006) proposed participation as an application that employees get the power to control their work and involve in the decision making related to their jobs. Employee participation is composed of mechanisms that allow employees to affect the organizational decision making processes through their point of view to form a joint-decision making construct with the management of the organization (Leonardi, 2016). Aboyassin (2008) defined participation as an expansion of the responsibilities of the employees from just only performing the job to joining the decision making processes with the managers about the job. It is a continuum for the level of input created by the individuals for the work decisions (Hollander & Offerman, 1990). Employee participation is a starting point for employees to "penetrate into the authority" and "operations field" of the management. It is a type of influence that occurs throughout the organization (Busck *et al*., 2010). Locke and Schweiger (1979, as cited in Thompson, 2002: 12) used a more simple definition as "joint decision making". Vroom (1974 as cited in Irawanto, 2015: 161) defined participation as "involvement", whereas Probst (2005: 80) defined the term as the "opportunity to influence decisions". Brownell (1982) defined participation as an involvement of the individuals on the decisions that have an effect on them. Another definition was proposed by Glew *et al*. (1995); "a conscious and intended effort by individuals at a higher level in an organization to provide visible extra-role or role-expanding opportunities for individuals or groups at a lower level in the organization to have a greater voice in one or mode areas of organizational performance". Participation in decision making is the degree of engagement of the employees in the managerial decision making processes (Probst, 2005).

Higgins (1982 *apud.* Irawanto, 2015: 161) defined participation in decision making as a "mental and emotional reflection" that fosters organizational and individual success. Wilpert (1998 as cited in Joensson, 2008: 596) defined a wider multidimensional participation as all the forms that contribute to the choice process by the individuals, groups or collectives with their self-determined choices among various possible alternatives. Employee participation in decision making is also an instrument for managers to direct the workforce to contribute the continuous improvement of their actual work and the whole organization together. Participation in decision making brings the subordinates and managers together

at the same party, to figure out and analyze the problems and making decisions together as a team to solve them (Rosidi, 1999).

Employee participation is a form of power sharing of management with the lower levels of subordinate positions (Kuye & Sulaimon, 2011). It is an association of decision making to reach the organizational mission and goals (Emamgholizadeh *et al*., 2011). The goals and missions of the organizations and the employees mostly need cooperation and interdependence in the organization which can be achieved through gathering the employees together through employee participation in decision making practices. Since employee participation in decision making is an interdisciplinary concept, the definitions that come from different disciplines vary. It is a win-win application, since participation may be defined as an instrument to reach democracy at work with the employee control over the organization according to the perspectives of the employees, whereas it helps to procure the sustainability of the organization from the management point of view (Leonardi, 2016).

Participation in decision making can be defined as Seeking new ideas among the employees; Delegating some roles and responsibilities to employees; Giving the adequate opportunity for employees to avhieve the goals. (Gibson *et al*., 1992 as cited in Irawanto, 2015: 161). Participative systems are the extension of this opportunity to the whole organization members. It is an organizational mechanism that gives the employee the right to make decisions on behalf of their responsibilities, thus making them feel that they contribute to the organizational performance (Irawanto, 2015). The accurate decisions can be made with the adequate knowledge and control related with the decision (Emamgholizadeh *et al*., 2011) which control comes with the freedom of employees to choose the alternative for their actual work without the intervention of their managers (Oluwatayo, Opoko & Ezema, 2017).

Markey and Townsend (2013) emphasized the differences of the definitions and understandings related with employee participartion in decision making through organizational, institutional and international contexts and tried to get and umbrella definition for participation in decision making and used employee involvement and participation together to cover the different meanings. In the context of these conceptual explanations, employee participation in hospitals is an important issue as in all organizations. Participation of employees in decision-making processes has a key role in increasing the quality of service and patient satisfaction in the hospital (Saha & Kumar, 2017).

Patient-oriented and patient satisfaction

The patient-oriented approach is to activate the role of individuals in health services, improve treatment processes, reduce costs and increase patient participation. Patient orientation in the health sector requires the provision of patient satisfaction. The essence of quality is to meet the needs and requirements

of patients from the health service provided to them, which requires Consistent with the patient's prior use. This compatibility is largely related to the value of the health service and the subsequent satisfaction; this relationship can be expressed as follows:

Satisfaction = Perception – Expectation

The degree of satisfaction with the service provided represents the difference between what the patient can perceive and receive of service, and what he was eager to get before he bought the service. Satisfaction with the consumer is a relative situation and varies from one individual to another and in light of the content contained in the service The view of the beneficiary, satisfaction can be represented in this case as a consumer assessment of products or services and from the hospital's point of view, the quality of the quality is not limited to the conformity of the service Provided with predefined standard specifications, or provided with minimum It can be coasted, but extended to what the patient needs and what he wants to get, and thus become quality The health service provided is a comparative advantage the hospital has to employ to enhance its position in the health market.

Hospital performance and dimensions

Hospital performance can be measured in general terms with the following dimensions: (1) Effective use of beds; (2) effective use of human resources; (3) increasing the number of outpatient clinics; (4) the proportion of patients discharged; (5) financial indicators.

Hospitals can be compared with each other in the context of these dimensions (Tengilimoglu, Isik & Akbolat, 2015: 409). According to Gruca and Nath (1994), the performances of hospitals are examined in three main groups (i.e, Financial performance, Operating performance, Marketing performance). Financial performance is the ability of the hospital to maintain an income-expenditure balance that can sustain its activities (Gruca & Nath, 1994: 89). Operating Performance is related to how efficiently hospitals use the resources they use to provide services. One of the most important aspects of hospital performance is the economical use of resources (Gruca & Nath, 1994: 89). Marketing performance is the level of competing with other hospitals. Accordingly, hospitals should be competitive in order to be sustainable. For this, the effectiveness of strategic decisions should be analyzed (Tengilimoglu, Isik & Akbolat, 2015: 410). Hospitals should measure performance periodically to be sustainable and efficient (Derekoy, 2012: 44).

Methodology

Model and hypotheses of the research

In this study, it was aimed to investigate the effect of personnel involvement and patient orientation on the performance of the hospital in the total quality method approach of 33 private hospitals in Ankara. Accordingly, relational screening model was used in the research. In the relational screening model, it is aimed to examine the relations of two or more variables within themselves without the influence of another element (Karasar, 2016). The hypotheses prepared according to the purpose of the research are as follows:

H1: There is a significant relationship between employee participation in hospitals and patient focus in hospitals within the scope of TQM.

H2: Employee participation within the scope of TQM in hospitals has an impact on hospital performance.

H3: patient focus understanding within the scope of TQM in hospitals has an impact on hospital performance.

Universe and sampling

The universe of the research consists of senior managers such as chief physicians, chief assistants, hospital managers, hospital manager assistants, quality coordinators of 33 private hospitals actively serving within the borders of Ankara. In our study, it was decided to interview with 10 senior administrators from 33 special patients and the sample amount was determined as 330. Accordingly, the senior managers of the hospitals were contacted and the time, etc. of 22 managers. In the research, a total of 308 managers were interviewed because they could not participate on the grounds. In the research, sampling method was used easily. In the easy sampling method, the researcher takes steps to join the individuals within the scope of the universe with the non-random selection methods (Robson, 2002).

Data collection tools

In the research, questionnaire was used as a data collection tool in quantitative research methods. Face to face interviews were made with hospital managers. In the "Introductory Characteristics" section, there are 5 questions in total to get information about the participants' gender, age, educational status, total working time in the profession and working time as a hospital manager.

The "Employee Participation" dimension's items was taken Cua *et al*. (2001) from "Relationships between implementation of TQM, JIT, and TPM and manufacturing performance". The scale consists of 5 expressions in total. There is no reverse coded item in the scale. The scale was evaluated with a 5-point Likert-type rating. The statements in the scale have been prepared in order to obtain

information about the volunteering and willingness of the personnel working in the institutions within the scope of TQM. Cronbach Alpha reliability coefficient and factor analysis results of the scale are shown in *Table 1*.

Table 1. Employee Participation Subdimension's Factor Analysis and Cronbach Alpha

Scale	Items	Factor Load	Factor Explanatory (%)	Cronbach Alpha
Employee Participation	1	0,811	58,823	0,820
	2	0,794		
	3	0,759		
	4	0,741		
	5	0,726		
	Total Variance		58,823	
Kaizer Meyer Scale Validity Barlett's Sphericity Test chi square df p value			0,822 514,027 10 0,000	

According to *Table 1*, the factor loads of the Employee Participation subdimension's items were found to be greater than 0.40, and the total variance amount was defined as 58.823%. Cronbach Alpha reliability coefficient of the scale was determined as 0.820.

The "Patient Orientation" dimension consists of 7 expressions in total. The statements of this chapter are taken from the article of Chong and Rundus (2004) and Rahman and Bullock (2005). There is no reverse coded item in the scale. The scale was evaluated with a 5-point Likert-type rating. The statements in the scale were prepared to obtain information about the adequacy and status of the applications for patients in hospitals within the scope of TQM. Cronbach Alpha reliability coefficient and factor analysis results of the scale are shown in *Table 2*.

According to *Table 2*, the factor loads of the Patient Focus subdimension's items were found to be greater than 0.40, and the total variance amount was defined as 58.722%. Cronbach Alpha reliability coefficient of the scale was determined as 0.734.

"Performance Scale" was taken from the article which is named "The Impact of Environmental Characteristics on TQM Principles and Organizational Performance" of Fuentes *et al*. (2004). The scale contains 12 expressions in total. There is no reverse coded item in the scale. The scale was evaluated with a 5-point Likert-type rating. The scale allows managers to evaluate hospital performance. Cronbach Alpha reliability coefficient and factor analysis results of the scale are shown in *Table 3*.

Table 2. Patient Focus Subdimension's Factor Analysis and Cronbach Alpha

Scale	Items	Factor Load	Factor Explanatory (%)	Cronbach Alpha
Patient Focus	4	0,682	58,722	0,734
	2	0,667		
	6	0,656		
	1	0,656		
	5	0,626		
	3	0,541		
	7	0,508		
	Total Variance		58,722	
Kaizer Meyer Scale Validity Barlett's Sphericity Test chi square df p value			0,797 344,415 21 0,000	

Table 3. Performance Scale's Factor Analysis and Cronbach Alpha

Scale	Items	Factor Load	Factor Explanatory (%)	Cronbach Alpha
Performance	3	0,777	58,937	0,904
	2	0,765		
	6	0,749		
	1	0,731		
	5	0,725		
	4	0,704		
	9	0,699		
	8	0,698		
	7	0,658		
	11	0,624		
	12	0,615		
	10	0,613		
	Total Variance		58,937	

Kaizer Meyer Scale Validity	0,900
Barlett's Sphericity Test chi square	1816,642
df	66
p value	0,000

According to *Table 3*, the factor loads of the Patient Focus subdimension's items were found to be greater than 0.40, and the total variance amount was defined as 58.937%. Cronbach Alpha reliability coefficient of the scale was determined as 0.904.

Statistical analysis of data

SPSS20 program was used in the analysis of research data. Introductory characteristics of hospital managers are shown with frequency and percentage. Participants' assessments of the scales are indicated with the mean and standard deviation. Skewness and kurtosis values were used for the normal distribution of the scale evaluations of the participants. In the study, the relationship between the variables was examined with Pearson correlation coefficient. In the research, the effect of employee participation and patient focus on hospital performance within the scope of TQM was investigated by multiple linear regression analysis. The research data were evaluated within the 95% confidence interval.

Results

The introductory characteristics of the managers participating in the research are shown in *Table 4*. 71.1% of the private hospital managers participating in the study were men and 63.0% were graduated with a Bachelor's degree. The average age of the participants was found to be 48.65 ± 8.51. In addition, the average working time of the participants in the health sector was determined as 18.79 ± 7.90 years and the average working time of the participants as managers in hospitals was determined as 7.97 ± 4.98 years.

Table 4. Distribution of Managers' Introductory Characteristics

Variable	Groups	n	%
Gender	Female	89	28,9
	Male	219	71,1
Education	Bachelor's Degree	194	63,0
	Master's Degree	69	22,4
	Doctoral Degree	45	14,6
Variable		X	sd

Age	48,65	8,51
Working Duration In Health Sector	18,79	7,90
Working Duration In Health Sector As A Manager	9,74	4,98

The distribution of scores of private hospital managers from the scales are shown in *Table 5*.

Table 5. Distribution of Scores from Scales

Scale	N	Mean	Standart Deviation	Skewness	Kurtosis
Employee Participation	308	3,90	0,68	-1,029	1,346
Patient Focus	308	4,20	0,50	-0,786	0,727
Performance	308	3,94	0,62	-1,211	1,385

According to *Table 5*, the average of the scores received by private hospital managers from the "Employee Participation" scale was found to be 3.90 ± 0.68. In addition, the average of the scores from the "Patient Focus" scale was determined as 4.20 ± 0.50. The average score of the participants from the "Performance" scale was found to be 3.94 ± 0.62.

The results of Pearson correlation analysis for the determination of the relationship between the participants' Employee Participation, "Patient Focus" and "Performance" scales are shown in *Table 6*.

Table 6. Pearson Correlation Analysis Results

Scales		Employee Participation	Patient Focus	Performance
Employee Participation	r	1,000	0,641	0,690
	p		0,000	0,000
Patient Focus	r		1,000	0,687
	p			0,000
Performance	r			1,000
	p			

There is moderate relation between employee paticipation and patient focus (r=0,641; p=0,000). There is moderate relation between employee paticipation and hospital performance (r=0,690; p=0,000). There is moderate relation between patient focus and hospital performance (r=0,687; p=0,000). The multiple linear regression analysis performed to test the hypotheses H1 and H2 of the study is shown in *Table 7*.

Table 7. Multiple Linear Regression Analysis Results

Dependent Variable	Independent Variable	Unstandardized Coefficient		β	t	p	F	Model (p)	Adjusted R^2
		B	Std. Error						
Performance	Constant	0,253	0,197	-	1,283	0,020	208,6	0,000	0,575
	Employee Participation	0,387	0,044	0,423	8,730	0,000			
	Patient Focus	0,518	0,060	0,416	8,577	0,000			

According to *Table 7*, employee paticipation and patient focus have a statistically significant effect on hospital performance at 95% confidence level (F = 208.68; p = 0.000). Accordingly, it can be stated that employee participation and patient focus affect 57.5% of the hospital performance. In addition, if employee paticipation levels increase by one unit, hospital performance increases by 0,387 units. Similarly, if patient focus levels increase by one unit, hospital performance increases by 0.518 units.

Table 8. Summary of Hypotheses

Hypothesis	R	B	P-value	Result
H1	0,641		0.000	Supported
H2	0,690	0,387	0.000	Supported
H3	0,687	0,518	0.00	Supported

Furthermore, the *Table 8* indicates that all the hypotheses in this research (H1, H2 and H3) are supported, in consideration of the correlation and multiple linear regression

Discussion

This study reveals important empirical results that make a significant contribution to clarifying the question of the influence employee participation, patient focus and hospital performance. Results confirmed H1 by showing employee participation has a significant influence on patient focus. This results parallel to other findings by different studies supports and confirms this relationship(Stavins, 2004; Asif *et al*., 2019; Nunes & Gaspar, 2016). Results of H2 and H3 indicate that employee participation and patient focus does have significant influence on performance. This result supports the findings of different other studies who contend that employee parrticipatient and patient focus behavior in hospital significantly enhances performamce (Alsughayir,2016; Berkowitz, 2016; Groen *et al*., 2017).

The quality of the service produced comes first among the factors that are effective for businesses to achieve their competitive advantages and survive. Healthcare institutions, on the other hand, should systematically carry out quality management in the production and delivery of the service, and should be based on the quality assurance system and especially the total quality management (Aslantekin *et al*., 2007). The main goal in the health sector should be to improve the service as a whole. Total quality management in health institutions is an exchange strategy that enables employees to learn and use quality methods to meet the needs of patients and other customers and to reduce costs (Balasubramanian, 2016). In the study, it was determined that private hospital managers gave high scores for employee participation and pation focus dimensions. The managers of private hospitals stated that they follow the employee participation and patient orientation processes in their hospitals. In addition, administrators expressed a positive opinion about the performances of private hospitals.It is necessary to review the existing quality systems in today's health sector and to integrate this system with the total quality management approach. Because total quality management, which is a modern management strategy, continuously improves the activities in an institution, ensures voluntary participation of employees of the institution, takes patient satisfaction as a basis and minimizes complaints. In order for this strategy to be successfully implemented in the health sector, the necessary improvements must be done (Ecer *et al*., 2002).

Conclusion

In the research, it was determined that employee participation and patient focus practices played an active role in the performance of the hospital and positively affected it. In today's increasingly competitive conditions, businesses must give voice to the needs of customers and keep customer satisfaction in the foreground in order to survive. Private hospitals, however, are transactions with commercial concerns, although their mission is to save lives. Customer satisfaction is an

important criterion in terms of better operating performance and creating more value for the customer. This criterion is considered as an output of the customers' expectations during the service purchase and the experience after receiving the product. The aim is to meet the expectations of many customers and even more than their expectations are met (Ozkan *et al*., 2006). Since customer satisfaction is the most important success criterion and the performance effect is clearly seen, maximum attention should be paid to patient size in private hospitals. It is desired to utilize the energies of all personnel in the business to solve the problems that concern the business. This is expressed as total participation. According to the research conducted on the employees, the responsibility and the right to speak are given to the employees. This has resulted in findings that it has improved significantly in attendance and quality of service (Çetindere *et al*., 2015). It is recommended that employees in hospitals be asked to participate in their work to solve problems, to improve continuously, to ensure quality and to maintain it. As a result, it will be possible to develop many ideas and suggestions, to evaluate them in the team work to be created and to make them useful for the institution.

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