

A Literature Review of King Abdullah II Center Standard in Health Care Sector in Jordan

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Abstract: *Framework:* This study came to evaluate the effects of KAIIA standards, especially processes and Services sub-standard (Service Procedures, Service Time, Service fees, Employees attitude, Suggestions and complaints, Infrastructure, and Website services) on customer satisfaction. *Methodology:* This study comes to investigate the impact of applying KAIIA model on patients' satisfaction among Jordanian health sector. The KAIIA survey adopted and used toward one of the Jordanian royal medical hospitals which applying KAIIA model. SPSS (21) was used to test and investigate the hypothesis among the dimensions and their items. *Results:* The results of applying excellence model in Jordan could be motivated by: Improving and developing procedures, meeting patient needs, fees of service provided, and customer satisfaction.

1. Introduction

The stages of quality development began with the inspection, which was the presence of people to monitor production in the final stage; either the product is accepted or rejected, depending on their experience and skills. This led to the emergence of new problems in the production lines, including insufficient experience with the inspectors. The statistical theory in quality control programs were developed between 1920-1940 by Shewhart, Deming, Dodge, and Romig. The prosperity and development of the quality programs began after Japan adopted quality management as a policy in all Japan and the commitment to implement the quality programs. This has been done with the help of some quality leaders such as Juran, Deming, and Feigenbaum.

Need to implement a total quality management program, which was implemented in more than one country in the 21st century, proved to be an integrated system for leading firms and countries to achieve quality in performance and products. The most important of the total quality programs is the institutional excellence model such as European Foundation of quality management (EFQM) and (KAIIA) in Jordan now.

The application of the standards of excellences in the health sector proved to be successful and effective in the field of improvement and development and as a good step for the application of TQM in health institution (Vallejo et al., 2006). However, the health field contains specificities and privacy in the application that are not covered by the standards of excellence; this is the result of the procedures and technicalities that fall under the duties of medical section. As Mustafa Al-Hakim said in 2012 said, standards of excellence measure administrative performance rather than technical performance and the role of the institution of leaders, individuals, internal processes and partnerships in improving the level of services (Mustafa, 2012); but do not set the standards of excellence technical procedures and to

determine the process or performance of medical performance and control and follow-up.

In Jordan, the King Abdullah II Award for Excellence is administered by the King Abdullah II Center for Excellence. The criteria for the award are applied in many governmental and private institutions, including hospitals in all four categories (government, military, private, university). In addition, the health accreditation program is implemented in public and private hospitals in Jordan, which will set the standards for medical performance technically. Most hospitals in the Hashemite Kingdom of Jordan are subject to the implementation of these standards and receive at least accreditation from the healthcare accreditation Council (HCAC) for the first time; some gain the international accreditation from Joint Commission International (KAIIA, 2017).

TQM includes five key standards (tangibles, reliability, responsiveness, assurance and empathy), and all quality programs and quality standards are derived from these five key criteria such as health accreditation programs, academic accreditation and excellence ("JB-29TH.pdf," n.d.).

Satisfaction is considered to be the case of the consumer or the beneficiary arriving at it when he sees what he thinks of a service or product that is acceptable to his needs, requirements or even his expectation (Kock, N. and G. Lynn, 2012). Therefore, satisfaction in the health sector exceeds these standards because medical performances in some cases and for satisfactory reasons have undesired results; here the importance of the existence of standards to measure the technical performance of services provided and accuracy in healthcare sector.

2. Literature Review

2.1 Customer satisfaction

For many researchers, patient satisfaction is the difference between the services provided and the expected services

(Fitzpatrick, 1983). The expected services also depend on the characteristics of the health services in general and the culture of the patients or beneficiaries in determining the extent of the expectations. Woodside (1989) also says that patient satisfaction is a patient's or beneficiary's love of service after delivery.

Raposo, Alves, & Duarte, (2009) analyze and assess satisfaction in one of the two forms, either evaluate the final product or final service or evaluate the work procedures. According to John J (1991), the level of satisfaction is the impression either of the results, which means the beneficiary's view of the product or the final service, or the impression of the processes and procedures, namely the look of the beneficiary to the service in the service or steps to prepare the product. The importance of measuring satisfaction does not stop at knowing the level of satisfaction, but rather, what are the dimensions concerns that the client sees in order for the organization to develop on them in the coming times.

There is a difference in the interpretation of satisfaction in previous studies and research, as this difference is due to the type of service and the nature of the institution providing the service, whether public services, health service or other services (Raposo et al., 2009). Based on the previous studies, the measurement of the level of satisfaction depends on the final image of the service, value of service, expectations and quality of services (ECSI 1998; Anderson and Fornell 2000).

However, patients' satisfaction in health service, were difficult to measure the quality of service through the value received, because patient does not know the therapeutic cost of the service he/her received, in addition to the type of service, its nature and its complications at times (Raposo et al., 2009). According to Taylor and Cronin (1994), the health service cannot be measured by comparing it to the expected service, because medical performance may sometimes have unexpected results and be successful

The difference between the dimensions that explain the relationship in medical service and satisfaction is one of the reasons that called for the need for a lot of research in this area. Satisfaction in service and medical performance depends on the condition of each individual in isolation (Mowen, Licata and Mcphail 1993).

2.2 European Foundation of Quality Management Standards (EFQM) Excellence Model structure

EFQM is a non-profit organization established in 1988 by a European Commission decision to follow up and implement the Total Quality Program through the standards of institutional excellence. The principles of EFQM excellence model are based on a set of specific criteria and their sub-criteria, which are divided into two main parts: the enablers and the results. The enablers are the processes that take place within the institution and the results are the outputs of applying these mechanisms and procedures (Abdallah, Haddadin, Al-Atiyat, Haddad, & Al-Sharif, 2013).

EFQM has been developed an evaluation approach to enable institutions to apply these standards and to achieve the

principles of excellence. The "Excellence Model", which is implemented through self-assessment, consists of 3 parts; 9 Box Model represent the two main part of EFQM model (5 enablers and 4 results), 8 basic concepts of excellence, and radar logic; which consists of four key elements (J. Moeller, A.K. Sonntag, 2007): Approach, Deployment, Assessment & Review and Results. Radar logic helps organizations identify weaknesses and opportunities for improvement, prioritize improvement projects, and institutionalize the foundation for continuous improvement.

There is some consider the logic of radar to be very complex because it contains many sub-standards, many of which are very difficult to maintain by self-assessment (I.A. Rawabdeh, 2008). The model of excellence is based on nine key elements divided into two parts: five "enabling" criteria (leadership, policy, strategy, people, partnerships, resources, and processes), and four "results" criteria (customer result, people results, key performance result, and community people). The enablers reflect the work of the institution and the procedures and processes followed. Results focus on the achievements of the institution towards the beneficiaries and stakeholders with the institution, and how they can be measured and targeted. The main criteria for results and possibilities are divided into a number of sub-criteria and each sub-criterion consists of a set of guidance points that enable institutions to know and determine how these criteria are applied (I.A. Rawabdeh, 2008, U. Nabitz, N. Klazinga, J. Walburg, 2000).

The EFQM model is based on the self-assessment process to present the organization's activities in a comprehensive and structured manner that reflects the results of its activities. Examples of some international awards include the Malcolm Baldrig National Quality Award in the United States, Deming in Japan, nationally as the King Abdullah II Excellence Award in Jordan. (Helman, 1994; Van der Waile et al., 1996; Conte, 1997; EF, 1999 The process of self-assessment using the standards of the institution's excellence model provides insight into its strengths, weaknesses and improvement areas and builds an improvement action plan based on needs and priorities (Porter and Tanner, 1996; Black and Cromley, 1997). Since discrimination is a comprehensive quality program, self-assessment based on the principles and standards of excellence provides the institution with the achievement of the overall quality and applies its own standards through commitment to continuous improvement and action plans based on the views of stakeholders (van der Weil et al., 2000).

Since self-assessment can be applied through a variety of tools and standards to achieve the desired result, the EFQM is not mandatory for states and institutions (Black & Cromley, 1997), and tools that can be used to self-assess award simulations, questionnaires, workshops And the matrix of achievement (Zink and Schmidt, 1998; Ricci and Del, 2000 to compare these methods). There are also other benefits to applying the model of excellence in institutions other than the self-assessment process (Abdallah et al., 2013). The model of excellence is based primarily on the fundamental principles of TQM; therefore, the application of the standards of excellence and self-evaluation can be considered as an initiative to implement TQM in institutions

(Ghobadian and Woo, 1996; Eskildsen and Kanji, 1998; Westlund, 2001). Williams and Train (2000) conceive it as a “generic model that allows a holistic approach to be taken to the management of an organization’s quality systems”. Similarly, van der Weil et al. (2000) The Excellence Model makes it easy for the management to understand the principles and standards of TQM by having easy, understandable and applied standards in a manner that employs and explains the criteria and principles of TQM (Abdallah et al., 2013).

King Abdullah II Award for Excellence (KAIIE)

The King Abdullah II Award in Jordan is the highest recognition of the quality. The implementation of the excellence program in the institutions helps to raise the level of competition between the Jordanian institutions and increase the commitment to the various quality programs in the field of production or services and implementing a successful strategy in the Jordanian institutions that implement the criteria of the King Abdullah II Award (Abdallah et al., 2013), (Management, Standards, Rania, Children, & Study, 2012) (Rawabdeh, 2008). As Al-Refaie, O. Ghnaimat, M.H. Li said in 2012, the implementation of the standards of excellence is successful in more institutions in the world (A. Al-Refaie, O. Ghnaimat, M.H. Li, 2012).

The main objective for KAIIE is to promoting the culture of excellence through promoting awareness about concepts of distinguished performance, innovation and quality in line with international excellence model. Providing a reference guide and setting a criteria benchmarking with international best practices for the participating organizations in all sectors. Measuring the progress and improvement in public sector institutions’ performance and enrich the positive competition among them (KAIIE center for excellence, 2015).

The basic concepts of excellence were first developed and then used as the basis for the benchmarking points of the EFQM Excellence Model to ensure that the overview of the core concepts and the detailed analysis of the five are linked, The Guiding Points are practical aspects that are included in the five enabler Standards. The results achieved and related standards will be based on the methodologies adopted and the standards used to monitor efficiency and effectiveness as well as the environment through which the ministry / institution operates.

The implementation of the King Abdullah II Award began with five main standards, as well as the results of each of these standards (leadership, personnel, operations, finance, and strategy) from the first round of the award to the sixth session (KAIIE center for excellence, 2010). Five criteria (leadership, strategy, personnel, partnership and resources, and processes) and four outcomes (key results, personal results, results of operations and community outcomes) were developed to meet the criteria of the European model of excellence at the beginning of the seventh session (KAIIE center for excellence, 2015).

According to European Quality Management Excellence Model (EFQM) 2013, the basic concepts of excellence are

the eight basic concepts that enable the organization to set its course towards achieving the foundations of excellence. These concepts are: adding value to the clients, building a sustainable future, developing institutional capacity, through vision, inspiration and integrity, management flexible and quickly adapt to changes, succeed through the talents and capabilities of the staff of the enterprise and the sustainability of outstanding results (KAIIE center for excellence, 2015). King Abdullah II Center for Excellence is now running 10 awards King Abdullah II Award for Excellence in Government Performance and Transparency, King Abdullah II Award for Special Institutional Excellence, Creativity Award, Government Service Award, and Jordan Source Award.

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Evaluation Mechanism

Evaluation Mechanism of Institutions Participating in the King Abdullah II Award depends on RADAR logic (RADAR Methodology), it is the evaluation tool used in the EFQM model of excellence and the radar mechanism can also be used to conduct self-assessment (results, approach, deploy and refine & assess).

Relationship between award and health care services

Total quality management in the health sector was not researched until 1990. Total quality management in hospitals is based on the principles of quality of the general, which is also applied in industrial establishments and another service firms. However, the health service is of a different nature, service provided by human hands to the human body (Mustafa, 2012); this is what gives it the high privacy in terms of care in the evaluation and multiple aspects of measurement for its efficiency and effectiveness. It is not enough to measure only through questionnaires, views or other methods of collecting information (Bou-Lluis, Escrig-Tena, Roca-Puig, & Beltrán-Martín, 2009). The total quality management in health an institution requires special standards to deal with the beneficiaries and applied professionally and high-quality and also require special measuring tools in line with the nature of these institutions.

Prior to the introduction of the TQM standards for hospitals, the standards of excellence were implemented. These results showed positive results in the application of these criteria (leadership, information and analysis, strategic quality planning, human resource management, and quality management were developed) to hospitals with some specificity of the health sector from the service institutions (Goldstein & Schweikhart, 2002).

Many Experiences and previous studies have shown that the application of the EFQM in health institutions and hospitals

has clearly demonstrated success and helps to improve continuous improvement in hospitals. The advantage of these standards is self-assessment which enables managers and professionals to assess their performance continuously and improve on this performance (Vallejo et al., 2006).

The King Abdullah II Award for Excellence in Jordan is considered the highest quality recognition and is one of the programs of total quality management and its application means striving to apply the highest levels of total quality management. These standards have been applied in many services, industrial firms including some of the health institutions where the Jordanian Specialized Hospital was the first health institute win in the award. The main reason for the hospital's win of the award was the implementation of a set of quality programs (JCI accreditation, HCAC accreditation and ISO standards), which have helped to apply the criteria of discrimination easily and instill in the minds of employees and leaders commitment to excellence, self-assessment methodology and continuous results-based improvement (Abdallah et al., 2013).

3. Research Methodology

The measurement of satisfaction is an indicator of the performance of the institution and an important measure of the quality of the services and products provided by the institution, which needs improvement and development based on measuring the satisfaction of patients and patients. Health institutions in Jordan are implementing a number of quality programs that regulate the work of health institutions in terms of technical aspects, such as health accreditation programs, the national goals program for quality and safety of healthcare, as well as the ISO program and finally the excellence program. The application of the health accreditation program includes the implementation of a set of technical standards that govern the provision of medical services in health institutions. These include pharmaceutical services, emergency services, and other health services, as well as integration with the community and services that have a role in improving healthcare and the surrounding environment, such as follow-up programs to detect diseases and epidemics, and free medical days. The criteria of the King Abdullah II Award for Excellence include a set of standards that measure administrative performance (Mustafa, 2012) rather than technical performance, reflecting the role of management in highlighting best practices in service or productivity institutions. The award includes nine main criteria, five of which are enablers and four are results.

3.1 Study population and sample

The study population consists of patients in the king Hussein medical city; it is a military hospital in Jordan. Consist of five specialty hospital/ center; king Hussein hospital, queen alia center for cardiac, queen Rania hospital for chiliaads, queen Hussein center for kidney deses, and Royal Rehabilitation Center. The patients were selected from King Hussein hospital patient. The sample of the respondents was selected by systematic approach (Zainudin, 2017), where the number of the King Husain admitted patients during December 2017 is (2523) (Quality and Inspection

Department, 2017) patient. The researcher selects the patient they admitted more than three days, while they were (1026) (Quality and Inspection Department, 2017). According to Robert V. Krejcie (1970) the sample size required is (285), so the interval (k) is (4), so the first patient number selected is (2) then (k+4) and so we take 285 patients.

3.2 Measurement and Instrument tool

The study adopts a questionnaire developed by the King Abdullah II Center for Excellence to measure the level of excellence in service delivery, which is reflected in the level of customer satisfaction, it has been distributed for each of the award cycle by the King Abdullah II Center for Excellence. The researcher adopts the questionnaire to include the demographic data for the respondents and rearrange the dimensions of the questionnaire according to processes and Services dimension in KASA dimensions. The degree of satisfaction measured by measure the degree of satisfaction on the (Procedures for obtaining service, Time required for service, Satisfaction with paid fees, Employees attitude, dealing with suggestions and complaints, Infrastructure, and website services).

4. Proposed Framework of the Study

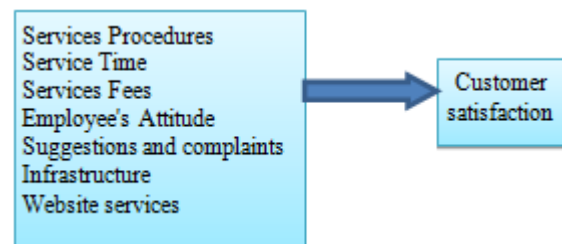


Figure 1: Proposed Study Framework Done by Author

5. Conclusion

This study aimed to find out the effect of implementing the excellence criteria according to the King Abdullah II Award for Excellence in Patient Satisfaction. The main result found that there is a statistically significant of standards of excellence application, specially the operations and procedures standard which has an immediate effect with the results of beneficiaries. Also there is a relationship between applying the standard dimensions of operations and procedures and patient satisfaction.

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