



Staff Awareness and Perception of the Quality Management Unit (QMU) Across Regional Directorates of Health Services (RDHS): A Multi-District Evaluation

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ABSTRACT

Background: This study assessed staff awareness, perceptions, and participation in the Quality Management Unit (QMU) at Regional Directorates of Health Services (RDHS) in five districts: Vavuniya, Mannar, Kilinochchi, Mullaitivu, and Jaffna. The QMU aims to improve healthcare quality and safety, and understanding staff engagement with it is crucial for enhancing service delivery.

Objective: To evaluate staff awareness and Perception of the Quality Management Unit (QMU) Across Regional Directorates of Health Services (RDHS): A Multi-District Evaluation of the QMU at RDHS offices in five districts.

Methodology: A cross-sectional survey was conducted with 406 staff members using a structured questionnaire. Data were analyzed using descriptive statistics to examine awareness, perceptions, and participation rates in quality programs.

Results: Awareness: 20.6% of staff were unaware of the QMU, with Kilinochchi and Mullaitivu showing the highest unawareness. Perceptions: Staff largely viewed the QMU as essential and useful, with mean scores of 5.11 for "essential" and 5.13 for "useful." Participation: 55.91% of staff participated in current quality programs, a significant increase from 43.8% in previous workplaces.

Conclusion and Recommendation: The study revealed a knowledge gap about the QMU, particularly in Kilinochchi and Mullaitivu, but staff perceptions were generally positive. Recommendations include improving awareness campaigns, enhancing staff participation in quality programs, and continuous monitoring and feedback to maintain engagement.

Keywords: Quality Management Unit (QMU), staff awareness, healthcare quality, Regional Directorates of Health Services (RDHS)

1. Introduction

1.1. Background

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage (WHO, 2022). Quality management has become an integral part of modern healthcare systems globally. Effective quality management ensures that patients receive safe, efficient, and effective care, while also optimizing resource utilization. The Sri Lankan healthcare system, in line with global trends, has recognized the need for quality management and has established various units such as the QMU to streamline quality assurance processes. (Manual for Master Trainers in health care Quality and Safety, 2015)

The role of the QMU includes setting quality standards, conducting audits, and developing policies for continuous improvement. Despite its significance, studies show that the effectiveness of the QMU is often compromised due to lack of awareness, limited participation from healthcare staff, and communication gaps. This study aims to fill the knowledge gap by focusing on the awareness and The Quality Management Unit (QMU) is a key component of health service administration in Sri Lanka. Its primary objective is to ensure the delivery of high-quality healthcare services by monitoring, assessing, and improving the processes and outcomes of care across healthcare facilities.

The evolution of Quality Assurance in Sri Lanka began in 1989 with the Ministry of Health's initiative to address deficiencies in healthcare services and sustain national health achievements. Key milestones included launching indicators and standards in the 1990s, introducing the National Quality Assurance Programme, and expanding it to various healthcare institutions. In 2012, the Directorate of Healthcare Quality and Safety was established to formalize quality initiatives.

The QMU, led by Medical Officers (Quality), operates under the Regional Directorate of Health Services (RDHS) to oversee quality and patient safety activities. These units ensure the implementation of continuous quality improvement programmes in health institutions, covering promotive, preventive, curative, and rehabilitative services. Despite progress, challenges such as human resource gaps, skill deficits, and the need for sustainable leadership persist, necessitating further studies to enhance the QMU's effectiveness.

The implementation of the QMU across different health sectors, including the Regional Directorates of Health Services (RDHS), plays a critical role in maintaining quality standards. Despite the important role of QMUs, the level of awareness and perceptions of staff regarding its objectives and activities can vary significantly.

The aim of this study was to assess the awareness and perceptions of the QMU among staff at RDHS offices in the districts of Vavuniya, Mannar, Kilinochchi, Mullaitivu, and Jaffna. Furthermore, the study sought to investigate staff participation in quality and safety improvement programs to understand how staff engagement may impact overall service quality.

In order to enhance the team work among health staff, the Directorate of health care Quality and Patient Safety has initiated a concept called "Work Improvement Team" (WIT).

Manual for Master Trainers in healthcare Quality and Safety (2015) elaborates that the Work improvement team is a synonym of Quality Circles. In Sri Lankan healthcare settings, the word WIT is commonly used. WIT is designed to address not only quality issues, but also such issues as cost, safety, and productivity. National Guidelines for Improvement of Quality and Safety has specified that a WIT is a group of between 3- 15 members belonging to same work unit. WIT is a foundation in a unit to create teamwork among the members of the unit (Jayantha et al., 2010).

1.2. Objective

1. To evaluate the level of awareness regarding the existence of the Quality Management Unit (QMU) among staff members at RDHS offices in five districts.
2. To assess staff perceptions regarding the importance, usefulness, and potential shortcomings of the QMU.
3. To examine the participation rates of RDHS staff in quality and safety improvement programs and compare this with participation rates in previous workplaces.

2. Methods

A cross-sectional survey design was utilized for this study. A structured questionnaire was administered to 406 staff members from RDHS offices located in Vavuniya, Mannar, Kilinochchi, Mullaitivu, and Jaffna. The questionnaire included three main sections:

- Awareness of QMU: Questions focused on whether staff were aware of the QMU and its roles.
- Perception of QMU: Staff were asked to rate their perceptions of the QMU's importance, usefulness, and whether they considered it a waste of resources.
- Participation in Quality and Safety Improvement Programs: Questions assessed staff participation in quality and safety programs both in their current workplace and in previous jobs.

The data was analysed using descriptive statistics, including frequency distributions, mean scores, and comparisons between different RDHS offices. Following the data analysis, with the tentative perception of the results, the in-depth interview was conducted to gather detailed information to reason out and justify the findings. In each Office of RDHS, 6-8 staff were selected on a convenient sampling method and in-depth interview was conducted.

3. Results

3.1. Awareness of QMU:

The study revealed that 20.6% of staff were unaware of the QMU's existence. The highest level of unawareness was seen in Kilinochchi and Mullaitivu. The following table summarizes the awareness levels across the RDHS offices:

Table 1: Awareness of staff on existence of QMU

Office of RDHS	Awareness of QMU		Total
	Yes	No	
Office of RDHS, Vavuniya	94	0	94
Office of RDHS, Mannar	59	18	77

Office of RDHS, Kilinochchi	34	32	66
Office of RDHS, Mullaitivu	33	31	64
Office of RDHS, Jaffna	102	3	105
Total	322	84	406

Source: survey data

3.2. Perception of QMU:

Despite the gap in awareness, most staff perceived the QMU as important and useful. The mean scores for perceptions of the QMU were as follows:

Table 2: Mean of Staff perception of Quality Management Unit

Office of RDHS	QMU is Essential	QMU is Useful	QMU is Waste
Office of RDHS, Vavuniya (n =94)	5.40	5.51	2.67
Office of RDHS, Mannar (n =77)	5.19	5.09	2.52
Office of RDHS, Kilinochchi (n =66)	4.87	4.86	2.53
Office of RDHS, Mullaitivu (n =64)	5.26	5.14	2.25
Office of RDHS, Jaffna (n =105)	4.83	5.06	3.38
Overall view (n =406)	5.11	5.13	2.74

Source data

3.3. Participation in Quality and Safety Improvement Programs:

Participation in quality and safety programs was higher in current workplaces (55.91%) compared to previous ones (43.8%).

Table 3: Participation in quality improvement activities in current work place

	Participation in Quality and safety improvement programmes in current work place		Total
	Yes	No	
Office of RDHS, Vavuniya	70	24	94
Office of RDHS, Mannar	43	34	77
Office of RDHS, Kilinochchi	30	36	66
Office of RDHS, Mullaitivu	28	36	64
Office of RDHS, Jaffna	56	49	105
Total	227	179	406

Source: survey data

It is only 55.91 percent of the study population has participated in the quality improvement programme of Office of RDHS.

Also in the upcoming table, the staff participation in quality and safety improvement programme in their previous work places have been summarized.

Table 4: Participation in quality improvement activities in previous work place

Office of RDHS	Participation in Quality and safety improvement programmes in previous work place		Total
	Yes	No	
Office of RDHS, Vavuniya	49	45	94
Office of RDHS, Mannar	29	48	77
Office of RDHS, Kilinochchi	28	38	66
Office of RDHS, Mullaitivu	24	40	64
Office of RDHS, Jaffna	48	57	105
Total	178	228	406

Source: survey data

The table reflects that 43.8% of the total population has participated in a Quality and Safety Improvement Programme, whereas non participation fraction was 56.15%. As aforementioned, majority of the staff are newly recruited DO, therefore they have not received an opportunity to join the programmes.

4. Discussion

The findings of this study highlight the significant gap in awareness regarding the QMU in certain RDHS offices, particularly in Kilinochchi and Mullaitivu. This suggests that efforts to increase communication and dissemination of information about the QMU's role should be prioritized in these regions. Despite this gap, the general perception of the QMU was positive across all districts, with staff recognizing its importance and usefulness in improving healthcare quality.

Awareness of QMU

As a summary, 20.6% of staff were unaware of the QMU in their office, with unawareness rates as high as 50% in Kilinochchi and Mullaitivu RDHS offices. This was attributed to the absence of designated officers for MO(QMU) and NO(QMU), with planning units covering QMU activities. In Kilinochchi, MO(Planning) responsibilities were also handled by MO(MCH). During the course of KIL, it was understood that both in Office of RDHS Kilinochchi and Mullaitivu due to the unavailability of designated human resource for MO(QMU) and NO(QMU) for many years, the activities of those units are covered by planning units. So, physically there wasn't any units functioning as QMU separately. In Kilinochchi it was noted even the duties of MO (Planning) was covered up by MO(MCH).

A study carried out in Kenya has the similar perception and it has found that significant staff has not aware about the aspects of TQM practices that have been surveyed. Further they added the trainings will mitigate this information asymmetry and ultimately will increase the awareness (Otieno Awuor and Kinuthia, 2013).

Staff perception of QMU

Staff perception of the Quality Management Unit (QMU) also assessed in following concepts, using a six-point Likert scale ranging from strongly disagree to strongly agree with scores 1 to 6.

- QMU is essential and needed for an Office of RDHS;
- The QMU is useful to improve quality; and
- The QMU is wasteful.

According to the summary of the scores, it is noted that majority had an opinion, that the QMU is essential and useful for their Office of RDHS (5.11, 5.13 respectively). Average mean for QMU is waste is 2.74, adds further value for the staff's perception on worth fullness of QMU (Table 2).

In the year 2015, in similar studies conducted at selected line ministry hospitals almost the similar findings have been observed. Mean for QMU is essential, useful and wasteful were 4.405± 0.67, 4.374± 0.71, 1.936± 0.97 respectively (Somatunga et al., 2015)

Only 55.91% of staff reported participating in QMU activities. New DOs lacked opportunities due to COVID-19 and economic challenges, which diverted attention to pandemic-related tasks like managing Intermediate Care Centres and vaccination programs.

Participation in QMU activities in current work place and previous work place

Participation in QMU activities was lower in previous workplaces, with only 43.8% involvement. However, staff from District and Divisional Secretariats actively engaged in QMU initiatives, often achieving recognition through productivity awards from the National Productivity Secretariat.

The study revealed that only 55.91% of the study population has participated in the quality improvement programme of Office of RDHS (Table 3). Especially DOs who joined new had not had an opportunity to take part in any form of training or activities. Also, due to the prevailed situation of Covid outbreak and economic fluctuation of the country even the previously existing staff have missed the opportunity to actively involve as they were occupied in Intermediate Care Centre Management, Statistics of Covid, Vaccination programmes etc.

43.8% of total population have participated in QMU activities in their previous work places, whereas 56.15% were not (Table 4). As a result of In depth Interview, author understood that, staff who worked previously in District Secretariats and Divisional secretariat have actively participated in QMU as they had separate QMU in their work places and even they have won productivity awards awarded by National Productivity Secretariat (National Productivity Secretariat, 2022)

Additionally, the study revealed an increase in participation in quality and safety improvement programs in current workplaces compared to previous ones. This may reflect increased efforts by the RDHS to engage staff in quality initiatives or improved organizational support for quality management activities.

5. Conclusion

This study underscores the importance of the QMU in maintaining and improving the quality of healthcare services at RDHS offices. While awareness remains a challenge in some districts, the overall positive perception of the QMU indicates that the unit is viewed as a valuable component of quality management. Additionally, higher participation rates in quality improvement programs in current workplaces suggest that staff are increasingly engaged in efforts to enhance healthcare quality. Moving forward, targeted awareness campaigns and continued support for quality initiatives are essential for maximizing the effectiveness of the QMU across all RDHS offices.

These results point to the necessity of not only raising awareness about the QMU but also enhancing the engagement of healthcare workers in quality improvement activities. Effective communication strategies, such as training, workshops, and internal campaigns, could help foster greater awareness and participation.

6. Recommendations

- **Enhanced Awareness Campaigns:** Develop and implement targeted campaigns to raise awareness about the QMU, especially in districts where staff awareness is low.
- **Increased Staff Engagement:** Promote active participation in quality improvement programs through incentives, leadership support, and clear communication about the benefits of engagement.
- **Monitoring and Feedback:** Establish a continuous feedback loop to assess the effectiveness of quality management initiatives and provide regular updates to staff.

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