THE ROLE OF STRATEGIC LEADERSHIP IN THE IMPLEMENTATION OF TQM

IN CAMEROONIAN HOSPITALS

by

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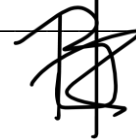IN CAMEROONIAN HOSPITALS

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DEDICATION

This work is dedicated to my parents: Mr. & Mrs. EYONG-ECHAW.

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ABSTRACT

THE ROLE OF STRATEGIC LEADERSHIP IN THE IMPLEMENTATION OF TQM

IN CAMEROONIAN HOSPITALS

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Recent studies show that the healthcare sector is experiencing great desire towards quality improvements through effective quality management in order to assist in service quality and patients/clients satisfaction. The role of strategic leaders in the implementation of TQM within Cameroonian hospitals cannot be overemphasized. The purpose of this qualitative study was to gain a deeper understanding on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. To assess subjective data to gain a detailed understanding of the variables involved, the qualitative research was conducted through semi-structure interviews with 21 study participants from seven state hospitals. Hospitals and participants were purposively selected. In addition to semi-structured interviews, the data was collected using content analysis of secondary data (relevant literature and the study hospitals' documentation). The analysis of this data was done with qualitative analysis tools and software (Atlas-TI). The study findings clearly indicated that all Cameroonian state hospitals have to develop a patient-centered approach to healthcare and service delivery, effectively manage personnel non-complaints, perform regular monitoring and patient need assessment, effectively implement the TQM philosophy through promoting of a work culture of quality, establishment of innovations that favour TQM implementation, ensure coordination, monitoring and personnel motivation while

presenting themselves as good examples to instill personnel commitment and a work culture of quality through effective TQM implementation. Future research was recommended to be performed in varying areas like, The impact of TQM on operation performance in Cameroonian hospitals, The role of strategic leadership in the implementation of TQM in the Cameroonian private hospitals and an analysis of the relationship between Strategic leadership and TQM in the Cameroonian hospitals.

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INTRODUCTION

1.1 INTRODUCTION

In our present world today, strategic leadership is taking over systems as a key element in the implementation of Total Quality Management (TQM) for quality attainment. Strategic leadership has become a necessity for TQM implementation as a result of the increase levels of competition experienced in the Cameroonian healthcare systems where every hospital aspires to emerge as top in matters relating to patients' satisfaction levels and quality (Palladan, 2018).

All hospital structures desire to attain one thing; though most hardly come in-terms with it; which is **quality**. Quality services are the socle of a hospital's strength. The healthcare sector is mostly involved with health service delivery and the qualities of these services are rated by the patients / clients themselves. The concept and philosophy of TQM cannot be overemphasized in enhancing the achievement of this desired quality. TQM can be seen as an institutional culture that is driven by the quest to satisfy clients' needs constantly improve on quality through the use of tools and techniques (Prestiadi, 2019). It can also be defined as a philosophy of management that is concerned with work process and consumers that seek to satisfy their needs and improve the organizations performance (Emad and Al-Shdaifat, 2015).It is known to be the means by which healthcare organizations attain high levels of quality assurance, process maintenance, patient / client satisfaction and competitiveness.

The process of implementation of TQM protocols is usually very challenging as this is often mastered by the right use of strategic leadership. Strategic leadership is the act of establishing patterns that are constantly being adjusted, renewed to ensure harmony of the work process and to always meet up to the present time need of the organization (Syarifudin, 2023). It can also be seen as an organization's ability to for-see or anticipate situations and make considerable change in other to ensure that they function in unity

towards the main organizational goals (Madu A. et al. 2023). Strategic managers are known to play a crucial part in the attainment of quality, obtaining of lasting results, satisfaction of clients, developing organizational values and creating of the overall objective (Syarifudin, 2023).

The strategic leader turns to see things differently often which may lead to the generating of varying orientation from that of the general management of the organization (Madu et al. 2023). This is why they are often referred to as the backbone of hospitals success since they look into the future and take predispositions of both the seen and unseen challenges (Kartika; 2024). Strategic management would enable the strategic leader to timely make analysis on both the external and internal environment of the organizations to better position the whole organization to plan and design various strategies that would permit them to effectively implement TQM protocols hence the attainment of quality is ensured (Syarifudin, 2023).

Most articles based on strategic leadership and on TQM state that, the success of a system is known to be dependent on the organization's leadership and the management commitment (Kartika; 2024). Strategic Leadership plays a very significant role in a hospital by initiating orientations, establishing personnel culture and provoking change. All these create a conducive environment for the effective implementation of TQM (Riaz et *al.*; 2023).

Strategic leaders make it possible for personnel to adhere to TQM protocols for quality assurance and the steadfast commitment of these leaders in TQM encouraging the organization's personnel towards the achievement of quality (Riaz et *al.*; 2023).The organization's manager, who is the leader of the health institution, is in-charge of resource mobilization. So, his strategic interventions greatly influenced the outcome of quality in both the work and service delivery process. This strategic leader stirs up the personnel to uphold quality values while at same time he observes continuous progress in quality improvement. Hence, ensuring that the implementation of TQM is performed at a high extent (Prestiadi et *al.* 2019).

1.2 BACKGROUND

Leadership existed long ago even before we became aware of its existence. According to Prestiadi et *al.* (2019), Leadership has the potential to instill the most significant change. It also can be seen as the ability to influence an individual or group of people toward the setting of objective for the attainment of required results. The manager who is the leader of healthcare organizations (be it non-governmental like NGO's or clinical like Hospitals) who acts as the figure in-charge of available resource mobilization must be able to play that role effectively, since his /her competence determines the quality level of the organization in terms of service delivery, quality assurance, process maintenance, client satisfaction and competitiveness.

Leadership determines the direction followers take in every organization that is the leader to follower relationship and all function within the limits of the strategies put out by the leader (Yaakub et *al*., 2022). Leadership has been the driving force for organizational success as they ascertain the unique and meaningful contributions made. Several leadership forms have been exploited in organizations such as Servant leadership, authentic leadership, strategic leadership and transformational leadership. Among all these strategic leadership stands to be most effective in achieving pre-set organizational goals (Madu et *al*. 2023). A relevant and good pattern used to ensure excellent work quality, would be irrelevant and less effective as time and people change. Strategic leadership makes use of performance evaluation tools to detect this lapse and ensures a continuous renewal of the patterns which satisfy the dictates for the effective implementation of TQM protocols hence the establishment of quality (Syarifudin, 2023).

The leadership style applied by the strategic leader has been found to have a great influence on personnel behaviour. A strategic leader makes available TQM manual to personnel to ensure maintenance of this culture of continuous quality improvement (Riaz et *al*.; 2023). Strategic leadership is an organization's (hospital's) ability to for-see or anticipate situations and make considerable change in other to ensure that they function in unity toward the main organizational goals. Strategic leaders look in to the future and take predispositions. Their anticipations condition the organization's direction and take control

of both the seen and unforeseen hurdles. They select and develop the hospital's core competencies, form the organizational processes, structures, sphere of control, select key stakeholders, manage multiple areas in the hospital while preparing for the next generation of leaders and ensuring the development and maintenance of the organization's culture (Madu et al. 2023).

Strategic management ensures that the organization stays in-line with timely needs of the organization which is in accordance to TQM in mastering both the internal and external changes and taking advantage of the situation to enhance quality. With this, we see that the strategic leader in his act of foresight better ensures organizational quality through the effective implementation of TQM. Strategic management permits the establishment of TQM with more ease than normal; overcoming the obvious challenges that presents by the help of her well planned-out and strategized orientation of activities. This form of orientation permits a strategic manager to master a challenge before it occurs and makes new decisions while encouraging the whole body of personnel to imbibe the culture of quality (Syarifudin, 2023).

The world's health care policymakers got to know the significance of quality in health care settings/organizations in the 1990's, which brought about the development of respective strategies. in 1992 Swedish hospitals started the practice of quality- related initiatives. The Irish health care organizations-oriented interest towards health care service delivery and effective management has been given considerable attention. Also, the Netherlands health care organization passed a law in 1996 which ensured the provision of national quality assurance (Emad and Al-Shdaifat, 2015).

TQM evolved from Japan and later spread to other parts of Europe and the western world by the 1980s. By the 1990s, many hospitals and Industries got interested in and sought to transform their personal setting base on the management aspect to help them get mastery of the finest details (Balasubramanian M., 2016). Patriarch like Edward Deming and Joseph Juran in the 1950's, Philip Crosby in the 1980's relentlessly built up the rubrics of this quality ensuring system as a means by which performance improvement can be achieved known as TQM (Barake, 2015).

TQM can be described as a philosophy of management that is concerned with work process and consumers that seek to satisfy their needs and improve the hospitals performance (Emad and Al-Shdaifat, 2015). Organizations of all sorts can successfully apply this strategy be it co-operations, business companies of all types, schools, universities and health care facilities. Deming pointed out that there exists a universal use of the principles of TQM especially in health care; in as much as there is the need for progressive improvement with efficiency and efficacy. The philosophical expressions of TQM have been proven successful in organizational settings and need focus improvements when it has to do with service offering industries like healthcare facilities and manufacturing industries (Panuwatwanich and Nguyen, 2017).

Theoretical authorities like Uma Kamar and Kamer made mention that the effective use of TQM in hospitals could improve patients' satisfaction, raise productivity, save time, enhancing personnel morale, hence the eventual delivery of high-quality services to patients and keeping cost low. Dissatisfaction is not only manifested by patients; often, there exist what is known as labor dissatisfaction among personnel. This arises from the lapse that has to do with inadequate task organization and the ineffective use of the TQM techniques and tools in task distribution. Another important ingredient to the solving of this labor dissatisfaction among personnel is the need for skillful interpersonal communication with other co-workers and the patients themselves through the establishment of lasting nurse – patient relationship. The creation of this relationship between the nurse and the patient does not only improve the patient adherence to physical therapy but also ensures patients' adherence and full satisfaction (Hackman and Wageman, 2018).

Strategic leaders in TQM seek to utilize their conceptual skills to create future goals with the right satisfaction of client's need and continuous quality improvement. Prestiadi et *al.* (2019) see strategic leadership in TQM as maximizing organizational roles in a bit to constantly improve on quality. TQM is the entity that creates general hospital inclusion for the sole purpose of continuous improvement both work/delivery process and the personnel involved.

The strategic leader in TQM conceptually envisions the future and directs the whole hospital toward the achievement of pre-set goals. Strategic leaders are focused on the development of a clear vision for the hospital through the use of TQM tools and advanced technology for continuous quality improvement. This is done with a steady focus on the level of client satisfaction and the progressive steadiness on maintaining the work/service delivery process (Prestiadi et *al.* 2019).

1.3 STATEMENT OF THE PROBLEM

A significant problem with the leadership role in the state hospitals in Cameroon concerns the lack of the alignment, planning and implementation of TQM within their strategic framework (Moulin et *al.*, 2019). According to Walsh, Hughes and Maddox, (2002), some country-based hospitals organizations face great difficulties in their struggle to implement TQM due to bureaucratic culture and passive attitudes/behavior of the personnel that forms the work team (Emad and Al-Shdaifat, 2015).

Cameroon and some African countries manifest an alarming statistic compared to countries of the western world with respect to critical situations like infant mortality, maternal mortality, and inadequacy of portable water, presence of tropical diseases like malaria, epidemics and poor waste disposal systems among others. As it is shown, TQM initiatives must involve the in-building of the culture of continues progress through continuous process amelioration which enhances proper client/patient satisfaction. This possess a significant need for leaders or managers of these organizations to get strategic in the exercising of their roles so as to ensure the right implementation of TQM protocols for continuous quality improvement in service delivery and work process maintenance.

There have been no signs to show that these deplorable statistics in Cameroon will experience a drastic decrease anytime soon if leaders of healthcare organizations keep on losing their grip on effective and continuous quality improvements in service delivery. For the perfect mastery of strategic leadership and the right implementation of TQM protocols is a pre-requisite for continuous quality improvement in our healthcare organizations hence the decrease in deplorable human statistics on crises (IFRC, 2023). This brings the

researcher to this question: How and why do state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals? For despite the severity and potential fatality of the effects of non-strategic leadership in the Cameroonian healthcare organizations and the inadequacy on continuous quality improvement of their delivered services, very little seems to be done about it.

1.4 PURPOSE OF THE STUDY

The purpose of this qualitative study was to gain a deeper understanding on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. The Cameroonian state hospital organizations were chosen because of the following reasons: They are the main healthcare service delivery organ of the country since they serve a very large proportion of the population, and a conclusion made in these state organs would be more representative. Hence permitting us to gain insights into general challenges faced in the implementation of TQM. Also, the results of the study can influence policy reforms by stakeholders of the state which may lead to a general improvement of TQM protocols implementation in the strategic framework.

1.5 RESEARCH QUESTIONS

This part describes the main area of doubt that needs to be verified. It presents the issue of both general and specific concern.

Main Research Questions

RQ 1. How and why do state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals?

RQ 2. What are challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals?

RQ3. How strategic leadership can impact implementation of TQM in the state hospitals in Cameroon?

RQ 4. What is the relationship between leadership and TQM in the Cameroonian state hospitals?

1.6 SIGNIFICANCE OF STUDY

Despite considerable literature about strategic leadership and its impact on TQM implementation, there is a significant gap about how strategic leadership can impact implementation of TQM (Alshatnawi and Ghani, 2018). The literature on strategic leadership and TQM showed that there is limited knowledge about the conditions under which strategic leadership initiatives contribute to TQM in the state hospitals. As a result, there is growing interest among scholars and practitioners to investigate the relationship between strategic leadership and TQM protocols (Schaedler et *al*., 2022). Strategic leadership contributes to the effective implementation of TQM protocols at various levels as shown below.

To Health Service / Hospital Managers: This study intrigues hospital managers and health service managers to discover the tremendous contributions of strategic leadership to the effective implementation of TQM Protocols. Also, it educates them on the relationship between strategic management and TQM hence causing them to see the need to imbibe great leadership competences to help them ensure continuous quality improvement in health service delivery.

To the Researchers: It throws more light to existing relationships between key concepts which could stimulate the development of new and innovative models. Also, it could create new research areas for further study to be carried out.

To Policy Makers: This study improves comprehension on strategic leadership and TQM protocol implementation which influences or causes the development of policies that are suitable to healthcare / hospital managers to ensure the improvement of care delivery processes.

To the Hospital: The general hospital functioning would be ameliorated as quality would be instilled in the organization's culture and general practice. Also, there would be the immense application of specific tasks and job description stemming from the strategic competences of the manager. Hence, personnel would gain fulfillment in the achievement of every attained goal.

To the Participants*:* It would create first-hand awareness on the importance of strategically running a healthcare organization while ensuring the effective implementation of TQM protocols for quality assurance, process maintenance, patient satisfaction and competitiveness.

To the Society as a whole: With the possible innovations that would be brought forth, the general society would enjoy the benefits of improved quality of healthcare services and improved client / patient satisfaction.

1.7 Definition of Key Terms

Challenge: A challenge can be defined as something or any task that possess a test to ones skills and potential (Horikoshi, 2023).

Leadership: Leadership is defined as one's ability to influence or guide the members of an institution, association or a society (Barney and Pratt, 2024).

Organization: An organization is an entity such as a company, an institution or an association comprising of one or more people and having a particular purpose (Gutterman, 2023).

Quality: Quality is an expression of an adjustment to the present and future fitness or conformance to client/patient's requirements (Shereen and Bozas, 2016).

Strategy: A strategy is defined as the scope of an organization (hospital) for a very long period of time and determines how the various resources (human, material and financial) are used to supply the hospital needs (Bukhari, 2019).

Strategic Leadership: Strategic leadership is act of establishing patterns that are constantly being adjusted, renewed to ensure harmony of the work process and to always meet up to the present time need of the organization (Syarifudin, 2023).

1.8 SUMMARY

The purpose of this qualitative study was to gain a deeper understanding on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. The strategic leader ensures that the culture of quality is established in the work process while creating opportunities for regular training, workshop or seminar sessions to keep the hospital team sufficiently apt enough. He initiates a system where client's feedback could be gotten for open suggestions by client/patients for the purpose of service quality evaluation and motivating outstanding personnel through a reward system. The personnel are reminded often of the need to meet clients / patients' expectation in service delivery. The personnel are provided with all necessary information to ensure continuous improvement of the work process. Other TQM dictates like the setting and communication of a clear goal and objectives are ensured by the strategic leader to establish a smooth functioning.

CHAPTER II.

LITERATURE REVIEW

This chapter provides an elaborate review of literature. It involves the exploring of past work on key aspects and the presentation of theoretical frameworks which form the basis for ground knowledge. This chapter presents knowledge on the following aspects; how hospital leaders planned, aligned and implemented TQM protocols within the strategic framework, challenges and opportunities of successful implementation of TQM, how strategic leadership can impact TQM's implementation and the relationship between leadership and TQM in the Cameroonian hospital. All these above-mentioned aspects have been broken down to several sub-topics for easy comprehension that permits consistency with the flow of knowledge.

2.1 DOCUMENTATION

The purpose of this qualitative study is to gain knowledge on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. All the scientific articles used in this study are obtained from the following publishing sources.

Table 2.1. Frequency Distribution of Articles by Category

Variable	%	N
TQM Implementation and Challenges	35	30
Strategic Leadership and its Impact on TQM	44	37
Organizational Culture and Quality	13	10
Extent of Practice of TQM	4	3
Effects of TQM	5.3	4
TOTAL	**100**	**84**

The above table summarizes the number of articles used in this study and the category that most represents the articles by content.
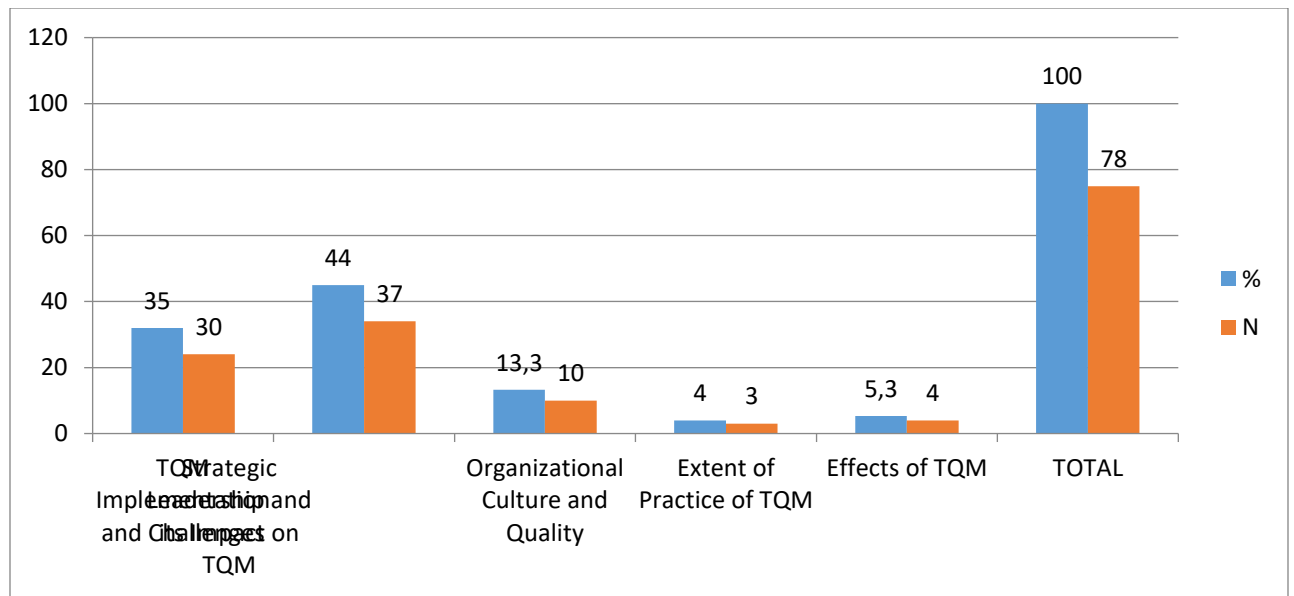
Figure 2.1. A representation of the frequency distribution of articles by category

The figure above represents a graphical presentation of Table 2.1, which shows the distribution of used articles per category.

Table 2.2. Nature and Sources of References

Author(s)	Nature of references	Sources
Abdelsalam M. AbdelhafidSaad. (2016).	An investigation into the implementation of Total Quality Environmental Management (TQEM)	*Nottingham Trend University Journal*
Abdulkadir, K. (2023).	TQM as an effective tool for achieving customer satisfaction, patronage, productivity gains and sustainability in organizations	*Studies in Economics and Business Relations*
Ahmad et *al*. (2015)	Total quality management in healthcare.	*International Journal of Computer Applications*

Ahmed and Sojid (2023)	Leadership And Its Impact On Total Quality Management	*Journal of Advanced Research in Economics and Administrative Sciences (JAREAS)*
Ajayi and Osunsanmi, (2019).	Constraints and challenges in the implementation of TQM In	*A Report Submitted to the University of Lagos*
Akinlolu et al., (2017)	Contracting organization The extent of practice of TQM in the maintenance of university buildings in South Africa	*Research gate journal*
Alshatnawi and Ghani, (2018).	The effect of TQM and knowledge management on organizational performance in higher education institution in Jordan	*International Journal of Academic Research in Economics and Management Sciences*
Ashkevari and Ghani, (2018).	The Effect of Total Quality Management and knowledge Management on organizational performance in higher education Institution in Jordan	*International Journal of Academic Research In Economics and Management Sciences*
Ashkevari and Ghani, (2023).	The impact of Strategic Leadership on Organizational Performance with Regard To the Role Of Organizational Innovation	*Journal Of Organizational Behavior Research*
Balasubramanian, (2016).	TQM in the Healthcare Industry – Challenges, Barriers and Implementation Developing a Framework for TQM Implementation in a Healthcare Setup	*Science Journal of Public Health*
Barake K. (2015).	Influence of TQM Principles on Quality Health Care Provisions In Private Facilities	*A Report Submitted at the University of Nairobi*

Blakely,(2020).	Leadership Strategies to Achieve Organizational Excellence.	*Walden Dissertation and Doctorate Studies Collections*
Bytyçi, (2023).	The Impact of TQM on Operational Performance	*Journal of Governance and Regulation*
Carvalho, (2021).	Strategy and Strategic Leadership in Education: A Scoping Review	*Frontiers In Education*
Conner-Boyd, (2019).	The Role of Strategic Leadership in Healthcare Profitability	*Walden Dissertations and Doctoral Studies Collection*
Cortes, &Herrmann, (2022).	The Role of Strategic Leadership in Healthcare Profitability	*Walden Dissertations and Doctoral Studies Collection*
Deshmukh, (2023).	Total Quality Management: A Need for Industry for Quality Product	*International Journal of Pharmacy and Chemistry*
Emad A. Al-Shdaifat. (2015).	Implementation of total quality management in hospitals	*Journal of Taibah University Medical Sciences*
Otieno Awuor Kinuthia, (n.d.).	The relationship between strategic leadership and strategic alignment in high-performing companies in South Africa	*A Dissertation Submitted at the University of South Africa*
Fouada et *al*. (2018).	Total quality management Practices from Unit Nurse Managers' Perspectives	*JOJ Nurse Health Care*
Gambi L. (2015).	The relationship between organizational culture and quality techniques, and its impact on operational performance	*International Journal of Operations and Production Management*
ISO, (2018).	Total Quality Management Principles.	*Research4life.*

Joshi, (2018).	Impacts of Leadership on TQM in Food Industry in India.	*A Report at Western Kentucky University*
Kartika, (2024).	The Role of Strategic Leadership and Dynamic Capabilities in the New Reality of Today's Business World.	*The Authors*
Khan and Mumtaz (2018).	Total Quality Management.	*International Journal of Development Research (IJDR)*
Koji, et *al*. (2015).	A Management Tool to Improve Quality of Healthcare Services	*Tropical Medicine and Health*
Ramdass and Nemavhola., (2018).	Cost Implications of The ISO 9001 Quality Management System in South African Manufacturing Organizations.	*South African Journal of Industrial Engineering.*
Kurzhals, (2020).	Strategic leadership and technological innovation: A comprehensive review and research agenda.	*International Journal for Quality Research.*
MAO, (2018).	Implementation of Total quality management and its Effect on Employees' Performance	*Midwin Publishers.*
Madu, (2023).	Strategic Leadership: A Key to Organizational Effectiveness and Improvement.	*International Research And Development Conference (IRDEC).*
Marang, (2016).	The Use of TQM Concepts in Public Sector Infrastructure Project Delivery.	*University of Witwatersrand journal.*
Mishra and Pandey, (2018).	The Role of Leadership in Implementing TQM in Higher Education	*European Academic Research.*
Nahak and Ellitan, (2022a).	The Role of Strategic Leadership in Supporting Strategic Planning and	*International Journal of Trend in Scientific Research and*

	increasing Organizational Competitiveness.	*Development (IJTSRD).*
Nahak and Ellitan, (2022b).	The Role of Strategic Leadership in Supporting Strategic Planning and Increasing Organizational Competitiveness.	*International Journal of Trend in Scientific Research and Development (IJTSRD).*
Nana and Adusa-P., (2015).	Assessing Total quality management (TQM) In The Ghanaian Construction Industry	*International Household Survey Network.*
Owusu-Boadi, (2019).	The Role of Strategic Leadership in the Profitability of Large Organizations.	*Doctoral Study Submitted at Walden University.*
Palladan, (2018)	Toward Effective Strategy Implementation: The Role of Strategic Leadership Organizational Innovativeness and Information Technology Capability.	*Austin Journal of Business Administration and Management.*
Panuwatwanich, (2017).	Influence of total quality management on Performance of Vietnamese Construction Firms.	*Procedia Engineering journal.*
Pasaribu, (2021).	Impact Of Strategic Leadership and Organizational Innovation On The Strategic Management.	*Polish Journal Of Management Studies.*
Prabha et *al*. (2016).	Total quality management adoption in a public hospital: Evidence from Mauritius.	*Global journal of business research.*
Prestiadi et *al*. (2019).	Visionary Leadership in Total Quality Management	*Advances in Social Science, Education and Humanities Research.*
Pussella & Yapa, (2021).	Barriers in Implementing Total Quality Management in Organizations	*A report presented on the 17th international*

		conference on business management.
QMS. (2016).	Guidelines for Developing a Quality Management System (QMS) For Long Term Care Providers.	*National Centre for Assisted Living.*
Renjith et *al*., (2015).	Transformational leadership in nursing.	*International Journal of Scientific Research and Management Studies (IJSRMS).*
Riaz et *al*., (2023).	The Role of Leadership in the Successful Implementation of TQM.	*PalArch's Journal of Archaeology of Egypt/Egyptology (PJAEE).*
Schaedler et *al*. (2022).	Strategic leadership in organizational crises	*Science Direct.*
Shereen and Bozas, (2016).	An Investigation into Quality Management Principles at a Primary School in Durban.	*IOSR Journal of Research & Method in Education (IOSR-JRME).*
Shortell et *al*. (2015).	Assessing the Impact of Continuous Quality Improvement/Total Quality Management	*Journal of Management.*
Silva, (n.d.).	Sustainable Quality Management Systems in the Current Paradigm	*The Role of Leadership. Journal of MDPI.*
Syarifudin, (2023).	Realizing Total Quality Management through Strategic Management Implementation in School.	*Al-Tanzim: Jurnal Manajemen Pendidikan Islam.*
Tauseef (2018).	Total quality management and Six-sigma.	*Intechopen journal.*

Wagimin et *al*. (2019).	The Effect of Leadership on Employee Performance with Total Quality Management (TQM) as a Mediating Variable in Indonesian Petroleum Companies	*Journal of Integrated Engineering.*
Wassan et *al*. (2022).	Impact Of Total Quality Management (TQM) Practices On Sustainability And Organizational Performance.	*Research gate.*
Yaakub et *al*. (2022).	The Relationship between Strategic Management Planning and Leadership Skills.	*Journal of the Asian Academy of Applied Business*

The above table represents the presentation of nature and sources of reference concerned with Strategic leadership and TQM used in this study.

2.2. THEORETICAL FRAMEWORK

The use of theoretical frameworks in this study is aimed at aiding the systemic comprehension of key concepts and guiding our views to better appreciate the evolution of knowledge from these foundational concepts. This study made use of three main theories, including:

- The Transformational Leadership Theory
- Human Society Theory and
- Anderson's Theory

Which all sort to explain the contributions of strategic leadership in the implementation of TQM protocols in the Cameroonian state hospital in a bit to enhance alignment and planning in a strategic framework.

2.2.1. Transformational Leadership Theory

The Transformational Leadership Theory will be used to explain the contributions of strategic leadership in the implementation of TQM that is, how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. This theory was founded by James Downton and more light was later thrown on it by Bernard Bass. This is

a leadership style that works with personnel in the creating of organizational vision, assessment of organizational needs and in the execution of work process activities / periodic objectives (Campos, 2024).
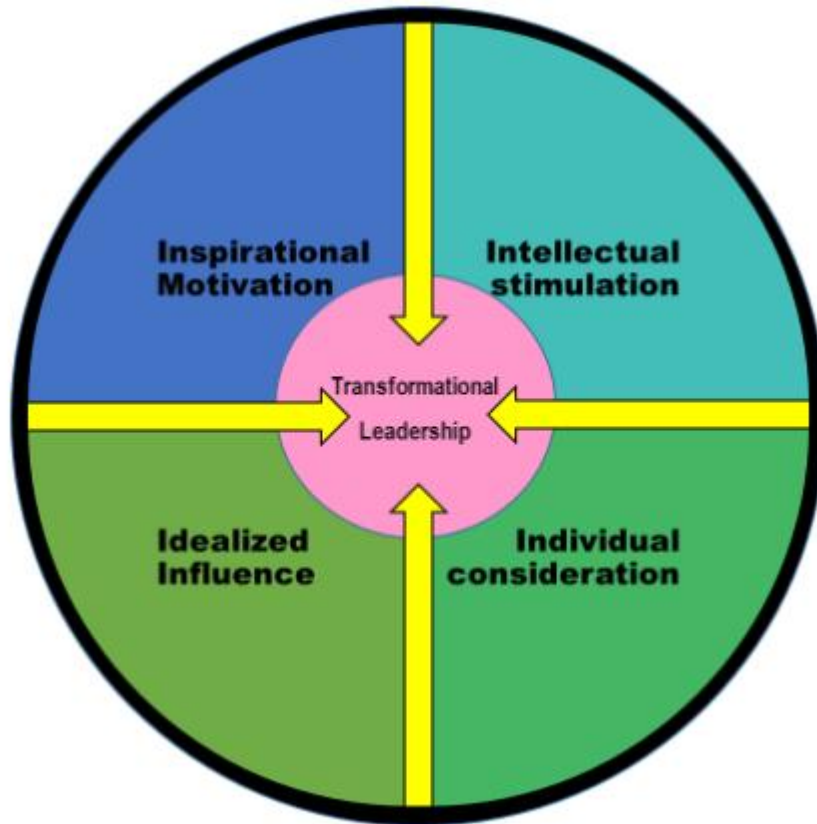
Figure 2.2. Transformational leadership model by Renjith, V., Renu, G., & George, A. (May 2015). Transformational leadership model. International Journal of Scientific Research and Management Studies 2(2), 112-118.

This theory emphasizes the four (4) I's, which are as presented by the above diagram;

➢ Inspirational Motivation

➢ Intellectual Stimulation

➢ Idealized Influence

➢ Individual Consideration

Were,

Inspirational Motivation describes the inspiration and motivation gained by the personnel as they gain clues into the organization's vision aligning it with their individual aims. This stimulates full involvement and collaboration by the organization's personnel as the strategic leader in the transformational context clears doubts and confusions with respect to the vision, mission and goal / periodic objectives of the organization at every point (Renjith et *al*. 2015).

Intellectual Stimulation lays emphasis on the manager's ability to improve the personnel's productivity through his cognitive know-how. That is, in encouraging mutual personnel creativity and innovation to permit the organization with-stand the ever changing environmental condition. Personnel are stimulated to think extensively and influence the system in such a way that promotes process maintenance and quality (Renjith et *al*. 2015).

Individualized Consideration expresses qualities that place demands on the leader's interpersonal relationship with his personnel. The strategic leader shows plenty of consideration in his dealings with his personnel. He ensures that the needs of the personnel are satisfied to permit him to work up to his full potential. The personnel are often permitted by the leader to make certain decisions and given the means to establish the changes that come with it (Renjith et *al*. 2015).

Idealized Influence presents a surface of action equity where the strategic leader in the context of transformational leadership theory becomes also what he expects his personnel to be. That is the manager of the organization better influences his followers by becoming their role model; discipline, respect, productivity and in his tenacity with respect to quality and continuous work process improvement (Renjith et *al*. 2015). Looking at the contributions of strategic leadership on the implementation of TQM through the eyes of the Transformational Leadership Theory produces the following assertions below.

Inspiring a quality driving vision

The strategic manager dictates the TQM protocol in the transformational leadership theory, installs a vision that holds quality work process and service delivery at the center of every intervention (Prestiadi, 2019). This comes up because of the strategic leader making efforts to apply the demand of TQM principles in the organization. So, the

organization's mission also is patterned to uphold quality (Madu et *al*. 2023; Riaz et *al*., 2023).

Fostering a Culture that is centered around Quality

Strategic leaders in the transformational leadership context instill a culture of quality throughout the organization (Pasaribu et *al*., 2023). This comes as a result of their regular insistence on continuous organizational quality improvement. These leaders often supply personnel with TQM manuals and workshops that create a quality enforcing environment around the organization (Ashkevari and Ghasemi, 2023).

Empowering Personnel and Involving Them in Decision Making

These strategic managers in the context of transformational leadership theory turn to empower their personnel through their inclusion in the decision-making process (Cortes and Herrmann, 2022). This inclusion of personnel in decision making with respect to quality in the organization raises more awareness and enforces quality more while at the same time also ensuring the effective implementation of TQM protocols at all levels of the organization (Riaz et *al*., 2023).

The Promotion of Continuous Learning and Innovation

Strategic managers based on the transformation leadership theory create and maintain a continuous knowledge/skill improving environment (Ajayi and Osunsanmi, 2019). This is attained through the creation of regular seminars and workshops on key aspects of necessity. These regular training sessions encourage great quality enhancement. They also promote personnel to carry out innovative interventions which support ever changing extrinsic environments hence re-enforcing TQM (Joshi, 2018).

Trust and Transparency

A sense of trust and transparency is built in the organization by the strategic manager. This promotes a less tensioned environment, permits easy communication and

collaboration among personnel which creates a favorable environment for the establishment of TQM principles (ISO, 2018).

Alignment of TQM with the Organizational Vision

The strategic leader incorporates TQM in the general organization's vision. This instills in the personnel that TQM is not a separate philosophy but forms an integral part of the organization's goal (Renjith et *al*. 2015).

Encouraging Personnel Development

The strategic manager in the context of transformational leadership encourages the professional development of the personnel (Nahak and Ellitan, 2022). This is done through the organization of training sessions and periodic workshop / seminar campaigns. The development of personnel skills and raised scientific awareness provides a suitable environment for the effective implementation of TQM (Ashkevari and Ghasemi, 2023).

Acknowledgment of Personnel Efforts

The strategic manager makes constant checks on the progress and evolution of quality implementation in interventions and service delivery. The regular measure and checks aids in evaluating the level of TQM's protocol implementation. In doing all this, the leader also notices and celebrates quality achievements and motivating personnel with the best scale of implementation (Ashkevari and Ghasemi, 2023).

2.2.2. Human Society Theory (The Theory of Human Motivation)

Abraham H. Maslow's 1943 pyramidal theory of human Motivation is the preferred human society theory in this study (Ihensekien and Arimie, 2023). In the light of the contributions of strategic leadership in TQM implementation, the levels of pyramidal presentation express the following.
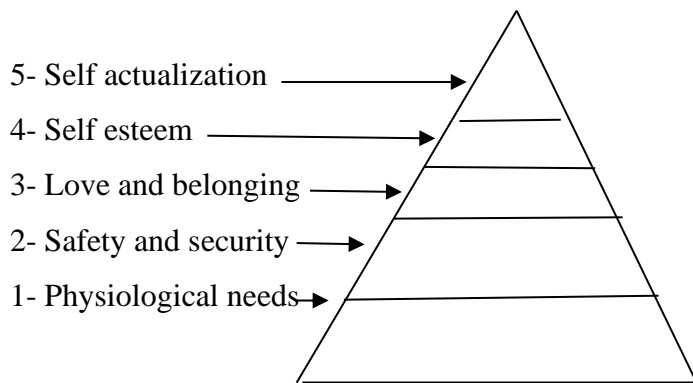
Figure 2.3. Maslow's Hierarchy of Need from Trivedi J. and Mehta A. (June, 2019). Theory of Human Motivation. International Journal of Research in all Subjects in Multi Languages (IJRSML). 7(6). 1-4

- **Physiological Needs**

    The strategic manager of the healthcare organization allocates resources to supply the essential needs of the personnel, ensures the provision of a conducive working condition for personnel to permit them to effectively implement the protocols of TQM. By so doing, continuous quality improvement is assured (Ihensekien and Arimie, 2023).

- **Safety and Security**

    The strategic manager ensures that the personnel gains confidence in job and role execution. And also creates a safe working environment for the personnel. The confidence gained by the personnel and job security encourages the establishment of a culture of quality (Trivedi and Mehta, 2019).

- **Love and Belonging**

    This element is also known as 'Social Needs' of the personnel. Here we see that, the strategic manager encourages the establishment of TQM through the creation of a highly cooperative and collaborative environment (Trivedi and Mehta, 2019). Where all the workers feel important, sharing among themselves and collaboratively making quality favouring initiatives together. This kind of environment improves quality implementation and promotes service delivery (Ihensekien and Arimie, 2023).

- **Self- esteem**

The strategic manager performs periodic acknowledgements or recognitions of out-standing personnel. This builds the esteem of the workers and further pushes them to do more. This creates an atmosphere of excellence in execution of job description hence promoting the implementation of effective quality (Trivedi and Mehta, 2019).

- **Self- actualization**

Personnel are encouraged by the strategic organization's leader to meet up to their full potential as they encourage initiatives for work process innovation. Hence, the regulation and intuitive contribution of these workers in the structure improves quality and clients' satisfaction (Ihensekien and Arimie, 2023).

2.2.3 Anderson's Model

The theoretical framework for this study is based on Anderson's Model for Healthcare Service Utilization incorporated from Andersen (Barake, 2015). This model considers the healthcare system to comprise of the following: Health policy, Organization and Resources. Barake (2015) argues that the organization has to do with the management of the organization's resources which facilitates access to the health structures and care process enhancement. This model ascertains to the fact that the healthcare organizational allocation and supply of resources and its labor force are the determinants for service quality hence customer satisfaction is attained (Fouada et *al*., 2018). Aforementioned authors believe that resources have got to do with the capacity and level of labor and capital distribution as well as personnel training and healthcare equipment's supplies. This model recognizes the fact that there exist various units in healthcare organizations and that where there is this service be it primary or secondary care, the quality determinants will depend on the clients / patients' viewpoints which are influenced by their individual characteristics (Barake, 2015).
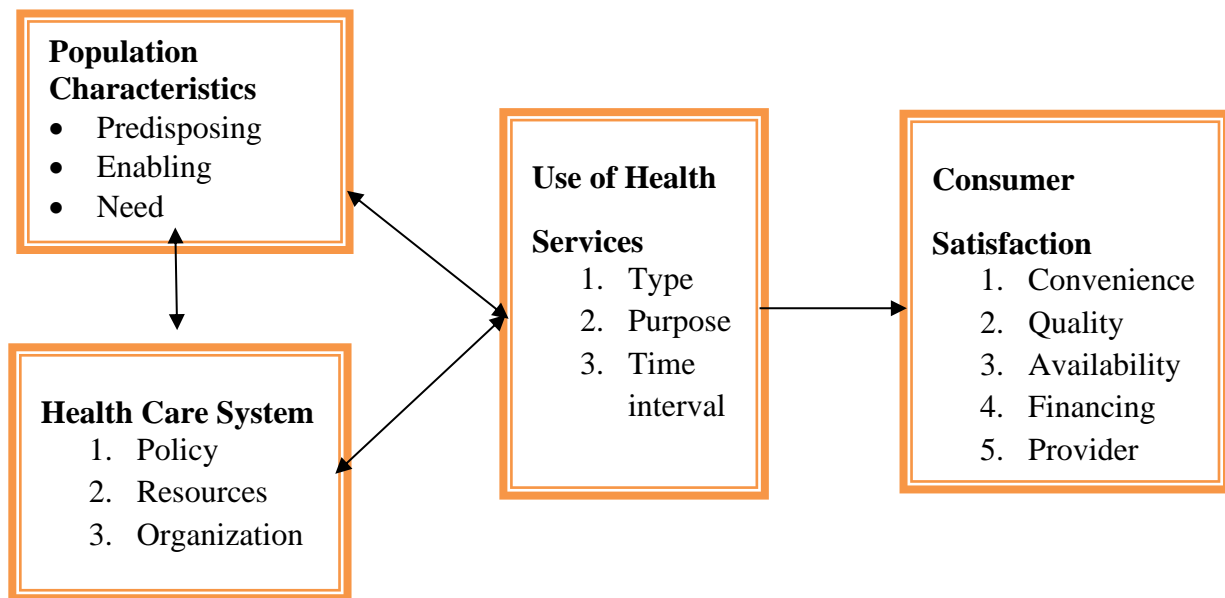
Figure 2.4. Anderson's model of Health Service Utilization (adapted from Andersen, 1995. In Barake K., (2015): Influence of Total Quality Management Principles on Quality Health Care Provisions in Private Facilities: A Case of Avenue Hospital, Kisumu County, Kenya. Project Report – University of Nairobi; 1-74

According to this model the three (3) primary components that encourage health service utilization, based on effective quality are:

1. The Predisposing Factors

The model emphasizes that clients/patients will seek after healthcare services if they perceive it as a means to fit their social standing or satisfy their social needs. This expresses the pre-eminence of the role of strategic leadership in the final quality achieved, since quality achievement is based on the effective planning, alignment and right implementation of TQM protocols (Renjith et *al*. 2015).

2. Enabling Factors

The enabling factors here lay emphasis on the effects of strategic leadership in contributing to continuous work process improvement through continuous quality improvement as a result of the creation of a culture of quality (Pasaribu et *al*., 2023). With the conceptual skills of a strategic leader, the managers of these organizations would ensure

the allocation of resources for smooth process running and elimination barriers to proper utilization of the health service (Riaz et *al*., 2023).

3. Needs

With the application of strategic leadership in the work process of health organization, there would be the right and timely allocation of scarce resources, right and timely interventions, the provision of curative, preventive and rehabilitative services needed by the community hence total quality is kept under control and the client's needs are satisfied. This in turn will improve on the levels of client satisfaction and the use of healthcare services will increase (Prabha R. et *al*., 2016; Wassan et al., 2022).

2.3. STRATEGIC LEADERSHIP IN HOSPITAL

According to Nahak and Ellitan (2022) strategic leadership is the secret for hospital futuristic growth. They also added that strategic leadership involves the managing of human, material and other resources including the evaluation of the hospital's potential and how to effectively make use of these potential to achieve organizational goals. Strategic leadership often demands flexibility to change and a quick adaptation to new orientations; this often requires a team that can also move fast in the orientation of the strategic manager (Carvalho et *al*., 2021).

According to Geresom and Hazarika (2024), Baldrige Excellence Framework, which was developed by NIST (National Institute for Standards and Technology) presented client-focus approach to TQM as a very important aspect to observe as a strategic manager for an effective TQM implementation. Strategic leaders ensure that the culture of quality is established in the work process while creating opportunities for regular training, workshops or seminar sessions to keep the hospital team sufficiently apt. He initiated a system where client's feedback could be gotten for open suggestions by client/patients for the purpose of service quality evaluation and motivating outstanding personnel through a reward system. The personnel are reminded often of the need to meet clients / patients' expectation in service delivery. The personnel are provided with all necessary information to ensure continuous improvement of the work process.

Other TQM dictates like the setting and communication of a clear goal and objectives are ensured by the strategic leader to establish a smooth functioning. Based on the assertion of Bourant (2020), factors that influence major hospital decisions based on TQM implementation is mainly patient behavior with respect to their level of satisfaction. Also, (Messerle; 2024) added that the compliance of a hospital to the country's policy or objectives for health in that country is a way towards achieving maximum healthcare quality.

Strategic leadership is based on the futuristic assumptions made by the leader to control and regulate present activities with gaze on future factors that may or may not be favourable for the Hospital functioning (Ashkevari and Ghasemi, 2023). Hospital organizations are expected to set and achieve goals; for this is the process that keeps re-occurring in every organization. Once a particular goal is achieved new ones are set-up and so on. For this to be made possible, there is the need of a leader who can provide organizational direction for goal achievement (Nahak and Ellitan; 2022).

Strategic leadership has been neglected in hospital governance. Most of the studies carried out in the past have made use of strategic leadership in other sectors like in engineering and the purely business world except in the health sector (Carvalho et *al*., 2021). Literature on Strategic leadership first appeared in the year 1980 and up to the year 1990; there existed just scanty knowledge and studies in this area. Strategy was seen as a form of management or leadership activities and as a form of planning. After much research in this area, it was understood that the act of planning hail of a strategy and that strategies are the socle of organizational growth since they create a sense of direction for organizational goal achievement (Carvalho et *al*., 2021).

Strategic leadership could be seen as the ability to anticipate change, set futuristic goals, take strategic actions, establish flexibility and sound collaboration among personnel (Nahak and Ellitan; 2022). According to Ashkevari and Ghasemi (2023) Strategic leadership could be seen as the manager's ability to anticipate the organization's direction, think strategically, create and maintain organizations flexibility while collaboratively inducing change and continuous quality improvement in the organization's work process.

The monitoring and follow-up of care in healthcare facility aid in trust building toward the hospital's system put in place to attain daily quality (Padhi; 2024).

So far, there has been literature on the impact of strategic leadership on TQM implementation though there are large gaps that exist on aspects of the role of strategic leadership in the implementation of TQM. Also, this insufficiency in literature could be noticed largely in the contributions of strategic leadership in the implementation of TQM protocols in state hospitals. This has triggered a scientific interest among researchers in investigating the relationship that could exist between the now trending concept of organizational governance – Strategic Leadership and TQM protocols / principles (Schaedler et *al*., 2022).

The institution of strategic leadership means an institution of change; that is a change in processes of work systems, a change in thinking of personnel, a change in leadership style of top managers of the hospital organization, a change in the distribution of power, a change in service delivery systems (Carvalho et *al*., 2021). Strategic leadership is a pre-requisite for every hospital considering the fast advancement in science and technology, not leaving out the competitive aspects of the world of business (Nahak and Ellitan; 2022). This form of leadership plays a very crucial role in the communication of the organization's mission and vision to personnel (Fouada, 2018). Hospital organizations often have goals and objectives to achieve and must have the right leadership practices to ensure these goals achievement. Not only that; these goals have got to be achieved with optimal levels of satisfaction both on the personnel's sphere and client sphere (Kartika, 2024).

This strategic leader creates a compelling vision, develops short- and long-term strategies to permit the accomplishment of that pre-set goal. They can create opportunities in organizational weakness and thread while maintaining good interpersonal skills with personnel at all levels to ease the flow of information that permits good decision making. According to Kartika (2024), strategic leaders are the backbone behind every successful hospital organization. She describes them as being multi-functional and the key behind organizational negotiations.

Added to the latter, they are seen as taking control not only of current hospital internal and external environment but only being futuristic in their interventions; to permit them stay abreast with the continuously changing environment (Riaz et *al*.; 2023). According to Padhi (2024), an initiative for effective TQM implementation by strategic leaders should involve capitalizing on the health facility's strength and the improvement of their weakness or areas that need amelioration. Also, according to Riaz et al. (2023), strategic leaders facilitated the daily integration of TQM initiatives.

A leadership that is strategic has dynamic abilities which are needed to maximize hospital resources, gain swift control over future challenges, avoid errors which come with wrong decision making and even if they happen it is turned into opportunities (Prestiadi et *al*., 2019). A hospital organization with dynamic abilities can succeed in a very competitive environment base on the fact that it can develop, integrate and re-set its competencies quickly as the need may arise. There are three major strengths of dynamic capabilities which are (Kartika, 2024).

Change sensitivity: This is the ability of the strategic leader to accurately detect change in both the organizational and external environment.

Identifying opportunity: The ability to grab opportunities timely enough for good use maximization.

Transforming the Organization: This refers to the hospital organization's ability to remain as flexible as possible. The flexibility of a hospital organization permits her to easily adapt to changing environments, hence encouraging the attainment of organizational goals.

2.3.1. Components of Strategic Leadership

➤ *Leadership goals:*

The organizational goal of every hospital is the leading goal. All the personnel from top to operational levels are expected to be guided by these goals in the organization. This forms the center of work process harmony and acts as that center where all interest converges. The clearer the visions of the strategic leader, the more successful the hospital organization is in its implementation of TQM protocol. Hence, quality in service delivery is attained (Ashkevari and Ghasemi, 2023).

➤ *Individual Personnel Development:*

The strategic leader is responsible for stimulating interest in learning among personnel in the hospital. This can be done by establishing an organizational knowledge platform where every personnel is given the opportunity to educate members on precise innovative educative topic of general interest. This has been known to promote personnel development. Another area of individual development is in their carrying out of their unique task where they get to learn and develop more by experience gained after long periods of performing a particular task (Ashkevari and Ghasemi, 2023).

➤ *Core Competence Development:*

The hospital's major assets are her core competencies. It is that value that puts the organization at a higher competitive advantage with other organizations in her line of intervention. This asset is harnessed by the strategic leader to be updated with current change in the world of technology and business through the creation of regular workshop and seminar sessions (Ashkevari and Ghasemi 2023).

➤ *Organizational Control:*

The hospital's performance of periodic checks and evaluation of achieved and ongoing projects and plans should be well known and established by the strategic leader. Strategic and financial controls are two measures to achieve this. Strategic control is based

on the initiation of work sessions with subordinates and collaborators by the strategic leader. This will permit the exchange of information between the personnel and the top managers, enhancing a better understanding of the work process at every unit of the hospital. This method guides the strategic manager in decision making and better position the hospital organization towards full attainment of quality through the effective implementation of TQM protocols (Ashkevari and Ghasemi, 2023).

➢ *Having a culture of Pride:*

The culture of pride expresses the defining principles of the hospital organization. This culture is developed and established by the strategic leader. It is the latter that cements the organization's grip on quality. TQM protocols are the guiding philosophy for quality attainment. The right anchor on it by the strategic leader and the organization's personnel influences great overall improvement in work process, service delivery, quality assurance and competitiveness (Ashkevari and Ghasemi, 2023).

➢ *Having Organizational Control:*

Every hospital possesses a running organizational culture from where personnel's intent are analyzed. This culture is established by the strategic leader and often re-enforced by the various reward systems. The culture of quality in the hospital organization ensures that quality and continuous work process improvement is top-notch. TQM principles are often the guiding philosophy of organizations that focuses on clients / patient satisfaction and forms the guiding culture of the hospital organization hence its correct implementation cannot be over-emphasized for every work process quality attainment (Ashkevari and Ghasemi, 2023).

➢ *Organizational Performance and Innovation:*

An organization's performance is the result of the activities carried out. This is based on the individual and collective personnel attitude toward the organizational goal achievement (Wagimin et *al*., 2018). The measurement scale of the overall performance of

a hospital may be different from the scale of measurement used in another industry that is not based on health and health care service delivery. Most often these measures are implemented to provide stakeholders with information on the organization's level of improvement. Sometimes it is used by the strategic leader to enhance the decision-making process through the understanding of areas that need amelioration. Innovation involves redesigning and improvement of services in an organization for a significant positive change. It involves revitalizing of system for improvement in service delivery, which presents as a competitive advantage to the hospital organization (Ashkevari and Ghasemi, 2023).

2.3.2. The Role of Strategic Leadership in the implementation of TQM

Strategic leaders help the hospital organizations strive to present themselves outstanding in the world of competition today by enabling the effective implementation of TQM protocols through the following ways.

- **Enhancing Relationship**

First, it enhances the establishment of a good relationship between personnel and hospital personnel and the top management. This friendly atmosphere can only be established and strengthened by the conceptual skills of strategic leadership in TQM implementation. As it is known, the achievement of quality in hospitals is 10% equipment related, 40% on technological advancement and 50% is based on the corporate personnel effort. This 50% is dependent on the skills of the hospital leader to achieve optimal quality through the effective implementation of TQM protocols (Joshi, 2018).

- **Promotes TQM Implementation**

Strategic leadership is noted as a significant factor in the successful implementation of TQM. This is seen in that strategic leadership encourages hospital personnel to take-up TQM protocols, enhances the upholding of quality as a culture in the hospital, set the direction for quality improvement and motivates the top management involvement (Riaz et *al*., 2023).

- **Strategic Alignment**

The strategic leader creates a vision and influences hospital personnel towards the driving trend from the top management level right down to the operational level (Nahak and Ellitan; 2022). They align the hospitals strategies to those of TQM principles in such a way that quality becomes the hospitals priority and this is achieved by presenting the clear picture of the organization's future and how the TQM protocols would assist in the attainment of that level of quality (Riaz A. et *al*., 2023).

- **Resource allocation and support**

The strategic leader ensures the provision of all the resources that are needed by the hospital personnel in achieving the successful implementation of TQM. This involves regular training and support to assist the staff maintaining top-notch skills (Riaz et *al*., 2023). The strategic mindset of the leader permits leveraging of resources that turns to promote TQM implementation hence promoting the culture of quality with work process and service delivery in the hospital (Pasaribu et *al*., 2023).

- **Personnel empowerment**

Strategic leader permits the top management to take responsibility by decentralizing power and contributions at all levels; since this improves on top management commitment in the implementation of TQM protocols (Nahak and Ellitan; 2022). It also ensures personnel participation in decision making activities and in the general process of organizational improvement for this stirs up a sense of ownership which in turn contributes to the level at which quality is ensured through the implementation of TQM protocols (Riaz et *al*., 2023). The effectiveness of TQM implementation is based on the degree of personnel empowerment. This concept of empowerment ranges from personnel participation in decision making to their regular participation in training sessions such as seminars and workshop on TQM principles and key values to uphold to ensure quality in the work process of care delivery (Joshi, 2018); (Abdulkadir, 2023).

- **Culture of quality**

Strategic leaders are involved with the establishment of a culture of quality in the hospital (Ajayi and Osunsanmi, 2019). This culture is maintained by the clarifications of strategic intent by the leader. He creates or paints the futuristic picture of the effects of the strategies use and shows it clearly to the personnel from the top management core to the operational levels. This strengthens their obsession over quality attainment and influences their commitment to fulfilling the dictates of the TQM philosophy (Nahak and Ellitan; 2022). They make use of their position of authority to create a quality driven environment through a system that compensates personnel's individual achievements. (Riaz et *al*., 2023).

- **Conducive Environment**

The building of a team that functions in harmony with members at all levels is of great importance. (Ajayi and Osunsanmi, 2019). The strategic leader ensures the maximum collaboration of personnel; so as to create a work environment that is conducive enough for the hospital's growth. Since these limits hindrances and permits ease in the implementation and establishment of TQM protocols (Riaz et *al*., 2023).

- **Role Modeling**

The strategic leader represents the quality expected. Being the guarantor to quality, he should manifest the culture, value and dictates of TQM (Ajayi and Osunsanmi, 2019). This as an encouragement to the personnel and strengthens the general staff towards the effective implementation of the TQM protocols (Riaz et al., 2023).

- **Decision making**

The art of decision making is vital to the hospital organization in that it aids in quality assurance, process maintaining, patients/clients satisfaction and hospital competitiveness. The right analysis ensures effective decision making. The strategic leader in the performing of analysis through the TQM analysis tools could gain good orientation towards problems to prioritize and solve quickly. And by doing so, the effect of delayed response is nullified (Owusu-Boadi, 2019).

- **Organizational Change**

This refers to the change in orientation in a hospital based on the manner of carrying out their work process activities. This change could be embraced at different times though it is common when there is hospital growth. This new orientation of hospital activities is often pioneered by the strategic leader to ensure that the organizations positioning favors more growth and creates a system check to enable continuous growth. Hence, commitment to TQM protocols is emphasized by this leader to ensure work process maintenance (Owusu-Boadi, 2019).

- **Innovation and Technology**

The act of innovation and Technology is fundamental to the growth and competitiveness of the hospital. The strategic leader ensures this by regularly searching through ideas and following technological strengths of advancements. This puts the hospital at a higher competitive level since the act of innovation and the use of advanced technology would ensure effective service delivery thereby promoting overall quality (Owusu-Boadi 2019).

2.3.3. The Influence of Strategic Leadership on TQM

- **The Architectural Influences**

The strategic leader can shape the hospital's orientation toward innovative dictates of TQM protocols. This is often known to be the architectural influence of strategic leadership since the influencing factors here are based on his competence reach and his

zone of power of intervention. Here, the strategic leader is not seen to have a direct effect on the organization but influences the hospital's functioning through the right coordination of personnel for their corporate interventional effect on TQM protocol implementation (Cortes and Herrmann, 2022); (Riaz et *al*., 2023). Strategic leaders play a great influential role in the hospital organization through their interpersonal skills. This refers to the manner of interactions they have with their personnel that is; if they encourage individual personnel contributions and personal innovative initiatives from personnel, there is likely going to be the easy guiding and promotion of a healthy working environment orientated toward the main hospital goal hence quality is attained through the easy application of TQM protocol (Cortes and Herrmann, 2022).

- **The Discretional Influences**

The base of this form of influence is based on the theories of founders who postulated that the strategic leader can impose his personal convictions and principles to the hospital organization by his authority as the head of the hospital. This means he can easily make use of his place of authority as the hospital's head to instill his commitment to quality through the implementation of TQM protocols (Cortes and Herrmann, 2022).

2.3.4. Some Strategic Leadership Innovations on TQM Implementation

Generation of Ideas on TQM

The strategic leader in the hospital setting is known to be an enabler to the generation of ideas. This may not mean that all the ideas are stemming from him but he has the ability to stimulate a creative environment that makes favouring innovations to TQM's implementation possible. This often aids the process of the generation of opportunities based on the major goal of the hospital (Cortes and Herrmann, 2022).

The elaboration of TQM ideas

This is a very important process in the hospital, which aids the strategic leader in perfectly making decisions as he elaborates with his partners in scrutiny for the application of most suitable ideas. The process of elaboration evaluates if the idea is worth

implementing based on its ability to instill the required level of quality that suits the hospital's standards (Cortes and Herrmann, 2022).

The championing of TQM Ideas

The championing of an idea is known to be performed by the strategic leader of the hospital. This is simply the selling of an idea to other individuals who could be members of the hospital team or the government; that is in cases where there is needed approval of the government in order to implement the idea. In the same way is the philosophy of TQM sold out to members of the hospital as a means to increase their commitment and enthusiasm towards its application (Cortes and Herrmann, 2022).

The implementation of TQM Ideas

This stage is involved with putting into action the dictates of TQM protocols in the given hospital organization. The strategic leader is also involved in the implementation of the idea and determines how this TQM protocol would be implemented including the rigor involved in its implementation. He is also involved with the improvement of personnel commitment to this protocol and in the creation of organizational systems to ensure the hospital's level of quality base on the implementation of these TQM protocols at high levels (Cortes and Herrmann, 2022).

2.3.5. Some Specific Qualities that Strategic Leadership requires for the effective implementation of TQM.

- **Adhering to Quality**

The strategic leader of a hospital is passionate about quality and encourages others to adhere to the value and dictates of TQM (Ahmed and Sajid 2023). This equally permits personnel adherence to TQM protocols (Riaz et *al*., 2023). Cases of resistance from the personnel to the strategic leader could present in situations where the subordinates were not involved in the decision of the choice of the leader. Often it is known that hospitals that run with leaders at various levels of management that are selected by the personnel

themselves experience little or no resistance from these personnel in committing to the culture of quality intrigued by the strategic leader in the context of TQM (Joshi, 2018).

- **Futuristic thinking**

A strategic leader is expected to envision a future that matches his expectation of the level of quality he desires and establish the expected continuous improvement in work process (Riaz et *al*., 2023).

- **Respect and empathy**

Strategic leaders create an environment of trust and safety. Where the personnel feel significant enough to make contributions, collaborate / communicate freely and partake in the decision-making process of the hospital. This kind of environment would ease the establishment of TQM principles (Riaz et *al*., 2023).

- **Interpersonal Skills**

Good interpersonal skills are necessary to permit the influence of the general hospital team. This ensures an excellent presentation of TQM protocols and philosophy to the staff (Ajayi and Osunsanmi, 2019; Mishra and Pandey, 2018). An excellent selling out of the TQM principles by the strategic leader would lead to a great personnel adherence to it (Riaz et *al*., 2023). Not leaving out aspects of teamwork in mutual collaboration. Based on the strategic framework, the leader builds a team that is involved in the levels of patient satisfaction of delivered hospital services. The regular measurement on these levels of client's satisfaction could be a gauge used by the strategic leader to evaluate the levels of TQM protocol implementation in the hospital (Joshi, 2018).

- **Conceptual Skills**

Leaders need to have a great decision-making skill that cuts across and influences all levels of the hospital. Such decisions put the team on check to meet up to the leader's expectations. (Mishra and Pandey 2018). This is ensuring the establishment of quality services through the effective implementation of TQM protocols (Riaz et *al*., 2023).

- **Culture of Learning**

Strategic leaders create a culture of learning. This stimulates growth and a continuous improvement in quality. Their quick-to-listen ability and knowledge on the orientations of the staff helps them influence a reorientation where necessary (Ajayi and Osunsanmi, 2019; Riaz et *al*., 2023). The strategic leader possesses a strong value of quality backed with morality. This tends to effortlessly be transferred to the subordinates as they constantly relate all together in work process collaboration; hence TQM protocols are observed by the hospital staff without resistance and in high levels of commitment (Joshi, 2018).

2.3.6. Strategic Leadership and TQM: An Overview of Concepts and their Relationship

The concept of strategic leadership is pre-eminent in the establishment of a culture of quality in a hospital and in assuring continuous improvement through TQM initiatives (Nahak and Ellitan 2022; Pasaribu et *al*., 2023). With respect to TQM, strategic leadership involves the development of hospital goals, inducing change drives that are quality incline, introducing strategic direction and the creation of an environment that is conducive enough for the effective implementation of TQM (Riaz et *al*., 2023).

Deming (1982) being a major guru in the founding and the development of the TQM philosophy postulated that Strategic leadership focuses on helping the hospital stay abreast with its purpose, introducing long term strategies and establishing a work process culture of continuous improvement in the quality-of-service delivery. Strategic leadership in the hospital does not only involve managers who occupy the higher positions in establishments, but it goes beyond; extending to personnel at all levels, promoting collaboration (team spirit) and a culture of total commitment to quality (Pasaribu et *al*., 2023). Strategic leadership plays a pivotal role in TQM implementation in that; it aligns hospital goals to meet up with quality demands, promoting personnel involvement and continuous work process improvement (Nahak and Ellitan 2022); (Pasaribu et *al*., 2023; Riaz et *al*., 2023).

The relationship between leadership and TQM in the Cameroonian state hospitals

In hospital settings, leadership has been known to be pivotal in the establishment of TQM protocols (Joshi, 2018). Leadership emerged as a major determinant for the successful installation of quality in state hospitals. Many scholars have ascertained to the fact that a hospital organization cannot succeed in the attainment of its objectives and attain high quality standards through TQM without strategic leadership (Mishra and Pandey, 2018). Some literature outlines many qualities that a leader is required to possess to ensure successful implementation of TQM, which are the responsive ability of the leader, courageousness, collaborative skills, change oriented intuitiveness and passion. Leadership induces an unambiguous communication of a hospital's vision, mission and goal (both short-term and long-term) to personnel for better collaboration, establishing a good understanding of TQM protocols to permit an easy attainment of quality in work process (Ajayi and Osunsanmi, 2019).

Both are involved in the overall quality improvement of the hospital, though their way around it may differ. Strategic leadership involves structuring of planned levels of hospital performance, a time frame for testing and appreciating the new orientation and resource accumulation whereas TQM involves the implementations of principles, techniques and use of analysis tools (Abu-Salim et *al*., 2019). Contrary to strategic leadership, TQM emphasizes the maximum use of resources as a proof of work process efficiency. He further stipulated that, while TQM helps the understanding of patients' needs, strategic management establishes innovations to satisfy them.

Strategic leadership permits the keen examining of TQM principles with the aim of identifying right processes to favor client / patient satisfaction, continuous quality process maintenance and an overall performance improvement. It also examines various systems of leadership and their impact on personnel all in a nod to ensure quality improvements through effective TQM implementation (Prabha R. et *al*., 2016; Wassan et al., 2022). Quality attainment based on the philosophy of TQM is largely based on customer satisfaction and not on other factors like product specification. So, this possess a responsibility to the strategic leader to create a system of measurement of the clients'

degree of satisfaction. Since a loss on this grip puts the whole organization in a state of doubt on the current quality state on work process and levels of improvement required to meet clients / patient satisfaction (Mishra and Pandey, 2018).

Strategic leadership permits the effective implementation of the principle of TQM according to ISO (2018) which is based on the Customer focus, Management, Engagement of people, Process approach, Improvement, Evidence-base decision making, Relationship management and System approach to management. The establishing of all these guiding principles to quality in TQM ensures continuous quality improvement in work process and service delivery in the hospital. (Ahmed and Sajid 2023). A strategic leader ensures that these principles become the hospital's culture, flowing from the hospital's top management to the operational levels. Alnuaimi and Yaakub, (2020) postulated that in cases of personnel non-compliance, there is need for the strategic manager to make use of the (Transactional leadership) reward and punishment style of leadership to ensure that the institution's goals are achieved.

2.3.7. Some Dimensions of Leadership

➢ *The organizational dimensions of leadership:* This leadership dimension expresses the fact that hospital leaders / managers are to view the hospital organization as a framed system; with goals and objectives, resources of varying sorts and a vision. It places a responsibility on the strategic leader to seek to understand the intra-processes of the organization, its work processes, collaboration levels and trends for better decision making and intervention (ISO, 2018). For only with such understanding of a hospital organization's system can a philosophy like TQM be adapted for a continuous work process improvement (Ahmed and Sajid, 2023).

➢ *The human dimension of leadership:* This dimension seeks to understand the relationship and collaboration that exists among organizational personnel that can influence their attitudes (ISO, 2018). It is a pre-requisite for the strategic leader to seek to understand all their involved processes of individual personnel influence.

By understanding all these the strategic leader would know which influencing force to permit and which of them to do away with (Ahmed and Sajid, 2023).

➢ ***The intellectual dimension:*** This can also be described as the conceptual skill of the strategic leader. It connotes the fact that the strategic leader possesses great abilities to search about ambiguity in the hospital organization, to analyze complexities, perform follow-ups and evaluate work processes in a bit to ascertain the levels of quality attainment in the implementation of TQM protocols (Ahmed and Sajid, 2023).

➢ ***The technical dimension:*** Here, the leader is expected by this dimension to understand his responsibility as a strategic leader (Pasaribu et *al*., 2021). Strategic leaders understand their role and the roles of hospital personnel at every level. They function within the limits of the binding philosophy (TQM), ensure its right implementation, apprehension by personnel also and its principles (Ahmed and Sajid, 2023).

2.3.8. Strategic Leadership Challenges in the Implementation of TQM

Strategic leaders often encounter hurdles in their implementation of TQM protocols ranging from personnel, hospital organization itself and external factors to the hospital structure. This poses a responsibility on the strategic leader to overcome the challenges for an effective implementation of TQM. Some of these challenges may include (Riaz et *al*., 2023; Abdulkadir, 2023).

- The passive attitudes of some personnel
- Inadequate personnel commitment
- External unfavorable policies
- Non-alignment of the hospitals goals to meet the dictates of TQM protocols

Empirical review of challenges in TQM implementation in hospitals

According to Ching chow (2003), after a study carried out on hospitals to identify the main obstacles / hurdles to TQM implementation in the health care industry as (Tauseef A., 2018) presented. It was noticed that the following affected TQM in the following ways.

- **The Hospital Structure:** The basic system of organization of health care structures follows a bureaucratic hierarchical system of organization. This turns to limit the level of interaction and communication among participating health care personnel in the health facility. Hence delays information transmission and feedback.

- The **Style of Leadership:** Because the health care system and health facilities are based on a high level of professionalization, this makes everyone a boss of his domain. Hence, creating conflicting interest and plenty of resistance to work practices due to stereotype practice-oriented leadership style.

- The **Hospital Culture:** Hospital structures have an organizational system that automatically resists change and subordinates intuitive intervention. This creates a strong sense of the possibility of an immediate change. Hence, the creation of conflicting ideas that resist change. This makes the effective implementation of TQM challenging.

- **Autonomy of Profession:** In a hospital setting, varying professions engage in the achievement of a particular objective which also sets as a challenge to the effective implementation of TQM. The Nurse, Medical Laboratory Technicians, Midwives, Pharmacists, Physicians and other members of the health core; turn to view TQM and its implementation through the spectrum of their varying professions hence making the unique protocol for implementation difficult since the different departments and fields may view its right implementation differently.

- **The Lack of Mutual Consensus:** The various departments in the hospital may present with conflicting views on the effective implementation of TQM. Some professional core may be reluctant in the application of it protocol in their individual services. Others may present a varying and inappropriate way of implementation. This places great conceptual

skills on the hospital leader to ensure that there is the establishment of a blend with a view to fitting the current hospital status, which is often challenging.

- **The Domination of Internal Requirement:** Hospitals are often more oriented towards the demands of clients / patients in their current situation, which in most cases are emergencies. These situations leave very little time for external imposing of a principle. Often, there is conflict between professional ethics and the demands of TQM protocol. This places a major challenge to quality attainment and limits the effective implementation of TQM.

- **Efficiency-oriented Mentality:** In hospital milieu, efficiency is considered premium and not profit-making like in other industries. Sometimes, the patients do not even need to understand the process involved and may find it almost impossible to rate the service offered. This plays negatively on the level of quality attained and obstructs the effective implementation of TQM protocols

- **Limited Manpower:** The insufficiency with respect to the available manpower in our health care facilities possess the problem of work over-loads in our hospitals. This inadequacy puts the hospital personnel in a situation of burnouts and fatigue. In such a situation, the requirement of their participation towards effective implementation of TQM protocols is often considered cumbersome and they may not have time for it and even if they do; its implementation may not be efficient hence hindering their meeting up with the pre-set levels of quality by the hospital leader (Tauseef, 2018).

Some hospital personnel may also encounter challenges in their struggle to effectively implement quality in the work process. The deduced Challenges in Implementing Total Quality Management in Organizations as presented in the 17th International Conference on Business Management were as follows (Pussella and Yapa, 2021; Abdulkadir, 2023):

➢ The inappropriate use of a quality manual since some of the personnel were not aware of the use of these manuals (document in-line with TQM)

➢ Insufficient personnel involvement

➢ Insufficient knowledge on total quality management philosophy

➢ Inadequate proper and conducive working environment

➢ Inadequate supply of needed resources / equipment

➢ Inadequate inter-personnel / interdepartmental communication hence need for amelioration of collaboration among personnel, that is also between the administrative staff and their collaborators.

➢ Inadequate performance of control for non-conformity.

➢ Poor measurement of client satisfaction

➢ Irregular data analysis for quality management analysis

➢ Insufficient patient-oriented processes / services

➢ Poor conservation and manipulation of inventory

➢ Inadequate inter-departmental and inter-personnel collaboration

➢ Inadequate personnel management

2.3.9. Strategies used by leaders for the successful implementation of TQM

Continuous work process Improvement

Strategic leaders in the context of TQM should encourage personnel commitment and create room for expression of optimum competence (Riaz et *al*., 2023). They should follow-up personnel and establish a work culture of continuous quality improvement which should in turn be periodically evaluated to ensure consistency in quality (Ajayi and Osunsanmi, 2019). Alnuaimi and Yaakub, (2020) expressed the fact that, the success of TQM is by the establishment of a culture of quality.

Training

Strategic leaders have to clear doubts in the minds of their personnel on the philosophy of TQM. This can be done by the programming of regular training session of TQM, its protocols / principles and tools (Riaz et *al*., 2023). Manuals on TQM philosophy should be distributed to personnel to facilitate their comprehension; hence instilling consciousness orientation of quality (Ahmed and Sajid, 2023).

Personnel performance measurement

There should be an established system in the hospital created by the strategic leader in TQM (to aid effective implementation) that communicates quality standard aside measuring results to match expectations. These standards should be well communicated to the work team to aid in the defining of what levels of performance are representative of quality (Riaz et *al*., 2023).

Change control

Strategic leaders should establish a change management system which will help to out-beat any resistance to change. This system instills quick adaptation of personnel to change without affecting their commitment and enthusiasm toward quality achievement (Riaz et *al*., 2023).

The Visionary Orientation of a Strategic leader in the alignment, planning and implementation of TQM

The manager of a hospital acts as a resource mobilizer, because the industrial revolution has greatly affected the field of healthcare; especially in the world of healthcare service delivery. By this, human resources at all levels of service delivery have to adjust to this change (Prestiadi et *al*., 2019). The general performance of all personnel in the hospital is significantly dependent on the strategic manager of the hospital. This can be seen in his ability to maximize his critical thinking skills, collaborative / interpersonal skills and innovative skills in the act of management (Prestiadi et *al*., 2019).

A study of Prestiadi et *al*. (2019) referred to the work of Rohiat who stated that; the act of Leadership is the ability to influence most significant change in others; which involves the act of setting and achieving objectives at every level of service delivery. The further talked about articles of Komariyah and Cepi; who settled on the fact that, a strategic manager should possess technical skills that should have the ability to influence personnel's behavior in goal achievement, seeing the organization through a futuristic scope and putting forth strategies to ensure maintenance of work process for as long as possible (Ahmed and Sajid, 2023).

These strategies are regularly revisited by the leader to ensure that the systems are working as normally as when they were first created. In this work, Damin's study was also put down. It emphasized the fact that strategic manager is the central influence of personnel motivation and quality. He stated that the strategic manager envisions the future, anticipates difficulties and takes striking decisions to tame those envisioned challenges while maintaining quality in service delivery at every level. This ability of the strategic manager of the hospital to apply visionary skills in the implementation of TQM for quality assurance is what permits the hospital to advance at a rapid scale with the world's advancement in science and technology (Pasaribu et *al.*, 2021).

Being visionary as a strategic leader is not enough; though in the context of TQM, it will ensure the effective mastering of future challenges and prompt action taking hence promoting the implementation of TQM protocols in the hospital for continuous quality maintenance. Strategic leadership in the context of TQM seeks to make available leadership concepts that can develop future goals and objectives for the hospital with maximum customer satisfaction and continuous work process improvement in mind (Prestiadi et *al.*, 2019).

2.3.10. How Hospital Leaders contribute to the implementation of TQM

A hospital leader being strategic is known to be the pacesetter; that is he determines the direction in which the whole hospital and personnel will go. With an understanding of the mission, vision and goals of the hospital, this leader sets along with the staff long and short-term goals to be achieved and inclines to strategic thinking on ways to achieve these goals in the best possible way. Here, the hospital leader rises above the current crises and challenges of the hospital and makes gateway changes which everyone is expected to follow. By this the hospital leader defines the level of quality at which he expects the hospital to be and motivationally persuades the personnel to move towards the achievement of that vision by maintaining and constantly improving on their adherence level on TQM protocols to permit effective implementation and a continuous quality improvement on work process and service delivery (Madu et *al.*, 2023). Hospital managers in the context of

strategic management perform the following to ensure the effective implementation of TQM in state hospitals.

➤ *Hire personnel for transformation*

Hospital leaders make keen observations during the time of hiring a staff; so as to ensure that they select the best among those available. They go for personnel who are flexible and have great love for continuous learning and improvement; making sure that they present the envisioned picture of the organization and share their commitment to TQM protocols with them for a transfer of the organization's culture hence the attainment of high levels of quality (Madu et *al*., 2023).

➤ *Make information available*

The hospital leader enlightens the personnel on the hospital's direction and changes that may have to follow along. This clearing of this picture to the personnel creates preparedness on what is expected of them to reach that pre-set goal. Sometimes, the leader creates an opportunity for the staff to question the current direction for more clarifications of doubt and re-adjustment if necessary. By this way the personnel develop great conviction on the new evolution and acts more flexible in adapting to the induced change (Madu et *al*., 2023).

➤ *Create opportunities for learning*

Performing regular benchmarking and having work sessions of other strategies of other hospital organizations permit continuous learning and improvement, which is a key principle of TQM for quality improvement (Madu et *al*., 2023).

➤ *Create room for intuition*

The personnel are given the opportunity by the hospital manager in the context of strategic leadership to test their own ideas for this makes them gain confidence and experience in their individual creativity hence they develop more suiting measures that

would permit the attainment of quality through the effective implementation of TQM (Madu et *al*., 2023).

➢ *Create room for testing personnel ideas*

Based on the principles of TQM on its implementation in the hospital, failing is not the ultimate but learning from the error is what is most important. The strategic hospital leader encourages personnel to gain necessary aptitude as per the expected level of quality in service delivery required (Madu et *al*., 2023).

➢ *Distribute responsibilities to personnel*

The hospital leader understands that the successful implementation of TQM requires managerial competence of staff who can make significant decisions at their respective levels in the organization with their subordinates adhering to their instructions. This competence is usually gained over time by the staff. The hospital leader permits a flow of power from the top managerial levels to the operational levels making personnel at all levels to adhere to the values handed down hence timely attainment of goals with high quality (Madu et *al*., 2023).

2.4 TQM

TQM is a management philosophy that upholds continuous improvement, customer satisfaction and personnel involvement (Riaz et *al*., 2023). It can also be described as an approach of management that strives to enhance work process maintenance, Consumers satisfaction and competitiveness through the integration of TQM protocols and / principles (Emad, Al-Shdaifat, 2015; Wassan et *al*., 2022).There exist three (3) distinct definitions for TQM when considering health care services which differentiates it from other management approaches.

TQM is an organizational and attitude influencing strategy which enhances the use of quality methods and personnel training to reduce costs and attend to patients/client's requirements. Furthermore, it is seen as 'Optimizing patients/clients' satisfaction through

considering the gains and losses to be encountered in the carrying out of healthcare procedures' (Kanwal and Saquib; 2015; Wassan et al., 2022).

TQM considers two elements which are the philosophy of management and the management method. It offers four distinct functions:

- The creation of a multidisciplinary approach which exceeds professional or departmental boundaries.
- Development and the adopting of a culture that determines quality based on the patients/clients opinion.
- Empowering healthcare managers/health services managers to make perfect analysis and improve the work process.
- Enhancing co-operation through rational data-base motivation (Kanwal and Saquib; 2015; Ashkevari and Ghasemi, 2023).

The concept – TQM is an evolutionary advancement of quality management known as the fourth level advancement after the era of quality assurance which is often identified as the third level progress of quality management (Abdulkadir, 2023). Though Japan initiated the philosophy of TQM, most of its theoretical developments were made in the United States between the 1950s and the 1970s. And by the year 1990 it became the main strategy of achieving quality by organizations in the world of business (Wagimin et *al*., 2018).

The work of author like Deming, Crosby, Ishikawa, Juran and Feigenbaum have be identified as to have played a great role in the evolution of the philosophy – TQM. Kruger termed these gurus as the 'Big Five' (Shereen and Bozas A, 2016). As shown, by Fonseca, Feigenbaum was the first Guru to use the word TQM. The definition of ISO 9000: 2000, goes; thus, TQM is 'a management approach that seeks to attend sustainable/ long-term organizational success through the encouragement of employee/ personnel feedback and involvement, client/ patient needs satisfaction, respect of societal values and obedience to governmental roles and regulations. It further expressed the fact that this philosophy or management approach is aimed at providing quality services and products at low cost that

effectively satisfies clients/ patients' needs along with constantly improving quality maintenance (Abdulkadir, 2023).

2.4.1 The key practices of TQM

An in-depth study of literature review of previous studies examined what the key practices of TQM implementation are. Though there exist several inconsistencies among these studies since most considered aspects are not common to all: making a common conclusion on the ideal practice of TQM difficult. Nonetheless, most studies identify the following as critical factors to its successful implementation (Fouada, 2018; Abdulkadir, 2023);-

- Leadership
- Process control
- Program design
- Quality system improvement
- Personnel involvement and empowerment
- Recognition and award
- Training
- Patient/client focus and satisfaction
- Quality information
- Communication
- Teamwork
- Supplier quality management
- Performance measurement
- Cleanliness
- Benchmarking
- Human resource management and organization.

TQM, which is a holistic management system, needs to be induced at every level and aspect of an organization like that of a healthcare facility. By this, there exist five main pillars of TQM which are (Prabha et *al*., 2016):

- The service
- The process
- The organization
- The leadership and
- The commitment.

Studies show that each of these five pillars is dependent on the others and if either one of them is weak, all the others are equally affected (Prabha et *al*., 2016).
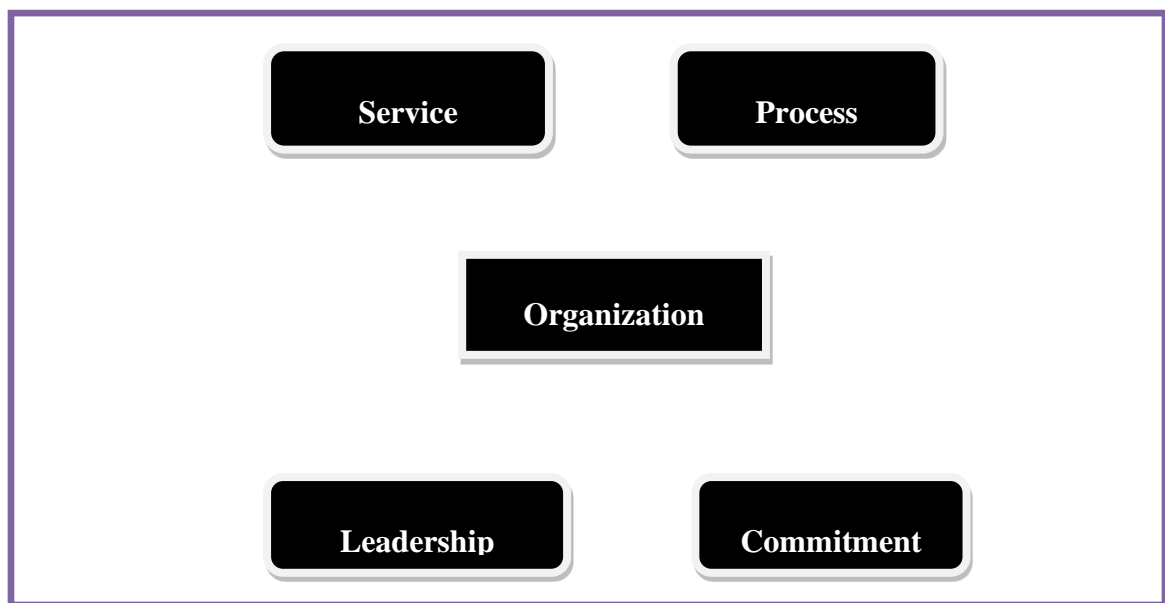
Figure 2.5. From Total Quality Management adoption in a public hospital by Prabha et al. (2016). Total Quality Management adoption in a public hospital: Evidence from Mauritius. Global journal of business research, 5(3).

2.4.2. TQM Implementation

Dimensions / Difficulties in TQM Practices

Though much literature previously brought up varieties of TQM definitions; the main ideas still did not change. The authors all meant the same thing. This management

philosophy is also seen as a way of minimizing organizational waste of useful resources while focusing on continuous quality improvement, customer satisfaction and the achievement of a common goal. The practices of TQM remain the fundamental way to enhance the general hospital performance improvement as postulated by ISO 9000 (Marang, 2016; Bytyçi et *al*., 2023).

The implementation of TQM in hospitals could be difficult based on the fact that hospitals offer services whose quality cannot be objectively defined. Unlike industries involve with the production of goods (products), service industries like hospitals have less control over quality by nature. Interventions are mostly rapidly changing and depend upon scientific rationales from the most recent evidence-based practices.

More so, this industry disposes of a much higher level of external uncertainties as compared to product manufacturing industries since the use of a particular care service can be postponed and requires the active participation of the consumer (patient) (Bytyçi et al. 2023). Another difficulty is the fact that services are not tangible, making it seemingly impossible to set standards or ensure conformity. High quality services are mostly subject to consumers (patients/clients) individually which are unknown or unstated and may very much vary from one patient to another as well as from time to time (Mishra and Pandey, 2018).

Inadequate TQM implementation in hospitals is often due to problems related to labor dissatisfaction among the hospital staff. This results from problems with labor organization in hospital units and the way in which such problems are managed. This dissatisfaction which hinders TQM implementation stems from inadequate communication skill use; which encompasses active listening and empathy. This inadequacy is seen among hospital staff and other coworkers. Hence, insufficient interpersonal relationships and social interaction are considered indispensable for TQM implementation in hospitals. This gives managers at all levels the responsibility to ensure promotion of a work environment which values social support among professionals.

This is known as an effective method against dissatisfaction, which promotes job performance among nursing professionals and reduces stress (Balasubramanian, 2016). It

is known that most hospital personnel, including nurses, have difficulties using communication skills to clearly express problems with respect to overcoming communication barriers, by managers of health services at all levels of the hospital so as to promote TQM implementation. The need for a favorable psychological climate of trust, safety and empathy cannot be overemphasized. The lack of initiative discourages quality attainment. This can be counteracted by the creation of workspace and the regular watch on the staff works in order to ensure effective TQM implementation (Balasubramanian, 2016; Abdulkadir, 2023).

The philosophy of TQM is seen as a step towards the establishment of deliberate change in the management and maintenance of organizations. It is a way of expressing quality through pre-planned laid-out organization. Its spread and popularity is based on its proven effectiveness in continuous quality improvement and maintenance with many organizations using it as a tool for competitive advantage over competitors or establishment of similar strata. Its application is beneficial not only to manufacturing organizations but also to healthcare, educational establishments, banks and in government agencies (Panuwatwanich and Nguyen, 2017).

Research shows that failure in the effective implementation of TQM is often as a result of insufficient knowledge on TQM, poor managerial structure and inadequate involvements of personnel hence for its successful implementation, there must be a positive hand-mirrored leader, upfront preparation and continuous monitoring of preset objectives. Not leaving out the cooperation generation of awareness of maintenance staff; through the enhancement of consciousness in their commitment to quality (Kanwal and Saquib, 2015; Abdulkadir, 2023).

2.4.4. TQM Processes

Quality assurance and control

Quality assurances are planned, and systematic actions are required to provide proper confidence that a given service will satisfy the given requirement for quality. Here the activities involve quality planning, control, continuous improvement, internal audit and

accountability. It further involves quality advice, expertise, personnel training, process analysis, records treatment, and clients/patients' liability cases. The management body is concerned with defining, recording, supporting the quality policy, quality manual, and dependability. The quality manual seen as a group of components that define the organizational structure, procedure, responsibility and materials/resources for quality management implementation must be documented (Abdelsalam, 2016; Abdulkadir, 2023).

Six sigma

Six Sigma are essentially viewed as those of statistics and probability. That is, these concepts involve (how confident I can be that what I planned to happen will happen) fundamentally, the measuring and amelioration/improvement of how close one comes to delivering a particular service that is planned. For any process with a standard distribution, the probability that the next value will be within one standard deviation from the mean is 68.26%. The probability is 99.73% that it will be within three sigma; and 99.994% that it will be within four sigma. Standard distribution curve with mean, sigma values and four sigma tolerances (Kanwal and Saquib, 2015).

Quality Improvement in Hospitals

Most international establishments and associations that evaluate health care systems or those involved with the offering of certificate and process accreditation, usually take three parameters into consideration to rate the implementation of TQM based on performance improvement. These parameters are:

- Customer satisfaction
- Effectiveness and
- Efficiency (Fouada et *al., 2018*)

A successful performance improvement is dependent on the effective implementation of TQM.

2.5. TQM PRINCIPLES ACCORDING TO ISO 9001

Principles could be seen as a prescribed method of how a thing is to be done for specific results to be achieved. Whereas the quality management principles are a set of fundamental beliefs, regulations, norms or values that are generally used as the basis for quality management. These quality management principles can be used as organizational guides for continuous quality improvement. Based on IS0 9001, the eight quality management principles are (ISO, 2018); (Abdulkadir, 2023):

- Customer focus
- Management
- Engagement of people
- Process approach
- Improvement
- Evidence-based decision making
- Relationship management
- System approach to management

All these principles are of great importance. They position health organizations at higher competitive levels with benefits per quality management principles as follows (ISO, 2018):

➢ Customer focus profits some key benefits which could be made manifest if some actions are well taken into consideration like; the understanding of patients / clients present, future needs and expectations; the linking of the health organizations objective to accurately satisfying patients' needs and expectations; the planning, designing, developing and supporting of health services to satisfy patients / clients' needs; ensuring the clear communication of clients' needs throughout the organization; the measuring, monitoring of clients satisfaction for corrective actions and creating of good relationship with clients. The main key benefits of costumer focus are (ISO, 2018); (Abdulkadir, 2023):

  ▪ Improved patient / client loyalty
  ▪ Increase in patient / client value

- ▪ Increase patient satisfaction
- ▪ Enhance reputation of the organization
- ▪ Expanded customer base

➢ Management is involved with the unity of purpose towards the achieving of organizational goals. It also ensures general personnel involvement. Effective management/leadership should engage in some preeminent actions to ensure continuous improvement; the establishment of the culture of trust; perfect communication of the health organization's mission, vision, policies and processes throughout, ensures the show-casing of good examples by leaders at all levels, encourage, inspire and recognize hospital personnel contributions and the sufficient supply of needed resources for quality standards maintenance (Ashkevari and Ghasemi, 2023). Besides ensuring of these standards, some key benefits for effective leadership are (ISO, 2018):

- ▪ An improvement in process coordination.
- ▪ Organizational capacity improvement and development.
- ▪ Improved organizational communication.
- ▪ Improve efficiency and effectiveness in meeting hospital objectives.

➢ Engagement of personnel which arises from recognition of individuals' contributions, empowerment and enhancement of competence through regular training sessions has a great role towards TQM implementation and its maintenance. Some activities that facilitate it's establishment are; the promotion of collaboration, knowledge sharing facilitation and discussion, conduct survey, communication of results and laying of emphasis on the importance of individual contributions. The perfect establishment of this principle of personnel engagement provides the following key benefits (ISO, 2018):

- ▪ Enhance trust and general collaboration
- ▪ Enhances personal development, initiative and creativity
- ▪ Enhances people's satisfaction

- Increase attention to shared values and culture throughout the healthcare organization.

➢ Furthermore, the implementation of TQM is based on understanding how results are produced, hence optimizing the system and its performance which is the process approach. These main activities that ensure this are the establishment of authorities, responsibilities and accountability, understanding the healthcare organization's capabilities, the management of processes as a system to achieve main objectives, ensuring of the availability of necessary information to operate, maintain and monitor processes, analyzing and evaluating performance of the overall system. This principle of process approach makes available the following key healthcare organizational benefits (ISO, 2018):

- The optimization of work process through effective process management.
- Enhance focus on key processes
- Ensuring efficient use of resources.

➢ Improvement is a core principle that facilitates the work process maintenance. It enhances the performance quality and ensures perfect TQM application. Some actions or things need to be in place for continuous improvement to be realized like the regular education and training of health care personnel, develop and deploy processes to improve the general organizational performance. Track, review and audit the planning, completion and results of improvement projects also recognize and acknowledge improvements. Here are some benefits of health organizational improvement (ISO, 2018):

- It supports drive for innovation.
- It fosters the ability to anticipate and react to internal and external opportunities
- It makes use of learning by enhancing its application.
- Improvement ensures the search for root-causes of past failures for amelioration.

➢ Evidence-based decision-making stems from analysis and process evaluation. This form of decision making promotes good results. This is made possible by the following: the constant supply of all relevant data to those responsible for decision making, select, measure and monitor key indicators to show-case the health organization's performance and finally analysis and evaluation of data for development of resourceful information through the best methods. This method of decision making has the following benefit (ISO, 2018):

▪ It increases the ability to measure the effectiveness of previous decisions.

▪ It enhances the operational effectiveness of work processes at all levels.

▪ It improves system assessment and also improves the general decision-making process.

➢ Relationship management is another important principle of TQM. This has to do with the creation and maintenance of good relationships with all those who are interested in the health structure (the hospital) which favors the power of cost negotiation. This requires the following actions to be successful; the prioritizing of interest partners and parties' relationship, measure and share performance information with partners and other parties (clients/patients), the determining of interested parties and the part they play in contributing to the general organizational success. This also presents with the following benefits (ISO, 2018):

    ▪ It ensures perfect understanding of goals among partners and parties (client/patients, healthcare personnel).

    ▪ Enhances the general performance while increasing the ability to create value.

2.6 FACTORS THAT INFLUENCE TQM IMPLEMENTATION

The general adoption and implementation of TQM in any hospital demands a change in structure, processes and systems which can greatly influence personnel attitude and cause general increases in the hospital performance. This makes it necessary to identify those factors that influence the successful implementation of TQM. Previous literature has unveiled these factors to be top management commitment, personnel training and

education, teamwork, personnel commitment, benchmarking, customer satisfaction, process management, quality information and analysis, continuous improvement and organizational culture (Gambi, 2015; Ashkevari and Ghasemi, 2023).

Top management commitment

Hospital managers play a very important role in the effective implementation of TQM. They are involved with the setting of hospital values, goals and systems to meet up with clients/patient satisfaction. Durable strategies are put up by them to ensure teamwork among health personnel, training and education and benchmarking which are crucial for continued quality development. Hospital managers need to identify quality improvement areas to implement strategies that promote continuous health service quality and clients/patient satisfaction (Gambi; 2015); (Abdulkadir, 2023).

Communication

Communication is the regular dialogue with clients/patients or other health personnel for the purpose of informing them about their health conditions and hospital process respectively. This also involves the presenting of information in a clear and comprehensive manner (Prabha, 2016).

Culture change

The introduction of quality-oriented behavior and value is crucial for effective TQM implementation. TQM is a management philosophy that requires the complete development of quality sensitivity among the health care givers which is culture change. Organization culture is not a definition of individual personnel characteristics but a collective orientation of the whole organization toward pre-set values that permits general commitment in maintaining a continuous quality improvement (Kanwal and Saquib, 2015; Ashkevari and Ghasemi, 2023).

System management

According to Ludwig-Becker, the identifying, comprehension and management of a system's interactional and interrelated activities and processes play a critical contribution

to the effectiveness and efficacy of a healthcare organizational setting (Gambi, 2015; Siddiq, 2016).

Teamwork

Teamwork, which happens to be among the important factors necessary for the successful implementation of TQM, plays a great role in hospitals in having a fully functioning process and enhancing general improvement (Akinlolu, 2017). For a hospital to successfully gain a competitive advantage over others offering similar services, this factor of personnel collaboration cannot be over emphasized (ISO; 2018). Leaders or hospital administrators have the responsibility to encourage perfect teamwork among every person of the health facility irrespective of specialty. Teamwork should cut across a wide range of hospitals' affairs like aspects of decision making and problem solving. Perfect teamwork has been known as an important tool for innovation, creativity, effective contributions to present healthcare challenges. Great innovations and transforming contributions in hospitals have their roots from a group of health personnel working together in quality promotion (Khan, 2018; Abdulkadir, 2023).

Continuous Improvement

The major goal of TQM is patient satisfaction through continuous quality improvement requiring the complete and committed participation of all the hospital personnel at every level of the health facility. Especially the nursing staff who hold the largest staff body in hospitals and occupy various administrative roles, such as General supervisors, block coordinators and ward charge. They are professionals who largely convey or determine quality implementation in every hospital since they spend more time with patients than any other healthcare professional core members (Abdulkadir, 2023). Nursing services are mostly rated by patients and support bodies to express the quality of a hospital's quality management (Hackman, 2018; Abdulkadir, 2023). Continuous improvement is based on improving the general quality of processes and healthcare services in the hospital, including the constant monitoring of processes to ensure the implementation standard services that promote efficiency and efficacy; it is also a tool of

TQM that ensures a consistent quality delivery enhancing both the sense of logicality and creativity in the search for means of becoming more productive and effective in attaining both clients and stakeholders expectations (Prabha, 2016; Abdulkadir, 2023).

Continuous improvement englobes aspects of timely identification and interventions to deviations from expected quality standards hence enhancing the general success of the hospital's organization. Gurus or innovative authors reveal that continuous improvement stands as the main objective of TQM. Continuous improvement has to do with the leaders/managers of health care services at all levels to improve the general organizational quality via personnel commitment. This commitment will need to be expressed in both methodology and structure as follows; (QMS, 2016; Abdulkadir, 2023).

- The clear identification and defining of quality improvement roles and responsibilities of health managers.
- The identification of customers' needs and developing key processes and performance standards.
- Effectively monitor and measuring key processes.
- Timely identification of undesired outcomes (QMS; 2016).

Process management

Process is the course expected to provide a particular result. That is a process involves all operations used to generate and deliver a health care service/services and an efficient operational system which should focus on identifying the clients/patients values and continuously improving the work process through fortifying an upstream process and delivering the expected services that best satisfy the clients/patients (QMS; 2016). In the implementation of TQM in hospitals, the activities of every health personnel is a process; these processes are expected to adhere to the objectives of the hospital because if a process is correct the results will also be accurate but if a process is out of the expected course so will be the results. Reasons why an inaccurately managed hospital process will produce non-competitive and debase service to clients' expectations with no innovations or personnel satisfaction (Lammers et *al.*, 2018). The European Foundation for Quality Management (EFQM) in their model described process management as being the socle for

improved performance in hospitals. They unfolded that process management is the linkage between the healthcare results and the enablers. Hence the effective application of TQM is built on the foundation of process management (Nana et *al*., 2015; Abdulkadir, 2023).

Employees' education and training

Founding fathers and profound authors of TQM like Deming (1986), Ishikawa (1985) and Crosby (1979) have all attested to the fact that education and training is an important tool for ideal quality and hospital performance for effective training leads to the regular challenge and improvement of the body of staff's mental cognition while ensuring continuous improvement of the work process (Shereen and Bozas, 2016;Fouada, et *al*., 2018). Employees training is seen as the basic practices that organizations introduce to employees to enhance specific skills to augment continuous quality improvements, performance, client / patient satisfaction, reduce cost and time waste. One of the gurus, Deming, came up with fourteen points (14) for improvement, among which the sixth (6th) expresses the fact that training is a management guideline and that it harmonizes process minimizing service variation in practices among personnel.

The promotion of regular training promotes interdependence among hospital personnel making it easy for them to learn from each other (Ahmad, et *al*., 2015; Abdulkadir, 2023). It also facilitates accountability and turns to create a teamwork environment among them. Inadequate training and support of nurses in techniques such as communications and planning can lead to mediocre healthcare services in hospital wards which do not facilitate clients/patient perfect wellness (Shereen and Bozas, 2016). ISO 9001 emphasizes the importance of regular personnel training in the facilitation of TQM implementation and in the effective competitiveness of every healthcare organization (Nana et *al*., 2015; Abdulkadir, 2023).

Customer satisfaction

Clients/patients satisfaction is defined as the extent to which the general health needs are met or the act of evaluating the level of satisfaction gotten by clients with respect to the healthcare services offered to them. A satisfied client/patient will obviously comply

to care processes and will take on an active part in his/her health care (Prabha, et *al*., 2016; Abdulkadir, 2023). According to previous literature reviews, Customer satisfaction is the goal for every hospital's successful implementation of TQM implementation.

Most healthcare organizations have understood that the purpose of all their efforts is to further better their clients/patients satisfaction though there exist lapses in the getting and measurements of client's feedback base on the healthcare services they receive. The main factor in ensuring clients/patient satisfaction is the knowing, understanding and perfectly meeting the needs and expectations of the patients with respect to the healthcare service offered. This can be done through clients/patient loyalty. Patient loyalty permits the healthcare facility not only to offer their services but to measure patients' feedback or opinion base on the care received and also performing of corrective measure to enhance their full satisfaction. This is known to be a success key to gaining competitive advantage in the healthcare industry (Shereen and Bozas, 2016; Abdulkadir, 2023). A focus on clients/patients loyalty can provide further advantages:

- The better the relationship creates with a client/patient the more profitability.
- Clients/patients cost less to retain than to acquire them at first contact.
- A loyal client/patient will spend more on his or her choice of hospital.
- About half of the first contact clients/patients in most hospitals come from referrals from other retained and devoted patients.

It is suggested that customer satisfaction in healthcare industries can be implemented by application of the following considerations (Shortell et *al*., 2015; Abdulkadir, 2023):

- Pre-determining of clients/patients satisfaction.
- Making the clients/patients aware of the hospital's quality management innovations and initiatives.
- Measuring of the clients/patients degree of satisfaction based on their feedback.
- Be ready in taking corrective measures to further increase clients/patients satisfaction (Heather, et *al*., 2018).

Leadership

Leadership plays a pre-eminent role in harmonizing all aspects of the healthcare industry and in ensuring the provision of needed resources. It considers it as a system that enhances communication among health personnel; patient/client and administrators at every level, support personnel development and makes effective and efficient use of information. Previous literature shows that leadership improves performance, innovation performance, employees' performance hence overall quality improvement (Savsar, 2017; Nahak and Ellitan, 2022; Pasaribu et al., 2023).

Employees' satisfaction

TQM lays great emphasis on both clients/patient and personnel's satisfaction. In every healthcare facility, human resources are the most important form of resources. Hospitals have got both external and internal customers; the internal customers are the personnel themselves while the external customers are the patients (MAO, 2018). These internal customers must gain job satisfaction through motivation. From literature, personnel motivation is developed by regular recognition, rewards and appreciation. Investing in personnel satisfaction is an effective way of attaining continuous improvement of hospital services (Ramdass and Nemavhola, 2018). TQM philosophy brings to understanding that for team or group work among health workers (which is a fundamental quality and innovation tool) to be entertained, personnel's satisfaction must be effectively met. This offers the hospital a good competitive advantage. Teamwork is so critical that no hospital can successfully implement effective TQM unless there exists perfect collaboration from the bottom up (ISO, 2018; Lammers et *al.*, 2018).

Benchmarking

This involves comparing the functioning of different health organizations. It involves comparing a health facility/ an organization's services or practices with those of its competitors. Benchmarking is done for the following reasons.

- Hospital/organizational practices.
- Salaries provision and

- Talent/skills retention.

This technique is used for obtaining effectiveness in services offered. This relies on the learning of other health facilities methods of service delivery and practices. Also, it involves the application of their techniques to better add value to your own services and attaining their kind of results by making use of their techniques (Shereen and Bozas, 2016). TQM evolved from Japan and later spread to other parts of Europe and the western world by the 1980s. By the 1990s, many organizations and Industries got interested in and sought to transform their personal setting base on the management aspect to help them get mastery of the finest details (Emad and Al-Shdaifat, 2015).

Patriarchs like Edward Deming and Joseph Duran in the 1950's, Philip Crosby in the 1980's relentlessly built up the rubrics of this quality ensuring system as a means by which performance improvement can be achieved known as TQM.TQM can be describe as a philosophy of management that is concerned with work process and consumers that seek to satisfy their needs and improve the organizations performance (Emad and Al-Shdaifat; 2015). Organizations of all sorts can successfully apply this strategy be it co-operations, business companies of all types, schools, universities and health care facilities. Deming pointed out that there exists a universal use of the principles of TQM especially in health care; in as much as there is the need for progressive improvement with efficiency and efficacy (Balasubramanian, 2016).

The philosophical expressions of TQM have been proven successful in organizational and need focus improvements when it has to do with service offering industries like healthcare facilities and manufacturing industries (Abdelsalam, 2016). The widespread of the TQM philosophy to the rest of Asia and Europe (beginning with Australia) experienced a swift drift all through. Certain hindrances was expressed by most African countries in its effective drift and this could be attributed to the postulations of Prajogo and McDermott (Barake, 2015); who stated that organizational culture is of foremost importance for the successful implementation of TQM (Panuwatwanich and Nguyen, 2015; Ashkevari and Ghasemi, 2023). Other researchers also came out with a similar postulation that for success at any level or area to be attained in the implementation

of the TQM philosophy, there must exist a corresponding change in organizational culture (Barake, 2015; Ashkevari and Ghasemi, 2023). This gave African health care facilities a responsibility. Culture change within the healthcare facilities is based on some factors like behaviors that are; personnel interaction, norms and eminent values of the hospital; including personnel attitude towards care offering and other services. These attitudes involve the spirit of devotion and commitment which can be arrived at through combining efforts of the body of management and effective leadership practice (Savsar, 2017; Ashkevari and Ghasemi, 2023).

Theorists like Uma Kamar and Kamer made mention that the effective use of TQM in hospitals could improve patients' satisfaction, raise productivity, save time, enhance nurses' morale hence the eventual delivery of high-quality services to patients and keeping cost low. Dissatisfaction is not only manifested by patients; often, there exist what is known as labor dissatisfaction among nurses. This arises from the lapse that has to do with inadequate task organization and the ineffective use of the TQM techniques and tools in task distribution. Another important ingredient to the solving of this labor dissatisfaction among nurses is the need for skillful interpersonal communication with other co-workers and the patients themselves through the establishment of lasting nurse – patient relationship. The creation of this relationship between the nurse and the patient does not only improve the patient's adherence to physical therapy but also ensure patients adherence and full satisfaction (Balasubramanian, 2017).

Furthermore, a working environment that favors regular social support for workers like the provision of training and skill enhancing workshops and seminar sessions has been noted for its positive contributions in quality maintenance; including the development of organizational patterns through cooperate brainstorming session among professionals aimed at reducing precarious working conditions (Balasubramanian, 2017; Abdulkadir, 2023). Training should be done according to the personnel professional needs through the performance of needs assessment. Such has been known to also increase personnel proficiency in task accomplishment with respect to care offering and provides sustainability in the TQM in hospitals. Ever-learning organizations are quick to adapt to

changing situations; they possess unique work conscious attitude and a sense of accountability that isn't noticed in other non-learning organizations. Total quality attainment has never been the responsibility of a single person, department or function; but has got to do with the corporative participation of every organizational staff of the hospital (Hackman and Wageman, 2018).

Nurses hold the largest staff body in hospitals and occupy various administrative roles, such as General supervisors, block coordinators and ward charge. They are a body that conveys or determines quality implementation in every hospital since they spend more time with patients than any other health care professional. Nursing services are mostly rated by patients and support bodies to express the quality of a hospital's quality management. An organized and well-structured nursing core of professionals along with other staff professional body in the hospital is the product of effective TQM implementation. No doubt about the fact that an ever-learning body of professionals are quicker to adapt to changing situations including individualized holistic care with respect to every patient's need. Hence, promoting staff collaboration, productivity and perfect patient satisfaction (Hackman and Wageman, 2018; Abdelsalam, 2016).

Reliability and maintenance

Concerning reliability, this is the tendency of a client/patient service to perform as expected over time. This is the main key factor in quality which reveals its multidimensional nature. Reliability is the probability that a patient care service offered, or a piece of medical equipment or care process performed, attains its intended function within a stated period under a particular operating condition. The concept: maintenance involves all operations such as monitoring, inspection, adjusting, and performing whatever is necessary to keep a process, machine, piece of medical material, or system which may consist of break-down maintenance, preventive maintenance and/or total productive maintenance (Abdelsalam, 2016).

2.7 TOOLS OF TQM

TQM tools are methods use to facilitate expected behaviors among personnel and encourage a rapid adaptation to changing environmental situations. There exist many tools used in TQM. Among all these tools none is best since they all have their varying methods of application, and it is left to the strategic manager to make use of them based on the strength of his conceptual skills. (Deshmukh, 2023). Healthcare personnel need to understand the many available tools involved in work process analysis for their appropriate use aids in decision making at both the executive and strategic level of healthcare service delivery. These tools include (Richard and Long, 2017; Deshmukh, 2023);

- The fishbone cause-and-effect diagram
- Force field analysis
- Word association and analogies
- Picture association and bio-techniques
- The affinity diagram and
- Double reversal
- Process maps

The above-mentioned work processes tool promotes rapid and continuous environmental adaptation of the work processes while enhancing creativity and problem-solving capacities for effective quality improvement and maintenance in the healthcare organization. The issue of importance here is that the nursing personnel need to know what specific tool is used for every given situation. A fundamental requirement is the possession of the knowledge of what each tool does, the situation at which a particular tool can be used and the process of how to construct each tool for its proper use (Ahmad et *al.* 2015).

Process Maps

The improvement of a work process is based on mapping that process. There exist many varying processes involved with the performing of process mapping. This is based on first of all determining the various activities involved in the work process and then

distributing various tasks among the personnel involve with each of them having a specific role to contribute in the realization of the process success (Deshmukh, 2023).

The Affinity Diagram

The affinity diagram is used when a particular healthcare service is going through tough and complex unit issues. The personnels' are grouped together in fours (4) or fives (5) and are distributed a 'sticky notes' after which the group members go through a period of brainstorming based on various problems identified. When this process is over the group members move to the center table and drop their sticky notes; these note sheets are grouped together in to categories based on the ideas of the different groups and are then named. No talking goes on at this stage. When this whole process is over the various group leaders read out the categories developed which are then constructed in an affinity table (Richard and Long, 2017).

Poka-Yoka ("Poke-A-Yoke")

The Poka-Yoka tool originated from Japan and plays a great role in the Japanese philosophy of management. It involves the development of a self-checking work process which makes it possible for early detection and correction of the work process defect (Deshmukh, 2023).

The Fishbone Cause-and-Effect Diagram

The fishbone diagram represents the possible reasons or the causes for a problem which is known as the effects of that problem. A logical progression towards problem solving will require that after a problem is identified in the affinity diagram, these identified issues can be presented in the fishbone diagram for further analysis. In this display the problem is expressly written on the analysis sheet at the extreme right, the fish head' which the possible causes are presented at the tale-end known as 'the fish bone'. Spines are drawn with each spine representing a particular reason or cause of that problem. After which, the five (5) WHY methods would be used to form a secondary cause of that main problem. The participant will then ask why the secondary cause listed caused the preceding cause and this process will be done repeatedly until all possible accompanying problems are

identified. Teams will then discuss all that is brought out and corporately brainstorm on possible solutions (Richard and Long, 2017; Deshmukh, 2023).

The Statistical Tools

This tool is based on the collection, assembling, analysis of data in order to gain useful information needed for effective decision making. This tool was popularized as the Deming cycle and his works contributed to the introduction of the statistical approach as a useful organization tool for defect identification and decision making (Deshmukh, 2023).

Force Field Analysis

A force field analysis tool is mainly used to enhance the development of the driving and restraining forces for change which respond to the root causes of identified problems. A sheet of paper is used by the team members and the desired changes are labeled at the top of the paper. A line is drawn vertically in the middle of the paper with the top of every section named 'the driving force' that is those factors that favor change with the restraining forces for those factors that hinder change. The various groups are allocated time to brainstorm on how to develop strategies that can be used to overcome the restraining forces. This tool is mostly used when a particular change in the health care delivery service produces little or no success or when considerations are made on certain alternative causes of actions to be taken based on health care delivery (Richard and Long, 2017; Deshmukh, 2023).

Picture Association and Bio-techniques

The picture association and biotechnology is among the tools known as the creativity tool. Its evolvement breaks people's routine pattern of thinking, inspiring the development of ideas through brainstorming and enhancing creative capacities of the professionals (Ahmad A. et *al*. 2015). It involves describing pictures or a service situation and the development of unusual connections to problems. This tool is most effective when thinking is required in many decisions. Biotechnical approach involves problem identification from a natural living situation (Koji. et *al*., 2015). This can be demonstrated as follows (Richard and Long, 2017):

- What is happening on that photo?
- What does it all mean?
- What comparisons or connections can be made?
- Who is doing what? Where? How? When? And why?

Brainstorming

The act of brainstorming is one of the most used TQM tools for detection in organizations. It is often used as a measure to bring forth suggested solutions regarding a current organizational problem without any prior test of the proposed solution or evaluation on effectiveness in solving the detected problem. Many different approaches to this tool could include the blind, open or the rotating suggestions (Deshmukh, 2023).

Double Reversal

This involves thinking retrospectively by passing a problem or an issue in its negative form so as to develop ideas on appropriate solutions for that problem. This tool is mostly used to expand on certain opinions developed through brainstorming goals and objectives must be outlined and the resulting ideas are then presented in the reverse to enhance the generating of appropriate solutions (Koji et *al*., 2015; Tauseef, 2018).

The Interrelation Diagraph

The interrelation diagraph tool is known to explore and present all the surrounding or related factors to a multi-variable or complicated problem for the drafting of a solution pathway to the identified organizational problem. The relationship that exists between these factors and the main issue is usually represented in a graph for proper evaluation of the degree of influence of every of these factors to the problem. It often derives cause-and-effect relationships during a particular problem (Deshmukh, 2023).

The Prioritization Matrices and Activity Network tool

This is simply the act of prioritizing actions or possible tasks in an organization for the right management of scarce resources and to ensure the fulfillment of the most

appropriate task. This tool aids in decision making in that it ensures that all other conditions are taken into consideration before a particular decision is taken. These tools are widely used in project management (Deshmukh, 2023).

2.8 SUMMARY

There is known to be a considerable amount of literature on strategic leadership along with its impact on TQM protocol implementation even though there is a significant knowledge gap on how the strategic leadership can impact TQM's protocol implementation (Alshatnawi and Ghani, 2018). Literature or most articles on strategic leadership in relation with the philosophy of TQM has showed the limitation in knowledge on how strategic leadership contributes to the effective implementation of TQM protocols in state hospitals for the establishment of quality, that is how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. This stimulates great interest among researchers in investigating the relationship that exists between strategic leadership initiative and TQM protocols (Schaedler et *al*., 2022).

As is known, the strategic leader ensures that the culture of quality is established in the work process while creating opportunities for regular training, workshop or seminar sessions to keep the hospital team sufficiently apt enough. He initiates a system where client's feedback could be gotten for open suggestions by client/patients for the purpose of service quality evaluation and motivating outstanding personnel through a reward system. The personnel are reminded often of the need to meet clients/patients expectation in service delivery. The personnel are provided with all necessary information to ensure continuous improvement of the work process. Other TQM dictates like the setting and communication of a clear goal and objectives are ensured by the strategic leader to establish a smooth functioning.

The purpose of this qualitative study is to evaluate the contributions of strategic leadership in the implementation of TQM protocols and the challenges faced in its implementation in Cameroonian hospital organizations. Also, some theories that seek to interpret organizational function with respect to key concepts TQM and strategic leadership are presented within this chapter. It also verifies the contributions of strategic management

to the effective implementation of TQM. The theoretical models used here are: *The Transformational Leadership TheoryAnderson's Model of Healthcare Service Utilization, Human Society Theory – Maslow's Theory of Human Motivation*

All these theories explain respectively (1) the existing leadership of a health organization as influenced by the leader (organization's manager), (2) The population characteristics, health service delivery, health care system, use of health services, consumer satisfaction and (3) Human motivation towards quality based on the concepts of strategic leadership and TQM.

CHAPTER III:

METHODOLOGY

3.1. INTRODUCTION

A significant problem with the leadership role in the state hospitals in Cameroon concerns the lack of the planning, alignment and implementation of TQM within their strategic framework (Moulin et *al*., 2019). The purpose of this qualitative oriented study was to gain a deeper understanding on how TQM protocols are planned, aligned and implemented within state hospitals in Cameroon.

Main Research Questions

RQ 1. How and why do state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals?

RQ 2. What are challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals?

RQ3. How strategic leadership can impact implementation of TQM in the state hospitals in Cameroon?

RQ 4. What is the relationship between leadership and TQM in the Cameroonian state hospitals?

This chapter represents the key aspects of the study methodology involving the presentation of materials and methods used for both data collection and analysis respectively. It portrays a picture of the study design, population, sample, techniques of sampling and it criteria of inclusion and exclusion based on the problem and purpose of this study. This is to enhance the proper assessment of all involved variables in the study.

3.2. RESEARCH METHOD AND DESIGN

The qualitative research type and content analysis design were used for the study. This was based on the need to assess subjective data to gain a detailed understanding of the variables involved. This research design was chosen because of its ability to permit the

examination and deep understanding of the relationship between strategic management and TQM implementation in state hospitals. It permitted the assessing of correlations and associations between these variables, giving a snapshot of the contribution of Strategic management in the implementation of TQM protocols. It enhanced the enlightening on aspects of how and why hospital leaders plan, align and implement TQM initiatives within a strategic framework.

The study design is also known for its ability to examine multiple variables and their relationship providing a comprehensive overview of the key factors involved. This design permits the performance of analysis for correlation which could enable clear examination not only on the relationship but also the strength of the relationship between strategic management and TQM implementation.

This design is also known to provide a good understanding of the context where the relationship occurs and the importance of this place in the complex setting. That is, the state hospitals where varying factors may have an influence on the relationship of our main variables (strategic management and TQM) hence provided an in-depth understanding on how strategic management practices influence TQM implementation. The study design is also known to provide rich and detailed information which can permit the gaining of clear insight regarding correlations not leaving out on their flexibility and great adaptation to explore varying relationship types. Additionally, it also permits an analysis which is context specific and takes into consideration the extent of relationship and impact verification.

3.3. POPULATION AND SAMPLE

The study target population involves hospital personnel at the strategic level; that is, the Hospital Directors / the Chief Medical Officers and the General Supervisors / the Chief Nursing Officers / Departmental Heads working in each of the selected hospitals. The target population consisted of 21 hospital personnel at the strategic level. These individuals formed the data source for this study on aspects related to the planning, alignment and implementation of TQM initiative within the strategic framework of the hospital. Since they all share common leadership characteristics at the strategic level and

are involved in decision making. Moreover, the hospitals from where these respondents were selected also had a representation of variety with respect to regions and varying population characteristics per region to ensure acceptable levels of representativeness. Cultural characteristics of different regions of the country could alter planning and implementation of TQM protocols.

Study setting

Data was obtained from seven state hospitals in three regions of Cameroon (Litoral Region – Douala, Central Region – Yaoundé and South-West Region – Buea / Limbe). These hospitals were L'hospital District de Cite' Vert, L'hospital District de Efoulang, L'hospital District de Djoungolo, L'hospital District de Ozda, L'hopital District de Diedo, L'hopital District de Bonassama, and Buea District Hospital.

Yaoundé, Douala, Buea / Limbe were used for the study. Yaoundé is situated in the central part of Cameroon and serves as the political and administrative center with the presence of numerous non-governmental organizations that seeks to influence policy, innovations and development. It is located at an altitude of approximately 750 meters (2,460 feet) above sea level (WHO, 2024).

Douala is the capital of the littoral region; the littoral is one amongst seven regions in Cameroon. Douala, being the capital of the littoral also harbors most of the reference hospitals at intermediate levels both the private and public which demonstrate great technical capacities and presents with more need of a good health care organizational structure. This town is the economic and commercial capital of Cameroon and the entire CEMAC region. It has a total population of about 3 million people. It has a total surface area of 210 km2 and by the year 2015; it recorded a population of 2,768,400. Based on urbanization, this city is made up of seven districts which are Akwa, Bassa, Bonaberi, Bonapriso, Bonanjo, Diedo and New-Bell (WHO; 2024).

Buea is the capital of the southwest region of Cameroon. The town is located on the eastern slope of Mount Cameroon and has a population of 90,088 (at the 2005 Census). About 150,000 people live in Buea (including the villages of Bokwaongo, Muea; Bomaka;

Tole; Mile 16 (Bolifamba); Mile 17; Mile 14 (Dibanda); Bova; Bonjongo; Likombe; Buasa; and surrounding villagies) (Le Cameroun aujourd'hui, 2012).

Originally Buea's population consisted mainly of the Bakweri people. However, due to its position as a university town and the regional capital of the south-west region, there are significant numbers of other ethnic groups. The presence of the University Buea and other admiring factors like the climate conditions (humid and fresh) make many people come to settle there, leaving the town with many inhabitants made of both youths and the old. (Community Development Plan Buea Council, 2016).

Limbe (known as Victoria from 1858 to 1982) is a seaside city in the South-West Region of Cameroon. At the 2005 Census, the population was 84,223. Limbe was recently acknowledged by the Cameroonian government for its role played in history. The current site (Bimbia) is being restored for tourists. Limbe is located on a bay against the backdrop of a major mountain range. Black sandy beaches make Limbe one of two coastal towns (Kribi being the other) that are popular among western tourists. Attractions include the Limbe Wildlife Centre and Limbe Botanical Gardens. (Le Cameroun Aujourd'hui, 2012).

Sample

The purposive sampling technique was used for this study. State hospital settings and individuals were deliberately selected to provide resourceful information that could not be obtained from the excluded sources or choices of the selected state hospitals and individuals. This sampling technique is known to be convenient, not time-consuming, not expensive and ideal for qualitative studies. Here, the consent of personnel who fell within limits of the inclusion characteristics; available for both the morning and night shift were sought for and those of them, who agreed to collaborate, were included in the study.

Personnel from all selected state hospital structures were chosen to be the respondents for this study. This involved seven state hospitals from three selected regions (the Litoral, the Central and the South-west Regions). The study sample consisted of 21 strategic decision makers from 7 state hospitals in three regions of Cameroon. The specific state hospitals were selected for investigation because they met the following criteria: (a) they are state hospitals and complex; (b) they are mostly used by the public and diversified;

and (c) they have implemented quality improvement initiative. Specific personnel within these hospitals were selected because they have the leadership role in the decision-making process of implementing TQM. They also provided insight into TQM implementation practices in the state hospitals in Cameroon. Three participants from each selected hospital participated in the study who were involved with leadership roles in the selected hospitals.

Here, the consent of personnel who fell within limits of the inclusion characteristics were sought for and those of them who agreed to collaborate, were included in the study. Personnel from all selected state hospital structures were chosen to be the respondents for this study. This involved seven state hospitals from three selected regions (the Litoral, the Central and the South-west Regions).

Inclusion and exclusion characteristics

Since this study involved 7 state hospitals, a previewed number of three strategic decision makers from each of these hospitals formed our data source. Hence, 21 respondents were involved for this study. The sample size was determined by the level at which saturation was attained as stated by Guest et al., (2006) that, the sample size for qualitative data is often determined by the concept of "saturation"; where collection of data continuous until no new information is gotten.

Inclusion criteria

- Hospital leaders at the strategic level. Since they are involved with the planning, alignment and implementation of TQM initiative.

Exclusion characteristics

- Hospital leaders who refused to consent to taking part in the study.

3.4. DATA COLLECTION, PROCESSING AND ANALYSIS

This study involved two data collection instruments that is semi-structure interviews and content analysis of the secondary data (relevant literature, regulations and hospitals' documentation).

Interviews

The interview guide was developed for the collection of qualitative data. That semi-structured interview questions were established which contained open-ended questions. This permitted the collection of subjective (non-numerical) data. Hence, enabling an in-depth exploration of the role of strategic management in the implementation of TQM. Before the final version of the interview questions were completed, the researcher conducted a field test with a pre-sample of participants (piloting).

The purpose of the field test was to determine the appropriateness and relevance of the interview questions, as well as to acquire valuable experience in conducting in-depth interviews for research purposes (Kim, 2010). The pre-sample of participants was comprised of 5 individuals: (a) one expert for TQM implementation in the state hospital, (b) one IT manager using digital tools for TQM implementation, (c) two directors from two of 7 selected hospitals, and (d) one project manager for TQM implementation. The choice of this diverse group was based on the grounds that they represented the primary stakeholders of the selected study hospitals in Cameroon.

The performance of this pilot study assisted with the reframing of the data collection tool to some more comprehensive extent to ensure that the interview questions were very well understood by all respondents. The semi-structured interview guide was used because it can gather data from diverse aspects within a short period of time. Also, it is known to permit a deep exploration of the subject matter with clarity and consistency. The data provided by this collection technique could easily be analyzed. The procedure involved the handing of each interview guide to the respondent after acquiring a verbal consent to participate by the researcher.

This interview protocol contained open-ended questions. This permitted the full exploration of subjective data from the respondents. Hence providing a deep insight on experiences, emotions and even the reasons backing the respondents' responses; hence, permitting a full exploration of the relationship between strategic management and TQM initiatives along with how and why hospital leaders plan, align and implement TQM initiatives in the strategic framework.

Interviews were used by way of a face-to-face meeting with every respondent, where ice-breaker questions in the fields of respondent's interest were used to make the atmosphere friendly for a smooth session of questioning and interaction to follow. When this qualitative data had been collected, they were then transcribed verbatim for analysis.

Data Analysis

Data analysis was done by content analysis. Content analysis consisted of the compression and summarization of large amounts of data. It involved the creating of codes and the grouping of these codes into categories which are later presented on a frequency table. The content analysis instrument was used in this study to summarize text data from literature and state hospitals documentation related to the role of strategic leadership in the implementation of TQM initiatives through the development of codes. These codes helped in the identifying of relationships between concepts in both strategic leadership and TQM. These codes were later grouped into categories. The data was then summarized in a frequency table which included a tally of the number of times that a coding unit appeared in the transcribed text. Lastly, interpretation was done.

The data analysis software that was used for qualitative data analysis was Atlas-T. This involved the use of codes and categories to explain how and why state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals and ascertain the impact of strategic leadership on the implementation of TQM in these state hospitals.

3.5. INSTRUMENTATION

This study made use of an interview guide, where the researcher obtained consented personnel, who form the strategic level of the seven selected state hospitals in all these selected regions (Litoral, Central and the South-West Regions). The interview guides were divided into five sections as follows.

Section One: The demographic data of respondents which included the age, gender and other socio-demographic information of respondents like work experience and duty held.

Section Two: How and why state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals?

Section Three: The challenges and opportunities of successful implementation of total quality management in Cameroonian state hospitals.

Section Four: How strategic leaders impact the implementation of TQM in the Cameroonian state hospitals.

Section Five: The relationship between leadership and TQM in the Cameroonian state hospitals. The data to identify relationship between leadership and TQM in the Cameroonian state hospitals was collected from interviews and content analysis.

3.6. LIMITATIONS

Because of research design limitations this study is limited to the following:

Scope of study: The study will be limited to three regions of Cameroon that is; the Central region, the Literal and South-West regions. Also, only state hospitals were selected for this study since these health organs are more representative of the Cameroonian healthcare picture. Additionally, though the sample size seems adequate for the study, it may relatively be small based on generalization.

Data availability: Data from certain areas of the country will not be obtained because of the political and social insecurity / instability of certain areas of the country. Further study

with similar orientations carried out in periods of more socio-political stability could present a more valid and reliable data.

Sample size: The 21 respondents made use of in this study may not be representative enough for generalizing the findings across the whole country. This makes it not reliable enough. A similar study could be carried out with larger sample size to ensure generalizability, validity and reliability of data that is representative enough.

3.7. ETHICAL ASSURANCE

An authorization was obtained from the regional delegation for health of each of the concerned regions and the school. These documents were then presented to selected state hospital strategic heads and the general supervisors of the healthcare facilities so as to gain authorization to conduct the study in their hospitals. The respondents were informed of the purpose of the study in a view of gaining their oral consent. They were also advised to read through the front page (cover letter) of the interview guide to understand more about the study and to note its confidentiality; added to the researchers' oral explanations. They were also reminded of the fact that their participation was voluntary.

Furthermore, the respondents were assured that no harm was to be afflicted on them. They were also counseled by saying that if at any point in time within the course of the interview, they felt uncomfortable and desired to quit; they were free to do so.

Moreover, for the purpose of proper data management, the tape records and transcript documents were kept in a lock and key cupboard which is only accessible to the researcher alone so as to prevent any possible disclosure of the respondents' information. This was strictly followed to ensure that the assurance of confidentiality is not bridged.

3.8. SUMMARY

This chapter aimed at presenting the various materials and methods that were used to sample, collect and analyze gotten data. It explained all the processes that were involved within. It also, through the light on ethical considerations and how they were achieved, to make a reconstruction of this study if necessary.

CHAPTER IV:

RESULTS

4.1. INTRODUCTION

The purpose of this study is to gain a deeper understanding on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. This chapter represents the presentation of the findings of the study after the whole data collection process. It provides the structural nomenclature of the study for easy comprehension through the presentation, classification and synthesis of this data.

4.2. RESULTS

The results of this study are presented all the way below from a systematic follow-up of all due processes discussed in chapter 3. Tables were used to present succinct data with consequent explanation at the base of every table. The results present insight of data gathered through interviews with personnel of different hospitals who consented to be part of this study. It explored knowledge gaps, trends and patterns with the aim of satisfying the study purpose as stated above.

Findings: Profiles of the study participants

A presentation of the demographic statistics for internal stakeholders in the study is presented as follows.

Table 4.1. Demographic Statistics for Internal Stakeholders

Participant ID	Gender	Educational level	Age (Years)	Years on the present position
D.dhcv (P 1)	Male	M.D/Gynecologist	Above 50	4 – 5
FD.dhb (P 2)	Female	Masters in health management	Above 50	2 – 3
FD.dhe (P 3)	Female	Bsc in Accounting	Above 50	4 - 5
FD.dhd (P 4)	Female	Bsc in Accounting	Above 50	4 – 5
MA.dhcv (P 5)	Female	M.D/Gynecologist	40 – 49	2 - 3
MA.dhb (P 6)	Male	M.D/Nephrologist	40 – 49	4 – 5
GS.dhe (P 7)	Male	Nurse – master's in health administration	Above 50	4 – 5
GS.dhd (P 8)	Female	Masters in nursing	40 – 49	2 – 3
GS.dhcv (P 9)	Female	Nurse – master's in health management	Above 50	4 – 5
GS.dhbo (P 10)	Female	Nurse – master's in health management	40 – 49	2 – 3
GS.dhdi (P 11)	Female	Bsc in Nursing	40 – 49	2 – 3
GS.dhb (P 12)	Male	Bsc in Nursing	40 – 49	4 – 5
GS.dho (P 13)	Female	Bsc in Nursing	40 – 49	2 – 3
AGS.dhcv (P 14)	Female	Bsc in Nursing	40 – 49	2 - 3
AGS.dhb (P 15)	Female	Bsc in Nursing	40 – 49	2 – 3
AGS.dhdi (P 16)	Female	Bsc in Nursing	40 – 49	≤ 1

	Female	Bsc in Nursing		2 – 3
C1.dhe (P 17)			Above 50	
	Female	Bsc in Nursing		2 – 3
C2.dhe (P 18)			40 – 49	
	Female	Bsc in Nursing		2 – 3
C1.dhb (P 19)			40 – 49	
	Female	Bsc in Nursing		2 – 3
C2.dhb (P 20)			40 – 49	
	Female	Bsc in Nursing		2 – 3
C.dhcv (P 21)			40 – 49	

Table 4.1. is a representation of participants statistics. Considering the fact that this study involved the use of 21 participants who formed the major data sources, it was noticed that out of this total of 21 participants 7 of them were within the age group of >50 years and 14 were within the age range 40 – 49 years of age as presented on the table above.

Based on sex of participants it was noticed that out of the total 21 respondents used for the study; 17 of them were identified as females while 4 of them were identified as males. This could be seen on the table below above. Following the parameter on "Work Experiences" we could notice that all of the total 21 respondents had a work experience of above 10 years with none presenting a less than 10 years of experience as seen but with respect to years at their present position which is presented on the table above, we could notice that 7 of them had 4 – 5 years at present position while 13 of the participants had 2 - 3 years at present position.

With respect to "Duty Held" out of the total 21 respondents made use of in the study, they were noticed to hold the following positions: 7 of them were identified as General Supervisors, 3 of them as Assistant General Supervisors, 1 hospital Director, 2 Medical Officers, 3 Econome (that is the Financial Director) and 5 care Coordinators.

Table 4.2. Categories of Criteria

Job Similarity	Demographic Similarity	Job Positions
• Involved with coordination, organization, monitoring and evaluation of the hospital's processes and resources.	• Male • Age: Above 50 • M.D/Gynecologist	• Hospital Director (D.dhcv)
• Manages personnel, finance, general hospital infrastructure and equipment, performs audit and control.	• Female • Age: Above 50 • Master in Health Management	• Financial Director (FD.dhb)
	• Female • Age: Above 50 • Bsc in Accounting	• Financial Director (FD.dhe)
	• Female • Age: Above 50 • Bsc in Accounting	• Financial Director (FD.dhd)
• Supervises and regulate activities of hospital Physicians	• Female • Age: 40 – 49 • M.D/Gynecologist	• Medical Advisor (MA.dhcv)
	• Male • Age: 40 – 49 • M.D/Nephrologist	• Medical Advisor (MA.dhb)
• Coordinate, regulate and monitor care processes.	• Male • Age: Above 50 • Nurse – Masters in Health Administration	• General Supervisor (GS.dhe)
	• Female • Age: 40 – 49 • Masters in Nursing	• General Supervisor (GS.dhd)
	• Female • Age: Above 50 • Nurse – Masters in Health Management	• General Supervisor (GS.dhcv)
	• Female • Age: 40 – 49 • Nurse – Masters in Health Management	• General Supervisor (GS.dhbo)

	• Female • Age: 40 – 49 • Bsc in Nursing	• General Supervisor (GS.dhdi)
	• Male • Age: 40 – 49 • Bsc in Nursing	• General Supervisor (GS.dhb)
	• Female • Age: 40 – 49 • Bsc in Nursing	• General Supervisor (GS.dho)
• Coordinates, monitor and evaluate activities of all care givers	• Female • Age: 40 – 49 • Bsc in Nursing	• Assistant Geneneral Supervisor (AGS.dhcv)
	• Female • Age: 40 – 49 • Bsc in Nursing	• Assistant Geneneral Supervisor (AGS.dhb)
	• Female • Age: 40 – 49 • Bsc in Nursing	• Assistant Geneneral Supervisor (AGS.dhdi)
• Instructors, Supervises and monitor activities of Ward Heads	• Female • Age: Above 50 years • Bsc in Nursing	• Coordinator 1 (C1.dhe)
	• Female • Age: 40 – 49 years • Bsc in Nursing	• Coordinator 2(C2.dhe)
	• Female • Age: 40 – 49 • Bsc in Nursing	• Coordinator 1 (C1.dhb)
	• Female • Age: 40 – 49 • Bsc in Nursing	• Coordinator 2 (C2.dhb)
	• Female • Age: 40 – 49 • Bsc in Nursing	• Coordinator (C.dhcv)

The above table represents the job descriptions, demographic characteristics and job positions of the participants who took part in this study.

Table 4.3. Represents the Personal Interview Schedule

Participant ID	Interview Date	Interview Duration (minutes)	Informed Consent	Interview Performed
• D.dhcv(P 1)	11th/10/2024	27	Yes	Face-to-face
• FD.dhb(P 2)	18th/10/2024	32	Yes	Face-to-face
• FD.dhe(P 3)	22nd/11/2024	30	Yes	Face-to-face
• FD.dhd(P 4)	27th/09/2024	26	Yes	Face-to-face
• MA.dhcv(P 5)	11th/10/2024	29	Yes	Face-to-face
• MA.dhb(P 6)	18th/10/2024	31	Yes	Face-to-face
• GS.dhe(P 7)	22nd/11/2024	35	Yes	Face-to-face
• GS.dhd(P 8)	27th/09/2024	33	Yes	Face-to-face
• GS.dhcv(P 9)	17th/10/2024	37	Yes	Face-to-face
• GS.dhbo(P 10)	28th/11/2024	34	Yes	Face-to-face
• GS.dhdi(P 11)	29th/11/2024	32	Yes	Face-to-face
• GS.dhb(P 12)	18th/10/2024	37	Yes	Face-to-face
• GS.dho(P 13)	31st/10/2024	27	Yes	Face-to-face
• AGS.dhcv(P 14)	11th/10/2024	34	Yes	Face-to-face
• AGS.dhb(P 15)	18th/10/2024	30	Yes	Face-to-face
• AGS.dhdi(P 16)	29th/11/2024	29	Yes	Face-to-face
• C1.dhe(P 17)	22nd/11/2024	36	Yes	Face-to-face
• C2.dhe(P 18)	22nd/11/2024	30	Yes	Face-to-face
• C1.dhb(P 19)	18th/10/2024	28	Yes	Face-to-face

• C2.dhb(P 20)	18th/10/2024	31	Yes	Face-to-face
• C.dhcv(P 21)	11th/10/2024	37	Yes	Face-to-face

The above table represents the personal interview schedule with the study participants of various hospitals that permitted personnel participation.

Findings: Research question results

Based on the following research questions certain findings were made for the study and presented below in Table 4.4 (which defined various Categories, Themes and Codes). RQ 1. How and why do state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals? RQ 2. What are challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals? RQ3. How can strategic leadership impact implementation of TQM in the state hospitals in Cameroon? RQ 4. What is the relationship between leadership and TQM in the Cameroonian state hospitals? The above research questions were developed based on some noticed gaps in literature and were aimed at exploring in-depth realities of participants to ensure tangible results.

Coding Materials

Coding was performed with the help of both manual assistance and software applications like Atlas-Ti. The interview process was performed by the use of an interview guide which served as a tool for gathering numerous data. This data was then transcribed word verbatim to aid further analysis of the data. A content-based analysis was performed with meticulous scrutiny of the data for the development of codes.

Table 4.4. From Codes to Themes

Sub-questions	Code(s)	Description	Theme

RQ1: How and why state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals?

SQ1. What is your hospital's approach to TQM?	Patient-centered based approach Monitoring and continuous personnel training Annual objective of the MPH	Representative of the hospitals' used approach to TQM	Quality management
SQ2: What are some factors that influence the major decisions made at the hospital?	Patient care and personnel behavior.	Circumstances that intrigue major hospital decisions.	Resources and quality of healthcare
SQ3: How do you ensure the daily integration of TQM practices in the hospital?	Human and material resources	Representative of various methods put in place to ensure a daily integration of TQM initiatives	Care process monitoring and evaluation
SQ4: Can you talk about any example of a TQM initiative used in the hospital?	Monitoring and Patient need assessment Patient counseling and Drug use control Personnel Motivation / Query Letter	Representative of various TQM initiatives use in hospitals to ensure effective TQM improvement	Quality patient care-oriented initiative

RQ2: What are the challenges and opportunities of successful implementation of total quality management in the Cameroonian state hospitals?

SQ5: What are some challenges you faced in implementing TQM initiatives in the hospital?	Personnel non-compliance to hospital rules and regulation Lack of personnel and unfavorable environment	Representative of the face hindrances or obstacle to the effective implementation of TQM	Personnel and environmental factors

SQ6: How do you react to non-compliance of hospital personnel with respect to quality improvement?	Query letter, Disciplinary council and Suspension Personnel Sensitization	Represents the measures used by strategic leader to manage personnel non-compliance	Warnings and Sanctions
SQ7: What opportunities have TQM practices brought to the hospital?	Quality Care Great Patient Inflow	Represents some competitive advantages enjoyed by hospitals as a result of effective TQM implementation	Competitive advantage in healthcare
SQ8: How do you measure the success of TQM?	Patient Feedback Quality Health Results Great Patient Inflow	Representative of measure used to measure effective TQM implementation in hospitals	Quality health services delivery

RQ3: How can strategic leaders impact the implementation of TQM in the state hospitals in Cameroon?

SQ9: What role do hospitals leaders play in promoting a culture of quality? Can you give an example?	Monitor, personnel care Exemplary leadership like getting involved Innovation, institutions in hospital rules and regulation Motivator, personnel support Personnel counseling and continuous evaluation of outcomes	Represents the role that strategic leaders play in the establishment of a culture of quality in the hospital	Good leadership

SQ10: How do strategic leaders influence the implementation of TQM in the hospital?	Personnel Motivation and Care By being a good example and providing technical support Setting quality targets and objectives Innovate new patient care orientation for better care delivery and satisfaction	Representative of the ways in which strategic leaders in hospital influence TQM implementation	Healthcare innovations and good leadership
SQ11: What are some innovations brought about by strategic leaders to favour TQM implementation?	Establishing a culture of quality Payment of all services at the caisse and separation of finance and service Delivery supply of equipment and organizing for better task execution Creation of a good administrative structure and personnel motivation schemes	Represents some key innovations brought about by strategic hospital leaders to ensure the effective implementation of TQM initiatives	Healthcare organization and equipment supply

RQ 4: The relationship between leadership and TQM in the Cameroonian state hospitals?

SQ12: What is some relationship between leadership and TQM?	Both aim towards quality attainment Effective TQM is a fruit of good leadership	Represents the relationship between Strategic Leadership and TQM	Quality establishment

SQ13: How do hospital leaders encourage personnel commitment to TQM efforts?	Personnel motivation	Represents methods by which strategic leaders in hospitals encourage personnel commitment towards TQM practices	Good personnel management
	Being good examples, organizing meetings and maintaining order		
SQ14: What leadership skills and competencies are essential for the successful implementation of TQM in a hospital?	leaders act as good examples, listen more, talk less, give instructions, innovate, organize meetings, maintain order, punctual and are committed	Represents some essential leadership skills and competences that strategic leaders in hospitals need to possess to ensure effective TQM implementation	Strategic leadership skills
	Continuous training, sensitize personnel, monitors and follow-up processes		
	Humility, personnel management and communication		

The table above represents a presentation of the study's Sub-questions Codes and their description including the developed themes.

Table 4.5. Themes and Sub-Themes in Evaluation of Findings

Major Themes in Evaluation of Findings
Theme 1: Quality Assurance
• Quality management
• Resources and quality of healthcare
• Care process monitoring and evaluation
• Quality patient care-oriented initiative
Theme 2: Improving quality of health

- Personnel and environmental factors
- Warnings and Sanctions
- Competitive advantages in healthcare
- Quality health services delivery

Theme 3: Strategic leadership

- Good leadership
- Healthcare innovations and good leadership
- Healthcare organization and equipment supply

Theme 4: Hospital Excellence

- Quality establishment
- Strategic leadership skills
- Good personnel management

The above table represents the themes and sub-themes in evaluation of findings

Findings for RQ1. *How and why state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice?* RQ1 sought to identify the pattern of *how state hospital leaders plan, align, and implement TQM initiatives within the strategic framework.* It also sought to understand why the state hospital leaders integrate TQM initiatives into the business strategy and practices. Answering the RQ1, using four sub-questions, provided empirical evidence on how the TQM construct addressed the strategic leadership in the implementation of TQM in Cameroonian hospitals.

Findings for sub-question 1 (SQ1). *What is your hospital's approach to TQM?* The combined data for sub-question 1 yielded one theme: Quality management. The number of responses pertaining to hospital's approach to TQM is shown in Table 4.6.

Table 4.6. Grounded Theme for Sub-question 1: What is your hospital's approach to TQM?

Grounded Theme	Frequency Count
1. **Quality management**	18

Note: N=21

Grounded theme 1: Quality management. According to their testimonies, 18 out of 21 study participants responded that the hospital's approach to TQM follows the TQM philosophy and takes the form of client-based approach (customer focus). They supported

their responses by arguing that "everything we do is centered on our clients (MA.dhb-P6, 2024). In addition, GS. dhdi-P11 (2024) said that "the first point we have worked on is in the patient welcome service. The second point is the way of talking to patients. The third point is in care. We perform care…we make effort to offer quality health care services in a bit to ensure patient satisfaction and when a patient is satisfied it will go from mouth to ears …".

In line with the interview responses, the analysis of the secondary sources (relevant literature, hospital's reports) shows that Geresom and Hazarika (2024) in the Baldrige Excellence Framework, which was developed by NIST (National Institute for Standards and Technology) presented the patient-centered approach to TQM in hospitals as an important orientation for the strategic manager towards an effective implementation of TQM. To add to this, ISO (2018) stated that for strategic leaders to effectively implement TQM initiative, patient-centered approach is of pre-eminence since quality of health services can only be accurately measured by the level of patient satisfaction. Furthermore, Ahmed and Sajid (2023) added that by the latter, continuous quality improvement in work process and service delivery in the hospital can be assured and when the strategic leader imbibes this as a hospital's culture, then can a sustainable quality be achieved.

Findings for sub-question 2 (SQ2). What are some factors that influence the major decisions made at the hospital? The combined data of sub-question 2 yielded the one theme: Resources and quality of healthcare. The number of responses patterned to some factors that influence the major decisions made at the hospital is shown on Table 4.7.

Table 4.7. Grounded Theme for Sub-question 2: What are some factors that influence the major decisions made at the hospital?

Grounded Themes	Frequency count
Resources and quality of healthcare	19

Note: N=21

Grounded theme 2: Resources and quality of healthcare. According to testimonies, 19 out of the 21 study participants responded that some factors that influenced the major

decisions made at the hospital are Patient care and personnel behavior and Human / material resources. They supported their responses by arguing that "Some of the factors that influence the implementation of quality is the lack of personnel which has a negative impact…we do not have those care delivering personnel even medical personnel. We do have a great number of staff, but they are not the staff we really need (D.dhcv-P1, 2024). FD.dhe-P3 (2024) argued that "Some of these factors that influence quality and the decision taken in the hospital are the shortage of personnel … the quality of materials used. Sometimes, some things are not in very good quality, some are not even available and also the state of health of the personnel since some personnel suffer from certain health issues which could alter quality of service delivery in the hospital and sometimes even if a palliative measure could be used to bring a solution it may not be as the personnel who is regular in that service". In a similar lane MA.dhb-P6 (2024) argued that "the attitudes of some staff… influences major decisions… in as much as we are centered around patient attention … You may notice that not everyone that is (personnel) may be as involved in care delivery as we are".

In addition, GS.dho-P 13 (2024) asserted that "Some of the factors that influence the implementation of quality is the lack of personnel which has a negative impact. We do not have those care delivery personnel, not even medical personnel. We do have a great number of staff, but they are not the staff we really are in need in matters related to care delivery. To further elaborate on this C.dhcv-P21 (2024) said "the factors that positively influence the decisions made in terms of quality are … personnel motivation. When personnel are motivated, it's not just the financial motivation but … for example things like letter of felicitation. We…we have had…to recognize the best nurse who have had an envelope, best physician who have had an envelope and so on…this makes personnel motivated. We have put in place fora in every service which helps me to follow-up every service from a distance even in my absence I know who is there and who is not there and, in those fora, (whatsapp) everyone brings forth their contributions in challenging situations. Everyone contributes in patient care for us to become winners…"

In line with the interview responses, the analysis of secondary sources presented 'patient care and personnel behavior' as the main factors that influence major hospital decisions. As asserted by Bourant (2020), who stated that factors that influence major hospital decisions based on TQM implementation are mainly patient behavior with respect to the level of satisfaction. This further confirmed by Ashkevari and Ghasemi, (2023) and Gambi, (2015) who stated that personnel behavior (that is; personnel training and education, teamwork, personnel commitment) have profound influence on hospital decisions. Hence, Patient care and personnel behaviour are the two main factors that influence hospitals' major decision and enhance quality in service delivery.

Findings for sub-question 3 (SQ3). How do you ensure the daily integration of TQM practices in the hospital? The combined data from sub-question 3 yielded the theme: Care process monitoring and evaluation. The number of responses pertaining to the daily integration of TQM practices in the hospital is seen on table 4.8.

Table 4.8. Grounded Theme for Sub-question 3: How do you ensure the daily integration of TQM practices in the hospital?

Grounded Theme	Frequency Count
Care process monitoring and evaluation	21

Notes: N= 21

Grounded theme 3: Care process monitoring and evaluation. According to the responses of various study participants it was noticed that all the participants share same opinion that the daily integration of TQM initiative in hospitals is ensured by monitoring and Patient need assessment. They supported their responses by arguing that "To daily ensure the quality delivery in our services at the level of the hospital we perform rounds, monitoring of registers and documents related to patients in the hospital yes and also, we also do personnel training; these are the practices which permits us to be sure that the personnel is in good form with new evolution (D.dhcv-P1, 2024)".

Also, FD.dhe-P 3 (2024) argued that "to be assured that there is a daily integration of TQM in the hospital; what we do is for example I can perform in a day about 3 to 5 rounds at every hospital service to assure that quality in care in maintained. I could enter a

service and take a patient's book and look at the time his/her care is due and verify if that was well respected by the personnel. That is why in a day I can go through services about 3 times to assess quality in care delivery.

If the care has not been administered, I have to know why it has not been administered on time. Sometimes it's because the sick does not have money and has not bought the medications. Sometimes it's because the physician has asked to wait a bit for some results to be gotten. It's a bit like that". In addition, MA.dhcv-P 5 (2024) expressed similarly arguments that "as I just said, I make several rounds in various hospital units every day in the morning and whenever there's a problem in any unit the instruction is that it should be transferred to the level of the care coordinator and then from the coordinator to the general supervisor …"

The analysis of secondary sources expressed great harmony with the participants' arguments following the daily integration of TQM initiatives in the hospital. This is in line with the assertion of Padhi (2024); who stated that monitoring and follow-up of care in healthcare facility aid in attaining daily quality and permits trust building toward the hospital's system put in place. Also, Riaz et al. (2023) added to the above by stating that strategic leaders are facilitators of the daily integration of TQM initiatives in hospitals.

Findings for sub-question 4 (SQ4). Can you talk about any example of a TQM initiative used in the hospital? The combined responses of sub-question 4 yielded the theme: Quality patient care-oriented initiative. The number of responses pertaining to an example of a TQM initiative used in the hospital is shown in table 4.9 below.

Table 4.9. Grounded Theme for Sub-question 4: Can you talk about any example of a TQM initiative used in the hospital?

Grounded Theme	Frequency Count
4. Quality patient care-oriented initiative	18

Note: N= 21

Grounded theme 4: Quality patient care-oriented initiative. According to the responses of the study participants, 18 respondents out of the total 21 of them expressed the opinion that Task improvement through patient need assessment is an example of TQM

initiative used in the hospital. They supported their responses by arguing that "for example we started up…ehh…a quality improvement task. Where in everything we focus on improvement...that is, you see something in your unit that does not work well then you pick it up as a project to correct it. It must not be laborious or demand a lot of finances, but you see that if it is corrected in a particular way it'll present an added value to what is already been done.

We also do presentations which give individuals the opportunity to share on where they were and where they are now based on what have been done so far from the project to create an improvement (MA.dhb-P6, 2024). Also, GS.dhdi-P 11 (2024) added that "we carry out some work for example of quality control to ensure the maintenance of the norm and in the care, delivery services also it is done to ensure the maintenance of quality". A similar view was expressed by GS.dhb-P 12 (2024) who stated that "we carry out some work for example of quality control to ensure the maintenance of the norm and in the care delivery services also it is done to ensure the maintenance of quality" not leaving out FD.dhe-P3 (2024) and FD.dhd-P4 (2024) who said that "good I will take a bit, I will take on medications. Road site medicine, the hospital has taken a personal initiative because the ministry has tried to fight that to no avail. So, the hospital has initiated a way out.

When we give a prescription to a patient, we follow up to assure that, the client has bought the medication from either the hospital pharmacy or in a case where the hospital pharmacy does not have that medication, we ensure that the sick buys the medication from a standard pharmacy in town. Because we do all, but the quality of a medication can spoil our efforts. So, to avoid that; our hospital takes the initiative to verify the receipts and the medication before administering it to a patient" and "for example in this hospital we have put in place the initiative of performing a counseling every morning of patients to explain to them and calm them of worries of long wait at hospital.

For example, at the pediatric we tell them that the podiatrist attends everyone, but you can arrive at 8am but another patient who arrives at 9am could be attended to before you because of a life-threatening situation that he/she may be going through. For example, a baby can arrive at the hospital with a temperature of 40 degree Celsius whereas you come

to the hospital for a routine consultation for your child. Even if you arrive at 6 am and the other baby arrives at 8 am in an emergency that requires urgent attention. That baby will be received before you because it is an emergency. Also, we do biometric presence control in the hospital" respectively.

In line with this responses, the analysis of secondary sources shows that an example of a TQM initiative used in their hospital was aimed at Task improvement through patient need assessment which is in accordance with Padhi (2024), who stated that an initiative for effective TQM implementation by strategic leaders should involve the capitalizing on the health facility's strength and the improving of their weakness or areas that needs amelioration. This is further expounded upon by Abdelsalam (2016) and Abdulkadir (2023) who enumerated a list of activities that could be improved or ameliorated for better patient follow up and quality assurance which are; quality planning, control, continuous improvement, internal audit and accountability, personnel training, process analysis, records treatment, and patients cases assessment, recording, supporting the quality policy, quality manual, and dependability.

Findings for RQ2. What are challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals? This RQ2 sought to identify the challenges and opportunities of successful implementation of TQM. Answering RQ2 using four sub-question provided evidence on the existence of some challenges and opportunities of a successful TQM implementation in the Cameroonian state hospital.

Findings for sub-question 5 (SQ5). What are some challenges you faced in implementing TQM initiatives in the hospital? The combined responses on the challenges faced in the implementation of TQM yielded the theme, Personnel and environmental factors. The number of responses pertaining to the challenges faced in the implementation of TQM is seen on table 4.10.

Table 4.10. Grounded Theme for Sub-question 5: What are some challenges you faced in implementing TQM initiatives in the hospital?

Grounded Theme	Frequency Count
Personnel and environmental factors	17

Note: N= 21

Grounded theme 5: Personnel and environmental factors. Based on the responses of the participants, 17 out of the total 21 respondents had opinions that presented ideas of Personnel non-compliance to hospital rules and regulation. They supported their responses by arguing that "… one of the major challenges is the compliance of some staff. Some personnel may not want to comply because might be they do not see financial motivation and so may not want to do it that way. But the hospital management, I think that they are totally involved. For example, if there is a need, there is a need form that I am supposed to submit…to permit the procuration of it. They are driven to see that whatever we need to boost our services is made available" (MA.dhb-P6, 2024). Also, GS.dhbo-P 10 (2024) said "But for the moment we ourselves based on the norms we try with what we have been trained to be in the right track.

But the challenge is always there that is trying to bring persons to perfection to better satisfy the needs of the clients at the best way possible". And AGS.dhdi-P 16 (2024) added that "sometimes there is incomprehension which are challenging, there is also time that is challenging because the implementation of quality, we could preview a time and use much more, another challenge is morality. It involves always counseling the patients and personnel but at the end of every issue we succeed to attain our objectives". In same view MA.dhcv-P 5 (2024) added that "Yes…we have got so many challenges…because as you know human beings are reticent to change. You arrive and meet them with their attitudes and when you adopt new methods they resist changing. Just now you heard me emphasizing the wearing of badge by every personnel to permit the sick to be able to identify the person working on him/her. Change is not always accepted immediately; it requires time for people to adapt. Sometimes there is a need for a weep. Truly changing is not easy.

Furthermore, D.dhcv-P 1 (2024) said that "I …mentioned the difficulties earlier like the lack of personnel, the environment we find ourselves. We really want to do well but sometime the work condition does not permit us to". Lastly GS.dhd-P8 (2024) expressed the view that "the first thing is financial challenge if I may say so. For service managers one of our greatest challenges is financial. We may have the desire to provide

everything but if the resources are not there, we cannot do anything. Yes..we have financial challenges though it sometimes comes too to the level of human resources. Because for example this is a public hospital where we have so many people running in because it is cheaper. So, with insufficient human resources and the numerous inflows of patients, waiting time is longer. If we had human resource in place waiting time for patients would be shorter and patients would be attended to within about 10 – 15 minutes".

The analysis from literature review expressed the fact that, based on the challenges faced by strategic leaders in the implementation of TQM, it was noticed that most of the participants shared the opinion of personnel non-compliance to hospital rules and regulations. This is like the postulations of Riaz et *al*. (2023) and Abdulkadir (2023). They both stated that; Strategic leaders very often face challenges in their quest to effectively implement TQM initiatives which ranges from personnel behavior, the hospital itself and external factors like government policies amongst others. This places a huge responsibility on them to overcome some of these challenges including inadequate personnel commitment, passive attitudes of some personnel, Non-compliance / alignment of hospital staff and goals to meet the dictates of TQM practices and some unfavorable government policies. Pussella and Yapa (2021) also elaborated on this point by stating personnel non-compliance amongst others as a challenge faced by strategic leaders in the hospital.

Findings for sub-question 6 (SQ6). How do you react to non-compliance of hospital personnel with respect to quality improvement? The combined responses for sub-question 6 yielded the theme: warnings and sanctions. The number of responses pertaining to strategic leaders' reaction to hospital personnel non-compliance is seen below in Table 4.11.

Table 4.11. Grounded Theme for Sub-question 6: How do you react to non-compliance of hospital personnel with respect to quality improvement?

Grounded Theme	Frequency Count
4. **Warnings and Sanctions**	17

Note: N=21

Grounded theme 6: Warnings and Sanctions. According to participants' responses, 17 of them of the total 21 respondents expressed the opinion that non-compliant personnel are issued Query letter, Disciplinary council and Suspension. This could be seen in their arguments that "we give them query letter and for high level crimes we can suspend their quarter part" (D.dhcv-P1, 2024). In a similar lane FD.dhb-P2 (2024) expressed the fact that "sometime we give them queryl letter" also FD.dhe-P3 (2024) presented similar arguments that "waala…good; when a nurse does not conform to the norm as it is expected by the internal rules of the hospital; we first give such a personnel a query letter, after the query letter the personnel passes through the disciplinary council, this is a committee that the hospital has created that is he/she passes through the committee and presents what he/she has written in the query letter.

If the presentation is good the personnel is freed but if the presentation is not good such personnel is punished according to the internal regulation of the hospital which is the suspension of quarter part from 1 – 6 months. Based on the gravity of the fault. More so, FD.dhd-P4 (2024) added that "we have an internal regulation of the hospital which is like the hospital bible. It is what determines how the personnel function in the hospital that is it determines what is permitted and what is not. So, the decision of the hospital is discretional at a moment based on a committed fault. There are stages like query letters, passages through the disciplinary council, blames so, it is in stages.

For example, in cases of corruption, it moves from blame right up to suspension of quarter-part of the personnel which passes through the disciplinary council where decisions are taken. It depends on the committed fault. It could be even based on the bad care of patients. Furthermore, GS.dhe-P7 (2024) and GS.dhcv-P9 (2024) were more subtle in expressing that "In cases of poor behavior from personnel, when the patients' complain we come together and talk about those things and expect a change but if it continuous the personnel is given a query letter" and "that is why I told you that we have many committees in the hospital where we discuss issues where we discuss technical issues. So, if a staff does not comply with the procedures that have been put in place; you're called at the disciplinary council where you're being called there for explanation and there you'll be

corrected and disciplined so that next time you should not act wrongly, and it also serves as a watchdog to other colleagues" respectively.

In line with the views of secondary sources (hospital record and relevant literature), based on the reaction uptake of strategic leaders against the non-compliance of personnel, the view involving the issuing of a Query letter, Disciplinary council and Suspension of the personnel per the committed infraction was in line with Alnuaimi and Yaakub, (2020) who postulated that in cases of personnel non-compliance, there is need for the strategic manager to make of use of the reward and punishment style of leadership to ensure that the institution's goals are achieved.

Findings for sub-question 7 (SQ7). What opportunities have TQM practices brought to the hospital? The responses for sub-question 7 yielded the theme: Competitive advantage in healthcare and the number of responses on the opportunities brought to the hospital by TQM are shown on table 4.12.

Table 4.12. Grounded Theme for Sub-question 7: What opportunities have TQM practices brought to the hospital?

Grounded Theme	Frequency Count
Competitive advantage in healthcare	21

Note: N=21

Grounded theme 7: Competitive advantage in healthcare. It was noticed that all 21 participants responded alike in their opinion on the opportunities brought about by TQM practices in the hospital. This can be seen as they presented arguments that; "the opportunities are that there is a better care of patients" (D.dhcv-P1, 2024). In-line with FD.dhe-P 3 (2024) "what this initiative of TQM has brought to the hospital is that, based on the evolution we have a good result. We have a good result; one we have good results, we have reduced resistance from all those medications", FD.dhd-P 4 (2024) "It is the good patient care. Our patient care is efficient and also in patient care there is good patient reception and good patient outcome". GS.dhe-P 7 (2024) it has brought remedies to some critical cases that they have tried everywhere, and they did not succeed, GS.dhdi-P 11

(2024) "when quality is well followed the final is usually the good care that the patient receives.

The wish is that the patient leaves the hospital with satisfaction and if it is not attained the patient can be referred and if the ministry notices that we are working well she can offer promotion or offer medical supplies to the hospital", MA.dhcv-P 5 (2024) "we have great population inflow from our community and this is actually a prove of our service quality … you see, these months are months were other hospitals at this same season will be experiencing dryness but you see … in our case it is different", MA.dhb-P 6 (2024)"I'll say that it has increased our patient inflow. First when you go to a government hospital, you'll smell medications everywhere. But from what we get from people they are like...ohh…the environment looks clean, doesn't smell. There's growth…", and C1.dhe-P 17 (2024) "as I earlier said, we have a great in-flow of patients that is we have affluence even in hard months and these opportunity presents with financial entering which in-turn aids in personnel motivation"

Moreover, based on the analysis from previously reviewed literature about opportunities brought about by the implementation of TQM initiatives to the hospital, Riaz et *al*. (2023) stated that, the implementation of TQM practices aid in ensuring the establishment of quality services in hospitals. Implying that an obvious opportunity brought about to the hospitals by the implementation of TQM practices is the establishment of quality in various hospital care delivery services.

Findings for sub-question 8 (SQ8). How do you measure the success of TQM? The combined responses on sub-question 8 yielded the theme: Quality health services delivery. The responses on the measure of TQM's success in hospital is presented on table 4.3.

Table 4.13. Grounded Theme for Sub-question 8: How do you measure the success of TQM?

Grounded Themes	Frequency Count
6. **Quality health services delivery**	17

Note: N=21

Grounded theme 8: Quality health services delivery. According to their testimonies, 17 out of the 21 respondents shared the opinion that patient feedback is the measure by which success of TQM is measured. They argued that "this is measure by the flow of activities in every service which I think is based on how responsible the personnel is. In ever unit there is a Charge who has the responsibility to ensure that needs are supplied and that's part of their responsibility as the head of the service" (FD.dhb-P2, 2024) and FD.dhe-P3 (2024) "what this initiative of TQM has brought to the hospital is that, based on the evolution we have a good result. We have a good result; one we have good results, we have reduced resistance from all those medications … based on the patients feedback themselves and the community we measure our success.

The hospital has suggestion boxes to permit us get those feedback", MA.dhcv-P 5 (2024) "like I am say…success is the product of quality we as a hospital have been receiving prices for the best hospital, the hospital with the best management. So I think that this helps us also to be known both nationally and internationally", GS.dhe-P 7 (2024) "we measure the success on appointment. When those ehh…patients come, and they are given this services appointment is given for a review. So, when they come, we often discover great progress in the patient's health. So, in most cases we have excellent results", GS.dhcv-P 9 (2024) "apart from the fact that where we use to be is not where we are now. Then another thing is about…like those who did not want to follow through with us are now following through not out of compulsion, but they see reasons why they should come with use. Then finding joy in what you are doing, you're not like working because you're working under compulsion. For me I think that is success …", D.dhcv-P 1 (2024) "Success in TQM initiative is usually measured by patient feedback and also feedback from the hospital community members permits us to know if we are in the right track", FD.dhd-P 4 (2024) "there are suggestion boxes in the hospital for community and patient feedback", GS.dhd-P 8(2024) "yeah…we have, we have…you know in the hospital, you see suggestion boxes na…those boxes are for the community feedback. Time and again we go there, and we evaluate ourselves …" who respective presented the above arguments.

In accordance with literature review, this aspect concerning the success measurement of TQM implementation levels was supported by Alnuaimi and Yaakub, (2020) who expressed the fact that, the success of TQM is by the establishment of a culture of quality in the care delivery process. To add to this Abdulkadir (2023) elaborated that patient satisfaction is a strategic leader success hallmark to the effective implementation of TQM initiatives. He further expressed the fact that TQM is aimed at providing quality services that effectively satisfies patients' needs along with constantly improving quality and ensuring process maintenance.

Findings for RQ3. How strategic leadership can impact implementation of TQM in the state hospitals in Cameroon? RQ3 sought to examine the impact of strategic leadership on the effective implementation of TQM in hospitals. It seeks to verify the influence that strategic leadership has on TQM in helping the care delivery processes. Responding to RQ3, using three sub-question provided knowledge on the existing impact of Strategic leader to the effective implementation of TQM.

Findings for sub-question 9 (SQ9): What role do hospitals leaders play in promoting a culture of quality? Can you give an example? The combined data from sub-question 9 yielded one theme: good leadership. The number of responses pertaining to the role hospital leaders play in promoting a culture of quality is presented in table 4.14 below.

Table 4.14. Grounded Theme for Sub-question 9: What role do hospitals leaders play in promoting a culture of quality? Can you give an example?

Grounded Theme	Frequency Count
7. **Good leadership**	19

Note: N= 21

Grounded theme 9: Good leadership. Considering the testimonies of participants; *Out of the total 21 participants, 19 of them expressed* the opinion that the role of hospital leaders in promoting a culture of quality is monitor and personnel care. They supported their responses by arguing that; "the hospital leaders are there to coordinate the personnel to the achievement of the hospital's vision, they also perform follow-ups of activities and

they also aid the wellbeing of the personnel and also the appreciation of personnel who show prove of good hospital practices" (D.dhcv-P1, 2024).

Also, FD.dhb-P 2 (2024) stated that "the leader plays the role of a coordinator of every activity in various units" in line with FD.dhe-P3 (2024) who asserted that "The hospital leader plays a very great role in the implementation of TQM initiative and there is a great relationship between hospital leadership and TQM. This can be cleared in that, the hospital leader by ensuring the payment of personnel quarter part, valorizing best worker and appreciating them on their completed tasks creates a sense of psychological encouragement to the personnel. The qualities encourage quality in the hospitals…having a listening ear, providing psychological personnel support and financial support through quarter part". More so, GS.dhd-P 8 (2024) expressed that "they have a very significant role to play. When there is no order there will not be success.

There are hospitals where there are no orders. So, that's what we are doing here; we are struggling to put order. Those are rules and regulations which we apply in our hospital as a body. We sit; we deliberate and come out with rules and regulations. That is why we have deliberated and come out with a book on the rules and regulations of the hospital", AGS.dhb-P 15 (2024) added that "The hospital leader plays a very great role in the implementation of TQM initiative and there is a great relationship between hospital leadership and TQM. This can be cleared in that, the hospital leader by ensuring the payment of personnel quarter part, valorizing best workers and appreciating them on their completed tasks creates a sense of psychological encouragement to the personnel. The qualities encourage quality in the hospitals…having a listening ear, providing psychological personnel support and financial support through quarter part". FD.dhd-P 4 (2024), MA.dhb-P6 (2024) and GS.dhe-P7 presented arguments as follows "that is the director's question. You should ask him that one…in my opinion he does not cease to council personnel and does not stop to do continuous evaluations of outcomes. He does not stop in bringing in innovations.

For example, you see that we have a new building for finance which means the financial unit is no more mix with the pharmacy as before", "personal involvement in issues

rather than just delegating or sending out notes. I think that's what works for us where our administrators can come down to get things done with ease. For example, where we see our director picking dirt along the hospital paves and putting in the bin" and "the role is to initiate the best healthcare attention like vigorous supervision, strict follow-up of workers and their activities to see what they are doing if they are doing the right thing" respectively.

Similarly to interview responses, the analysis of literature reviewed revealed, monitoring and personnel care as the role of strategic hospitals leaders in promoting a culture of quality in line with Riaz et *al*. (2023) who stated that strategic leadership plays significant role in hospital in the initiating of hospital orientations, establishing personnel culture and coordinating and monitoring change in order to create a suitable environment for the effective implementation of TQM. Also, Prestiadi et *al.* (2019) expressed his views on strategic leadership in TQM to assume the role of coordination of organizational affair as a means to attain quality.

Findings for sub-question 10 (SQ10). *How do strategic leaders influence the implementation of TQM in the hospital?* The combined responses for sub-question 10 yielded the theme: Healthcare innovations and good leadership. The number of responses on how strategic leaders influence the implementation of TQM in the hospital is presented in table 4. 15 below.

Table 4.15. *Grounded Theme for Sub-question 10:* How do strategic leaders influence the implementation of TQM in the hospital?

Grounded Theme	Frequency Count
Healthcare innovations and good leadership	20

Note: N= 20

Grounded theme 10: Healthcare innovations and good leadership. According to the responses of participants, 20 out of the total 21 respondents responded that personnel motivation and care is how strategic leaders influence the implementation of TQM in the hospital. They supported their responses by arguing that;"strategic leaders influence the implementation of TQM by looking after the personnel like in the payment of their quarter

part" (FD.dhb-P2, 2024). This in similar to the response of FD.dhe-P3 (2024) who stated that "the hospital leader influences the implementation of TQM initiative in the hospital by creating personnel motivational strategies which should most importantly be financial" and to the response of FD.dhd-P4 (2024) who expressed that "I don't know…yes, there are hospital rounds which are performed in every service daily in every service of hospitalization". In addition, GS.dhe-P7 (2024) stated that "by being a good example and participating in the work force. Participating in teamwork and collaborating with other personnel to bring solutions to problems"

In accordance with the analysis of secondary sources (literature review and hospital report), Cortes and Herrmann, (2022) and Riaz et *al*. (2023) both stated in common views that the strategic leader influences the hospital institution through personnel coordination and motivation for their collective interventional effect; promoting a healthy work environment for effective TQM initiative implementation. A different view of the minority participants which was based on Setting quality targets and objectives in this case was shared by Prestiadi et *al.* (2019) who viewed the influence of a strategic leader in a hospital and among personnel as being involved with the setting quality targets and objectives.

Findings for sub-question 11 (SQ11)*. What are some innovations brought about by strategic leaders to favour TQM implementation?* The combined responses for sub-question 11 yielded the theme: Healthcare organization and equipment supply. The number of responses pertaining to some innovations brought about by strategic leaders to favour TQM implementation is presented in table 4.16 below.

Table 4.16. Grounded Theme for Sub-question 11: What are some innovations brought about by strategic leaders to favour TQM implementation?

Grounded Theme	Frequency Count
Healthcare organization and equipment supply	16

Grounded theme 11: Healthcare organization and equipment supply. According to the testimonies of the participants 16 out of the total 21 respondents share the idea that,

establishing a culture of quality is how strategic leaders bring about some innovations to favour TQM implementation. Their responses were supported by arguments that "the hospital leader initiated the separation of services and money…meaning all services are paid for separately at another service and the receipt of the payment is what is taken to the pharmacy or to the service of intervention" (FD.dhe-P3, 2024). In addition, D.dhcv-P1 (2024) argued that; "Usually we have general assembly, service meetings which are mediums where we have exchange with personnel and …are assured of the good functioning of things in every service and the hospital".

Moreover, GS.dhe-P 7 (2024) expressed that "the strategy is to have quality and standard equipment that suit healthcare delivery in various situations. When there is quality equipment, care delivery is effective. Demands have been made for more sophisticated machines for specialized cases". Finally, GS.dhdi-P 11 (2024) stated that "here, you notice there is cleanliness in our hospital, the hospital is well lighted, and visitors have numerous sites for relaxation. We have technical equipment to permit quality".

In accordance to the analysis of secondary data source, on the innovations brought about by strategic leaders to favour TQM implementation through establishing a culture of quality; which is in line with Khan (2018) and Abdulkadir (2023) who both stated that, the innovation brought about by the strategic leader in a hospital setting promotes the culture of quality through harmonious work exploits by the personnel in TQM.

Findings for RQ4. The relationship between leadership and TQM. *What is the relationship between leadership and TQM in the Cameroonian state hospitals?* RQ4 sought to identify the relationship that exists between strategic leadership and TQM. Answering RQ4, using three sub-questions, provided empirical evidence on the relationship between these major terms.

Findings for sub-question 12 (SQ12). What is the relationship between leadership and TQM? The combined data for sub-question 12 yielded the theme: Quality establishment. The number of responses pertaining to the relationship between leadership and TQM is shown in table 4.17.

Table 4.17. Grounded Theme for Sub-question 12 What is the relationship between leadership and TQM?

Grounded Theme	Frequency Count
10. Quality establishment	21

Note: N= 21

    Grounded theme 12: Quality establishment. Based on the testimonies all *21 participants shared the opinion that* both aim towards quality attainment. They supported this with the argument that "yes, I think so because quality begins from the leader. You know what you want and then you pull people into that vision. I think there is a relationship…a strong one at that" (MA.dhb-P6, 2024). In addition, GS.dhe-P7 (2024) asserted that "yes there is a relationship. For TQM to be realized there must be a good leadership to see that things are managed for the best" also, GS.dhd-P 8 (2024) expressed that "in my opinion I think that leadership is very primordial. A good leader is somebody who listens more, talks less, gives instructions, observes, brings up innovations. And should know how to pair people together for a better outcome" not leaving out GS.dhbo-P10 (2024), D.dhcv-P1 (2024), FD.dhb-P2 (2024), MA.dhcv-P5 (2024) and GS.dhdi-P11 (2024) who all shared a similar view with the various responses as follow; "a good leader always searches for the quality of things.

    Leadership cannot be functioning without quality and you can't talk of a good leader without TQM…like I said we sometimes organize parties to valorize our best staff and there is also the financial motivation that follows monthly", "Yes, leader and management are very well related because it is the leader who puts in place the TQM strategies in the hospital and being at the hospital head, and who implement the TQM initiatives to follow", "I think leadership and quality are very related because without a good leadership personnel would not be responsible enough to ensure quality implementation in their units", "leadership and TQM are complementary" and "yes, there is a very strong relation between leadership and TQM. I think that these 2 components are inseparable" respectively.

According to secondary sources, the view that both strategic leadership and TQM aim at quality attainment as seen in the postulations of Nahak and Ellitan (2022); Pasaribu et *al*. (2023) who stated that; strategic leadership is very significant in the establishment of a quality culture in a hospital and in ensuring continuous process improvement through the TQM initiative. Also, the later view is supported by Riaz et *al*. (2023) who expressed the fact that effective TQM implementation is a fruit of a good leader in that; leadership ensures the right use and manipulation of TQM practices to ensure the attainment of quality health results in the hospital. This can be seen in the fact that strategic leadership ensures the establishment of hospital's long-term goals, developing change drives that are quality based, inducing strategic orientations and assuring of a suitable work environment for the effective application of TQM initiatives.

To add to the fact that both concepts aim at quality attainment, Abu-Salim et *al*. (2019) expressed that both concepts play a significant role in the achievement of quality health services in the hospital though their individual methods around it may differ.

Findings for sub-question 13 (SQ13). How do hospital leaders encourage personnel commitment to TQM efforts? All combined responses for this sub-question (13) yielded the theme: good personnel management. The number of responses for this sub-question 13 on how hospital leaders encourage personnel commitment to TQM effort, are presented on Table 4.18 below.

Table 4.18. Grounded Theme for Sub-question 13: How do hospital leaders encourage personnel commitment to TQM efforts?

Grounded Theme	Frequency Count
11. **Good personnel management**	**18**

Note: N= 21

Grounded theme 13: Good personnel management. According to participants' testimonies, it was noticed that, out of the total 21 respondents, 18 of them shared the opinion that, Personnel motivation is a means by which hospital leaders encourage personnel commitment to TQM efforts. They supported their arguments that "yes, the hospital leader encourages personnel towards the implementation of quality through letters

of justifications, letters of encouragement, query letters when it's bad and a call to order" (D.dhcv-P1, 2024) and FD.dhb-P2 (2024) added that "we usually celebrate the best workers and present them to other colleagues to motivate them to become performing also". In addition, FD.dhd-P4 (2024), asserted that "he encourages because there is the service prime that is received by personnel every month".

Moreover, MA.dhcv-P5 (2024) stated that "hospital leaders have different working methods but for us here it is based on personnel motivation which is financial in most cases. Since, we usually offer primes to motivate them like the quarter part". Not leaving out the arguments of MA.dhb-P6 (2024) and P7 (2024) who stated that "we celebrate the best workers that is, during the end of year ceremonies", "one motivation, when staff is motivated. When the staff is motivated, they provide their best. Here we recognize best staff yearly in each unit also best staff can be appointed to post of responsibilities" respectively.

In line with available literature review, this was supported by Pasaribu et *al.* (2021) who stated that, the strategic leader is the socle of personnel encouragement and commitment to TQM through personnel motivation. To add to this Ramdass and Nemavhola (2018) enumerated the areas of personnel motivation as a means to encourage personnel commitment by the strategic manager such as the regular recognition of excellence, rewards and appreciation, establishment of good work conditions and investing in personnel satisfaction.

Findings for sub-question 14 (SQ14). *What leadership skills and competences are essential for the successful implementation of TQM in a hospital?* The combined data for sub-question 14 yielded the theme: Strategic leadership skills. The number of responses pertaining to the leadership skills and competences essential for a successful implementation of TQM in hospital is presented on table 4. 19.

Table 4.19. Grounded Theme for Sub-question 14: What leadership skills and competencies are essential for a successful implementation of TQM in a hospital?

Grounded Theme	Frequency Count
12. **Strategic leadership skills**	21

Note: N=21

 Grounded theme 13: Strategic leadership skills. According to the testimonies of the participants all 21 participants asserted that the leadership skills and competencies essential for the successful implementation of TQM in a hospital are because leaders act as good examples, listen more, talk less, give instructions, innovate, organize meetings, maintain order, punctual and are committed. They supported the argument that "based on leadership competences a leader should be social, yes…and also to be of good moral and show by good examples because if the leader is negative, it will be bias since the leader is to be the most just when it comes to quality" (D.dhcv-P1, 2024).

 In addition, GS.dhd-P8 (2024) stated that "so many leadership skills are needed that is being exemplary, being a good listener and being innovative. Those are some of the skills". More so, MA.dhb-P6 (2024) asserted a similar opinion that, "humility, personnel management and communication". Not leaving out "GS.dhdi-P11 (2024) and GS.dhb-P12 (2024) who both stated that "he has to have the needed intellectual level, he has to be punctual, strict, be of good example, a good communicator, hardworking and a good listener" and "he has to have the needed intellectual level, he has to be punctual, strict, be of good example, a good communicator, hardworking and a good listener" respectively.

 Lastly, in line with the interview responses, an analysis of secondary data source shows that, Leaders act as good examples, listen more, talk less, give instructions, innovate, organize meetings, maintain order, punctual and are committed which is in line with Ajayi and Osunsanmi (2019) who asserted that, the qualities of a strategic leader that permits them to achieve the effective implementation of TQM include being; responsive and intuitive, courageousness, collaborative skills, change oriented intuitiveness, exemplary, have passion and maintain order through the setting of rules and regulations within the hospital to permit the attainment of quality in service delivery.

4.3. Evaluation of Findings

The purpose of this study is to gain a deeper understanding on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. This section contains an evaluation of the findings of 21 study participants. These findings were compared against the relevant information from the secondary sources. Analysis of the aggregated data derived from answers of four research questions (including 14 sub-questions) yielded four major themes: (a) **Quality Assurance**; (b) **Improving quality of health**; (c) **Strategic leadership**; and (d) **Hospital Excellence**.

Evaluation of findings for RQ1. How and why do state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals? The RQ1 was focused on understanding how and why the Cameroonian state hospital leaders plan, align and implement TQM initiative within the strategic framework and practice. Using answers from 21 participants and evaluation from the content analysis of the secondary sources, the RQ1 was intended to derive empirical evidence on how and why the state hospital leaders plan, align and implement TQM initiative within the strategic framework and practice. The combined evidence for RQ1 yielded one major theme- **Quality Assurance** with four subthemes: (a) quality management, (b) resources and quality of healthcare, (c) care process monitoring and evaluation, and (d) quality patient care-oriented initiative.

Major theme 1: Quality Assurance. The first major theme focused on why state hospital leaders in Cameroon plan, align, and implement TQM initiatives within the strategic framework and practice. This theme emerged because of four grounded themes corresponding to four sub-questions (i.e., SQ1 to SQ4). These sub-questions were answered by 21 study participants.

In response to the first SQ, the study participants reported that the hospital's approach to TQM follows the TQM philosophy and takes the form of client-based approach (that is customer focus). This finding indicated that hospital leaders place the client at the centre of care in hospitals and that the aim of all the introduced systems are to enable optimum client satisfaction. Similarly, the findings of the content analysis of the secondary

sources indicated that for the strategic leaders to effectively ensure TQM initiative implementation, the use of the client / patient centered approach is of prior importance. ISO (2018).

Also, Geresom and Hazarika (2024) asserted the patient-centered approach in hospitals to be an important means by which strategic leaders advance towards an effective implementation of TQM. In line with this study's results, most participants expressed the hospital's approach to TQM as being a Patient-Centered Based Approach. In response to the second SQ, the participants reported that, some factors that influenced major decisions in the hospital are Patient care and personnel behavior and Human / material resources. This finding indicated that patient cares along with certain resources like the personnel or human resources and material resources influence the major decisions made in the hospital by strategic leaders.

Similarly, the findings of content analysis of secondary sources (hospital record and literature) indicated that personnel behaviour and patient care influences major hospital decisions based on TQM implementation within the hospital (Bourant (2020). In addition, Ashkevari and Ghasemi, (2023) and Gambi, (2015) who stated that personnel behaviour has a very significant influence on major hospital decisions. This is in line with the study results where participants stated some factors that influence the major decisions made at the hospital to be patient care and personnel behavior.

Also, in response to the third SQ, the respondents reported that the effective daily integration of TQM practices in hospitals by hospital leaders is ensured by regular monitoring and Patient need assessment. This finding indicated that consistent monitoring of care delivery processes and the regular assessment of patient needs are essential for the effective daily integration of TQM practices.

Similarly, the findings of content analysis of secondary sources indicated that monitoring and follow-up of care in healthcare facility aid in daily attaining daily quality and permits trust building toward the hospital's system put in place (Padhi, 2024). In addition, Riaz et al. (2023) asserted that strategic leaders are facilitators of the daily integration of TQM practices in hospitals. This is in line with the study result where

participants expressed that the daily integration of TQM practices in the hospital is enhanced by the performance of Monitoring and Patient need assessment.

Moreover, in response to the fourth SQ, the respondents reported that an example of TQM initiative used in the hospital is task improvement through patient need assessment. This finding indicated that, hospital leaders in the Cameroonian hospitals focus on task improvement to ensure effective patient need assessment hence a progress achieved towards patient satisfaction. The findings of content analysis of secondary data indicated that an initiative for effective TQM implementation by strategic leaders should involve capitalizing on the health facility's strength and the improving of their weakness or areas that need amelioration (Padhi, 2024). Also, Abdelsalam (2016) and Abdulkadir (2023) enumerated a list of activities that could be improved or ameliorated for better patient follow up and quality assurance which are continuous improvement, control, quality planning, internal audit and accountability, process analysis, personnel training, records treatment, and patients' cases assessment, recording, quality manual, dependability and supporting the quality policy. This is in line with the results, where the study participants stated that an example of a TQM initiative used in the hospital is the performance of task improvement activities through a patient need assessment.

In addition, the findings related to RQ1 indicated that strategic leader in state hospitals plan, align, and implement TQM initiatives within the strategic framework and practice focus on key hospital aspects that add value to all stake holders of the healthcare and care delivery process. Moreover, this can be seen in their patient-centered based approach to ensure optimum patient satisfaction, performing of checks on patient care and personnel behavior to ensure that standards are maintained; performing regular process monitoring and patient need assessment to ensure the daily achieving of expected standards and regularly performing task improvement through patient need assessment, since the above are essential for desired quality standard to be attained.

Finally, for quality assurance in hospital to be achieved, strategic leaders in hospital are to ensure the effective implementation of TQM initiatives through the integration of a patient-centered based approach, patient care and personnel behavior, monitoring and

Patient need assessment and ensure task improvement and patient need assessment in care delivery processes.

Discussion of findings for RQ2. What are challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals? The RQ2 was focused on identifying some challenges face in the effective implementation of TQM and some opportunities of successful implementation of TQM in state or public hospitals in Cameroon. Using answers from 21 participants and evaluation from the content analysis of the secondary sources (literature review and hospital records), the RQ2 was intended to derive empirical evidence on the challenges and opportunities of the successful implementation of TQM. The combined evidence for RQ2 yielded one major theme- **Improving quality of health;** with four subthemes: **(a)** Personnel and environmental factors**, (b)** Warnings and Sanctions, (c) Competitive advantage in healthcare (d) Quality health services delivery.

Major theme 2: **Improving quality of health.** The second major theme focused on the challenges and opportunities of successful implementation of Total Quality Management. This theme emerged as a result of four grounded themes corresponding to four sub-questions (i.e., SQ5 to SQ8). These sub-questions were answered by 21 study participants.

In response to the fifth SQ, the study participants reported that personnel non-compliance to hospital rules and regulation were the major challenges faced by hospital leaders in their efforts to effectively plan, align and implement TQM initiative within a strategic framework. This finding indicated that hospital leaders have difficulties engaging hospital staff to get involved in their TQM oriented vision, since some may not align with their vision for the hospital. Similarly, the findings of the content analysis of the secondary sources indicated that strategic leaders very often face challenges in their desire to effectively plan, align and implement TQM initiatives, which range from personnel behaviour, the hospital itself and external factors like government policies amongst others, which places a huge responsibility on them to overcome.

Some of these challenges include inadequate personnel commitment, passive attitudes of some personnel, non-compliance / alignment of hospital staff with goals to meet the dictates of TQM practices and some unfavorable government policies (Riaz et *al.*, 2023) and (Abdulkadir, 2023). Also, Pussella and Yapa (2021) also elaborated on this point by stating personnel non-compliance amongst others as a challenge faced by strategic leaders in the hospital. This is in line with this study's results, where most of the participants stated that some challenges faced in implementing TQM initiatives in hospitals are personnel non-compliance to hospital rules and regulation of the hospital.

In addition, in response to the sixth SQ, the study participants reported that hospital leaders reacted to non-compliance of hospital personnel with respect to quality improvement by issue of query letter, disciplinary council and suspension. This finding indicated that strategic hospital leaders in trying to comb personnel non-compliance often react to such by the issuing of query letters, performing disciplinary council summons and the suspension of such personnel. Similarly, the findings of the content analysis of the secondary sources indicated that in cases of personnel non-compliance, there is need for the strategic manager to make use of the reward and punishment style of leadership to ensure that the institution's goals are achieved (Alnuaimi and Yaakub, 2020). This is in line with this study's results, where participants asserted that strategic leaders react to non-compliance of hospital personnel with respect to quality improvement by the issuing of query letter, presenting them to the disciplinary council and performing suspension of such personnel.

Furthermore, in response to the seventh SQ, the study participants reported that some opportunities brought to the hospital by the implementation of TQM practices are competitive advantage in healthcare. This finding indicated that, based on the effective implementation of TQM practices in hospitals, the hospital in turn profits in that these practices present the hospital with competitive advantage over its competitors. Similarly, the findings of the content analysis of the secondary sources indicated that the implementation of TQM practices aid in ensuring the establishment of quality services in hospitals (Riaz et *al*. (2023). Implying that an obvious opportunity brought about to the

hospitals by the implementation of TQM practices is the establishment of quality in various hospital care delivery services. Hence, competitive advantage is an obvious opportunity brought about by effectively implementing TQM in hospitals. This is in line with this study's results, where participants stated that some opportunities brought about to the hospital by the implementation of TQM practices is great patient inflow.

Moreover, in response to the eight SQ, the study participants reported that, they *measure the success of TQM* by patient feedback. This finding indicated that, the patients determine the quality-of-care services received at hospital as their feedback; be it positive or negative it is what is used by hospital leaders to measure the successful planning, alignment and implementation of TQM initiatives.

Similarly, the findings of the content analysis of the secondary sources indicated that the successful implementation of TQM initiatives is by the establishment of a culture of quality in the care delivery process (Alnuaimi and Yaakub, 2020). Also, Abdulkadir (2023) expressed the fact that patient satisfaction is a strategic leader's success hallmark to the effective implementation of TQM practices. He further asserted the fact that TQM aims at ensuring quality services that satisfy clients' assessed needs along with the constant improvement of quality and regular care process maintenance. This is in line with this study's results, where the study participants expressed that the success of TQM is measured by patients' feedback.

In addition, the findings related to the RQ2, indicated that, the challenges and opportunities of successful implementation of total quality management in the Cameroonian state hospitals are personnel non-compliance to hospital rules and regulation. Moreover, the regulation of this is by the issuing of query letters, making of summons at the hospital's disciplinary council and the sanctions of such personnel. Finally, the regulation of the challenges and harnessing of opportunities of successful implementation of total quality management in the Cameroonian state hospitals enhances improvements in the quality of health and healthcare service delivery at the hospitals.

Discussion of findings for RQ3. How strategic leadership can impact implementation of TQM in the state hospitals in Cameroon? The RQ3 was focused on how the strategic

leaders impact the implementation of TQM in the Cameroonian state hospitals. Using answers from 21 participants and evaluation from the content analysis of the secondary sources, the RQ3 was intended to derive empirical evidence on how strategic leadership impacts the implementation of TQM in state hospitals. The combined evidence for RQ3 yielded one major theme- **Strategic leadership** with three **subthemes: (a)** Good leadership**, (b)** Healthcare innovations and good leadership, and (c) Healthcare organization and equipment supply.

Major theme 3: **Strategic leadership.** The third major theme focused on how strategic leadership impacts the implementation of TQM in state hospitals. This theme emerged as a result of three grounded themes corresponding to three sub-questions (i.e., SQ9 to SQ11). These sub-questions were answered by 21 study participants.

In response to the ninth SQ, the study participants reported that the role of hospital leaders in promoting a culture of quality is monitor and personnel care. This finding indicated that hospital leaders play a significant role in monitoring care processes and ensuring personnel care. Similarly, the findings of the content analysis of the secondary sources indicated that strategic leadership plays a significant role in hospitals with regards to the initiation of hospital directions, establishing personnel culture, coordinating and monitoring change in order to create a suitable environment for the effective implementation of TQM. (Riaz et *al*. 2023). Also, Prestiadi et *al.* (2019) asserted that leadership in TQM occupies the role of coordination of organizational affair as a means to attain quality. This is in line with this study's results where the participants stated that the role played by hospitals leaders in promoting a culture of quality is in effective monitoring of care processes and personnel care.

In response to the tenth SQ, the study participants reported that, personnel motivation and care is how strategic leaders influence the implementation of TQM in the hospital. This finding indicated that strategic leaders in hospitals influence the implementation of TQM by practicing personnel motivation and care. Similarly, the findings of the content analysis of the secondary sources indicated that the strategic leader influences the hospital through personnel motivation for their collective involvement;

hence promoting a suitable work environment for effective TQM practice implementation. (Cortes, Herrmann, 2022; Riaz et *al*. 2023). In line with this study's results, the participants expressed that strategic leaders influence the implementation of TQM in the hospital through personnel motivation and care.

In response to the eleventh SQ, the study participants reported that establishing a culture of quality is the means by which strategic leaders bring about some innovations to favour TQM implementation. Similarly, the findings of the content analysis of the secondary sources indicated that the innovations brought about by the strategic leader in a hospital setting promotes the culture of quality through cooperative work efforts by the personnel in TQM. (Khan 2018; Abdulkadir 2023).

In addition, the findings related to RQ3 indicated that the impact of strategic leaders in the implementation of TQM in state hospitals is by ensuring the monitoring of care processes, involving personnel care, personnel motivation and establishing a culture of quality. Moreover, all these are made possible by establishing processes that assure optimum personnel involvement to the dictators of TQM initiatives. Finally, strategic leaders impact the implementation of TQM in the state hospitals through effective strategic leadership.

Discussion of findings for RQ4. The relationship between leadership and TQM in the Cameroonian state hospitals? RQ4 was focused on assessing the relationship between leadership and TQM in the hospital. Using answers from 21 participants and evaluation from the content analysis of the secondary sources, the RQ4 was intended to derive empirical evidence on how leadership and TQM interact for the effective management of the hospital with the aim of fostering quality in care delivery processes hence patient satisfaction. The combined evidence for RQ4 yielded one major theme- **Hospital Excellence with three subthemes: (a)** Quality establishment**, (b)** Strategic leadership skills **(c)** Good personnel management.

Major theme 4: **Hospital Excellence.** The fourth major theme focused on the relationship that that exists between leadership and TQM in hospitals. This theme emerged as a result of three grounded themes corresponding to four sub-questions (i.e., SQ12 to SQ14). These

sub-questions were answered by 21 study participants. In response to the twelfth SQ, the study participants reported that both leadership and TQM aim towards quality attainment. This finding indicated that the harmonious practice of leadership and TQM initiatives at the hospitals aid in the effective attainment of quality. Similarly, the findings of the content analysis of the secondary sources indicated that, the effective TQM implementation is the product of a good leader since leadership ensures the correct implementation of TQM initiatives so as to ensure the full attainment of quality healthcare results in hospitals (Riaz et *al*., 2023) also, Pasaribu et *al*., (2023); Nahak and Ellitan (2022); all asserted that; strategic leadership is so pre-eminent in the establishment of a culture of quality within the hospital and in ensuring a continuous care process improvement through the TQM practices.. In line with this study's results, participants stated that leadership and TQM both aim towards quality attainment.

More so, the thirteenth SQ, the study participants reported that, personnel motivation is a way by which hospital leaders encourage personnel commitment to TQM efforts. This finding indicated that, hospital leaders make use of motivational skims which could range from moral to financial benefits as a means to get hospital personnel fully involved in the process of establishing TQM practices with the hospital. Similarly, the findings of the content analysis of the secondary sources indicated that, the strategic leader is a major player in personnel encouragement and the full involvement of personnel to TQM initiatives and this is ensured through personnel motivation skims (Pasaribu et *al*., 2021). In line with this study's results, participants stated that hospital leaders encourage personnel commitment to TQM efforts through personnel motivation.

Lastly, the fourteenth SQ, the study participants reported that, the leadership skills and competencies needed for a successful implementation of TQM in hospitals are base on the fact that leaders present themselves as good examples. This finding indicated that, hospital leaders present some ideal qualities in their relationship with collaborators, subordination or personnel like the expressing of great innovations, good communicative skills, maintaining order, organizing of meetings with other personnel and enforcing hospital rules and regulation in ensuring that pre-set goals are met.

Similarly, the findings of the content analysis of the secondary sources indicated some qualities of a strategic leader permitting them to achieve an effective TQM initiative implementation as being courageousness, change oriented intuitiveness, collaborative effectively, been exemplary, being responsive and intuitive, having passion and maintaining order through the setting of rules and regulations within the hospital to ensure the attainment of quality in care service delivery (Ajayi and Osunsanmi, 2019). In line with this study's results, participants asserted that, the leadership skills and competencies essential for a successful implementation of TQM in a hospital are that, leaders act as good examples, they listen more, talk less, give instructions, innovate, organize meetings, maintains order, punctual and are committed to TQM.

In addition, the findings related to the RQ4, indicated that, the relationship between leadership and TQM could be seen in that both leadership and TQM aim towards quality attainment. Also, personnel motivation is a means by which hospital leaders encourage personnel commitment to TQM efforts. Moreover, both strategic leadership and TQM share similar skills and competences necessary for the effective establishment of quality in hospitals which are; leaders act as good examples, listen more, talk less, give instructions, innovate, organize meetings, maintain order, punctual and are committed. Finally, leadership and TQM aim towards quality attainment so an effective integration of both philosophies in hospitals enhances quality assurance, patient satisfaction, process maintenance and competitiveness in hospitals.

4.4. SUMMARY

This chapter presents analysis of the semi-structured interviews of 21 study participants representing seven state hospitals in Cameroon. The evaluation of findings is presented considering major themes identified in the data analysis process. The findings of the research questions showed how the themes emerged in the data analysis, the data collection process and methods to identify common themes. The data analysis derived from answers of four research questions (including 14 sub-questions) yielded four major themes: (1) Quality assurance (2) Improving quality of health (3) Strategic leadership, and (4) Hospital excellence.

The first major theme identified in the study is Quality assurance. It contributes in the integration of TQM by hospital leaders to enhance TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals. The study findings indicated that hospital leaders place the client at the center of care in hospitals. They are comparable with the findings of content analysis in which Geresom and Hazarika (2024) argued that, the patient-centered approach in hospitals is an important means for the strategic leaders to advance towards an effective implementation of TQM.

The second major theme identified in the study is Improving quality of health, which identified the challenges and opportunities experienced by hospital leaders. The study findings identified personnel non-compliance as a main challenge faced in the implementation of TQM in hospitals along with the opportunity of great patient in-flow to the hospital for quality patient care which presents them with a great competitive advantage. They are comparable with findings of content analysis in which; Pussella and Yapa (2021) asserted the fact that personnel non-compliance amongst others are some of the challenges faced by strategic leaders in the hospital and Riaz et *al*. (2023) who also, stated that, the implementation of TQM practices aid in ensuring the establishment of quality services in hospitals respectively.

The third major theme identified in the study is strategic leadership, which contributes to the promotion of a culture of quality. The findings indicated that hospital leaders promote a culture of quality within the hospital through the performing of regular

monitoring of care processes and personnel care. These findings are comparable with the findings of content analysis in which Prestiadi et *al.* (2019) ascertained that leadership in TQM occupies the role of coordination and monitoring of organizational affair as a means to attain quality.

The fourth major theme identified in the study is Hospital Excellence, which contributes to the integration of TQM in leadership in the Cameroonian state hospital. The study findings indicated that the harmonious integration of both strategic leadership and TQM practices in hospitals will enhance the achievement of optimum quality. They are comparable with the findings of content analysis in which (Riaz et *al*., 2023; Pasaribu et *al*., 2023; Nahak and Ellitan, 2022); all asserted that; strategic leadership is so important in the establishment of a culture of quality within the hospital in ensuring constant care process improvement through TQM practices.

CHAPTER V:

IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

5.1 INTRODUCTION

The lack of the alignment, planning and implementation of TQM within a strategic framework happens to be a significant problem of the Cameroonian state hospitals. According to Emad and Al-Shdaifat, (2015) the struggle of most countries is in the effective implementation of TQM due to the bureaucratic culture and passive attitudes of some personnel that forms the work force of hospital institutions. Cameroon among some African countries exhibit deplorable statistics compared to countries in the western world base on situations like maternal mortality, infant mortality and inadequate portable water with the presence of tropical diseases like malaria, epidemic insurgences and poor waste disposal systems among others.

Considering the fact that the philosophy of TQM and its practices involves the in-building of a culture of constant progress through continuous process improvement which enhances proper client satisfaction and process enhancement. This possesses a significant need for hospital leaders to get strategic in the exercise of their roles so as to ensure the right implementation of TQM initiatives for continuous quality improvement in care service delivery and process maintenance. With the absence of tangible mild stones representative of a positive change on these deplorable statistics (mentioned above) in Cameroon. This may continue if hospital leaders keep on losing their grip on effective and continuous quality improvements in care service delivery; for the perfect mastery of strategic leadership and the right implementation of TQM initiative is of great significance for continuous quality improvement in our hospitals (IFRC, 2023).

The purpose of this qualitative study was to gain a deeper understanding on how TQM practices are planned, aligned and implemented in the state hospitals in Cameroon within a strategic framework. The method used in this study was qualitative type and content analysis study design. The purposive sampling technique was also used in getting respondents for the study. Data collection involved the use of an interview guide with open-

ended questions posed to the participants. The questions posed enhanced the gaining of deep understanding and the examination of the relationship between strategic management and TQM implementation in state hospitals. This permitted the enlightening on how and why hospital leaders plan, align and implement TQM initiatives within a strategic framework. The sampling consisted of 21 strategic decision makers from 7 state hospitals in three regions of Cameroon (the Litoral, the Central and the South-west Regions) respectively.

The study scope was limited to three (3) regions and not on all the regions in Cameroon. Additionally, though the sample size seems adequate for the study, it may relatively be small based on generalization. Furthermore, the socio-political unrest in some regions limited access and restrained the study in-terms of reliability and validity of results. A further study with similar orientation could be carried out with a larger sample size, inclusion of more regions in a period of more socio-political stability to make the study findings more representative.

Based on the ethical dimension, authorization was obtained from the regional delegation for health of each of the concerned regions and from the school. These documents were then presented to the selected state hospitals strategic leaders of the healthcare facilities to gain authorization to conduct the study in their hospitals. The respondents were informed of the purpose of the study with a view to gaining their oral consent. They also read through the front page of the interview guide in order to understand more about the study and note its confidentiality aside the fact that they were told that their participation was voluntary and that, if at any point in time within the course of the interview, they felt uncomfortable and desire to quit; they are free to do so.

Research limitations

This study experienced certain limitations based on some following aspects.

Scope of the research study: The scope was limited with three regions of Cameroon (that is; the Central, Litoral and the South-west regions) which may not be representative enough of Cameroon. Further studies could be carried out with similar orientation which makes use of all the regions in Cameroon to present a more representative picture.

Sample size: This study made use of 21 participants, which may not be representative enough for generalizing the findings across the whole country. This makes it not reliable enough. Similar studies could be carried out, involving a larger sample size to ensure generalizability, validity and reliability of data that is representative enough.

Available data: The present of socio-political unrest in some regions of the country made it difficult to include those regions in the study which interferes with the study representativeness and makes it not reliable enough for generalizability. A further study with similar orientations that is carried out in periods of more socio-political stability could present more valid and reliable data.

5.2. IMPLICATIONS

This section of the study is involved with the exploration of some constraints that influenced the study in terms of its validity, reliability and representativeness or generalizability. It also includes the general applicability of the research findings and the discussion of it, in the light of theories and models. The implications of this study could be presented in various categories relating to areas of applicability. Also, the stakeholders involved in the act of either making informed decisions from one aspect to another or influencing individuals to the applications of the findings could do so through the act of leadership. Some categories involved here are Theoretical implications, Practical implications and Policy making implications.

Theoretical Implications

The study findings render significance to the "Transformational Leadership Theory" since its emphasis some aspect of the theory as follows.

- The findings re-affirm aspects of the transformational leadership theory in expressing the fact that the hospital leader is to get involved with personnel care and training which encourages personnel adherence and work to their full potential through motivation and emotional intelligence.

- The study findings also support the postulations of transformational leadership theory in expressing the fact that hospital leaders should present themselves as good examples and role models for the personnel since this can instill personnel commitment to TQM initiatives.
- In addition, these findings assert the promoting of a culture of quality by the hospital leader through the sharing of the hospital's vision; clearly with the personnel which is a similarly a supported fact in the transformational leadership theory.

Moreover, the study findings added clarity in some respects in the role of strategic leadership in TQM by expressing the points that quality is attained in hospitals when patient-centered care approach is used by hospital leaders. It also identified some most prominent challenges in the implementation of TQM initiatives in the hospital as being personnel non-compliance to hospital rules and regulation. Not leaving out the most effective measure exposed by this study finding to overcome the challenge, which is by the issuing of query letters, presentation of such deviant staff before the hospital's discipline and eventually suspending (could be the suspension of all financial benefits or suspension of such personnel from work temporally) the personnel.

Policy Making Implications

According to the study findings, this places Strategic leadership and TQM as a guarantee for optimum quality in care process and delivery in the Cameroonian hospitals. Policy makers could re-enforce the integration of TQM in hospitals by putting in place strategies that showcases TQM initiatives implementation as the key practice for quality assurance which every Cameroonian hospital is expected to apply. They should also encourage hospital leaders to get strategic in their orientations and practice leadership. This could be done through the following means.

- The development of a TQM and strategic leadership manual, which will be made available to hospital leaders at all levels of the healthcare system be it peripheral, intermediate or central level.

- The showcasing of both philosophies; strategic leadership and TQM as the twin strategies applicable in Cameroonian hospitals for optimum quality attainment in care delivery processes.
- Encouraging hospital leaders to report regularly on their visions and objectives for their hospitals and to also regularly report on TQM; their implementation of the philosophy, challenges faced in its implementation and recommendations for amelioration.
- Organizing national seminars and workshops aimed at training hospital leaders and personnel on strategic leadership and TQM.

Implications for research question 1. How and why do state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals? The four key implications related to RQ1 were observed from evaluation of findings. They were related to the major theme - **Quality Assurance;** with four subthemes:(a) quality management, (b) resources and quality of healthcare, (c) care process monitoring and evaluation, and (d) quality patient care-oriented initiative. The major theme (**Quality Assurance**) was based on; how and why state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice in the Cameroonian state hospitals. This theme emerged from the sub-themes corresponding to four sub-questions (that is SQ1 – SQ4).

The implications for SQ1 showed that the hospital's approach to TQM adheres to the TQM philosophy and is based on the Patient-centered care approach as supported by Geresom and Hazarika (2024) who asserted that the patient-centered care approach to TQM is an important orientation for hospital leaders since it assures an effective implementation of TQM initiatives in hospitals. Also, ISO (2018) stated that; the patient-centered approach is of great importance in hospital practices since quality of healthcare services can only be ascertain by the patient satisfaction levels. To add to this, a similar assertion of emphasis was made by Ahmed and Sajid (2023) in a bit to favor the patient-centered approach of TQM.

The implication for SQ2 expressed the fact that some factors that influenced major hospital decisions are Patient care and personnel behavior and Human / material resources as supported by Bourant (2020); Ashkevari and Ghasemi, (2023) and Gambi, (2015) also expressed facts in the same light. The implication for SQ3 showed that the effective daily integration of TQM practices in hospitals by leaders is enhanced by regular monitoring and Patient need assessment. This is supported by Padhi (2024); and Riaz et al. (2023) who shared views that supported the fact that care monitoring and follow-up in the hospital favours the daily integration of TQM practices.

SQ4 showed that an example of the TQM initiative used in the hospital is task improvement through patient need assessment. This was also supported by Padhi (2024); Abdelsalam (2016) and Abdulkadir (2023), as they share a similar view in this.

Implications for research question 2. What are challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals? The four key implications related to RQ2 were observed from evaluation of findings. They were related to the major theme - **Improving quality of health;** with four subthemes: (a) Personnel and environmental factors, (b) Warnings and Sanctions, (c) Competitive advantage in healthcare (d) Quality health services delivery. The major theme (Improving quality of health) was based on; the challenges and opportunities of successful implementation of TQM in the Cameroonian state hospitals. This theme emerged from the sub-themes corresponding to four sub-questions (that is SQ5 – SQ8).

The implications of SQ5 showed that personnel non-compliance to hospital's rule and regulations were the major challenges faced by leaders in the hospital in their efforts to effective plan, align and implement TQM initiative within a strategic framework. This is supported by Riaz et al. (2023) and Abdulkadir (2023) both stated that hospital leaders face challenges which range from personnel behaviour (non-compliance) to the hospital itself and external challenging factors such as unfavorable government policies amongst others. In addition, Pussella and Yapa (2021) also asserted a similar view as they stated personnel non-compliance as being a major challenge encountered by leaders in hospitals.

The implication of SQ6 proved that leaders in hospitals react to personnel non-compliance at the hospital; with respect to quality improvement, by issuing query letters, applying disciplinary council and suspension measures. This is in-line with Alnuaimi and Yaakub, (2020) postulated that strategic hospital leaders use the reward and punishment method in situations of personnel non-compliance in the hospital to ensure the attainment of hospital goals.

The implication of SQ7 expressed the opinion that some opportunities brought about to the hospital as a result of the implementation of TQM practices are competitive advantages in healthcare. This is also supported by Riaz et *al.* (2023) who stated that, the effective implementation of TQM initiatives in the hospital ensures quality establishment in hospital processes.

The implication for SQ8 showed that the hospital strategic leaders measure the success of TQM by getting patient feedback as supported by Alnuaimi and Yaakub, (2023); and Abdulkadir (2023) who all shared a similar view that patient satisfaction is a hallmark to ascertain the effective implementation of TQM.

Implications for research question 3. How strategic leadership can impact implementation of TQM in the state hospitals in Cameroon? The three key implications related to RQ3 were observed from evaluation of findings. They were related to the major theme- Strategic leadership; with three subthemes: (a) Good leadership, (b) Healthcare innovations and good leadership, and (c) Healthcare organization and equipment supply. The major theme (**Strategic leadership**) was based on the fact that, strategic leadership can impact implementation of TQM in the state hospitals in Cameroon. This theme emerged from the sub-themes corresponding to four sub-questions (that is SQ9 – SQ11).

The implication for SQ9 indicated that the role of hospital leaders in promoting a culture of quality is process monitoring and personnel care. This is in-line with the views of Prestiadi et *al.* (2019) and Riaz et *al.* (2023) who both stated that strategic leadership in hospitals ensure coordination, monitoring and personnel care.

The implication for SQ10 indicated that personnel motivation and care is how strategic leaders influence the implementation of TQM in the hospital. This is in

accordance to Riaz et *al*. (2023); Cortes and Herrman, (2022) who all expressed the fact that, strategic hospital leaders influence the effective implementation of TQM initiatives through personnel coordination, motivation and the setting of quality targets and objectives.

Also, the implication of SQ11 showed that establishing a culture of quality is how strategic leaders bring about some innovations to favour TQM implementation. This is supported by Khan (2018) and Abdulkadir (2023) who both asserted that the promotion of a culture of quality is an innovation brought about by the strategic leaders in hospital.

Implications for research question 4. What relationship exists between leadership and TQM in the Cameroonian state hospitals? The three key implications related to RQ4 were observed from evaluation of findings. They were related to the major theme - **Hospital Excellence** with three subthemes: (a) Quality establishment, (b) Strategic leadership skills (c) Good personnel management. The major theme (Hospital Excellence) was based on; some relationship that exist between leadership and TQM in the Cameroonian state hospitals. This theme emerged from the sub-themes corresponding to four sub-questions (that is SQ12 – SQ15).

The implication of SQ12 showed that both leadership and TQM aim towards quality attainment. This is supported by Riaz et *al*. (2023); Nahak and Ellitan (20222) and Abu-Salim et *al*. (2019) who all shared ideas to this fact of the two philosophies aimed towards quality attainment with the work process of the establishment.

In addition, the implication of SQ13 showed that hospital leaders use personnel motivation to as a means of encouraging personnel efforts towards TQM effort. This is supported by the assertions of Pasaribu et *al*. (2021) and (Ramdass and Nemavhola, 2018). Who individually presented postulations that hospital leadership is the backbone for personnel motivation through applying measures that favour personnel commitment to TQM. Also, expressing the constituents of personnel motivation as involving the regular recognition of excellence, establishment of excellent work conditions for the hospital personnel, investing in personnel satisfaction, appreciation of their services and offering of reward; respectively.

Finally, the implication of SQ14 showed that leadership skills and competences of hospital leaders essential for a successful implementation of TQM initiatives are based on the fact that leaders present themselves as good examples, talk less, listen more, gives instructions, organize meetings, innovate, maintain order, are punctual and committed. This is supported by Ajayi and Osunsanmi (2019) who stated that, some skills and competences of a strategic leader that favours the implementation of TQM includes being collaborative, courageous, exemplary, intuitive, have passion and maintain order through the putting in place of rules and regulations in the hospital as a means of enhancing quality attainment.

5.3. RECOMMENDATIONS

The following represents certain recommendations made in view of the discovered facts from this study to aid the effective functioning of strategic leaders in state hospitals. It is segmented into two (2) key sections that is; the recommendations for practical application and the recommendations for future research.

Recommendations for Practical Application

- Hospital leaders should develop an approach to care that is patient-centered; as the study findings revealed, most of the participants (that is 18 out of the total 21 participants) to report the importance of adopting a patient-centered approach to care.

- Hospital leaders should develop strategies to manage personnel non-compliance which is a prominent obstacle to quality care delivery as reported by the following participants amongst others; D.dhcv-P1 (2024); FD.dhb-P2 (2024); FD.dhe-P3 (2024); FD.dhd-P4 (2024) and GS.dhcv-P9 (2024) that, the issuing of Query letter, invitation to the hospitals' Disciplinary council and Suspension of such personnel could manage personnel non-compliance.

- Care coordinators should lay emphasis on regular monitoring and patient need assessment to ensure effective implementation of TQM by means of the daily integration of TQM practices within the hospital care processes as reported by some

participants like; D.dhcv-P1 (2024); FD.dhe-P3 (2024) and MA.dhcv-P5 (2024) amongst others.

- Hospital leaders should seek to effectively implement TQM in their hospitals through the promoting of a culture of quality and establishing of innovations that favours its TQM implementation (as expressed by D.dhcv-P1 (2024); FD.dhb-P2 (2024); FD.dhd-P4 (2024); MA.dhb-P6 (2024); GS.dhe-P7 (2024), GS.dhd-P8 (2024) and C2.dhe-P18 (2024)); for a successful implementation of the initiatives of TQM as it will great opportunities for quality care results and great patient inflow.

- Hospital leaders should ensure coordination, monitoring and personnel care for this will aid the establishment of a culture of quality within the hospital

- Hospital leaders should integrate personnel motivation and care (creation of a suitable working environment) which is a means by which they can influence the implementation of TQM through personnel commitment to TQM efforts as reported by; FD.dhb-P2 (2024); FD.dhe-P3 (2024); FD.dhd-P4 (2024) and GS.dhe-P7 (2024) amongst others.

- Hospital leaders should develop necessary skills and competence essential for the effective implementation of TQM in hospitals like being; good examples, listen more, talk less, give instructions, innovate, organize meetings, maintains order, punctual and are committed as reported by D.dhcv-P1 (2024); MA.dhb-P6 (2024); GS.dhd-P8 (2024); GS.dhdi-P11 (2024) and GS.dhb-P12 amongst others.

Recommendations for Future Research

Future research could be done in the following areas.

- The role of strategic leadership in the implementation of TQM in the Cameroonian private hospitals.

- The impact of TQM on operation performance in Cameroonian hospitals.

- An analysis of the relationship between Strategic leadership and TQM in the Cameroonian hospitals.

5.4. CONCLUSIONS

Considering the fact that a significant problem with the leadership role in the Cameroonian state hospital concerns the lack of the alignment, planning and implementation of TQM within their strategic framework, the study purpose of this qualitative study was to gain a deeper understanding on how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon. Using transformational leadership theory, the specific problem was addressed (i.e., how the leadership role can be used to contribute to the implementation of TQM in the state hospitals in Cameroon).

The research evaluated a single descriptive case (i.e., the state hospitals) with embedded units of analysis (i.e., seven state hospitals in Cameroon) using semi-structured interviews (i.e., 21 participants), the study hospitals' documents (i.e., publicly available documents/reports), and relevant literature on strategic leadership and TQM. The study findings clearly indicated that all Cameroonian state hospitals have to develop a patient-centered approach to healthcare and service delivery, effectively manage personnel non-complaints, perform regular monitoring and patient need assessment.

Additionally, the study findings clearly indicated that strategic leadership influences the implementation of TQM initiatives with the hospital, by the establishment of a culture of quality through effective coordination, monitoring and personnel care like the creation of suitable work conditions, performing both moral and financial personnel motivation. Finally, the study findings showed that there is a positive correlation between leadership and TQM since both concepts aim towards the same objective - quality attainment. This study contributed to the field of business and management by filling the research gap in terms of trying to understand how TQM protocols are planned, aligned and implemented in the state hospitals in Cameroon.

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APPENDIX A: COVER LETTER

EYONG-ECHAW MARVIN N.

SSBM

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683730110/ 697939006

Dear Respondent,

I am a student in the above institution, and carrying out a research on the topic *«"The Role of Strategic Leadership In The Implementation of TQM In Cameroonian State Hospitals"».* This work is in the partial fulfillment for the award of a DBA degree in Strategic Management. All information given will be treated with confidentiality. Kindly answer these questions below to enable me carry out this research. Your full collaboration will be highly appreciated. Your identity is not needed. Thank You!

APPENDIX B: INTERVIEW GUIDE

INSTRUCTION: PLACE A TICK (√) ON YOUR RESPOND OF CHOICE.

Section One: Demographic Data

1. Age group: a) 18-30   b) 31-40   c) 40-49   d) Over 50
2. Gender: a) Male   b) Female
3. Experience at position: a) ≥ 1 years   b) 2 - 3 years   c) 4- 5years   d) > 5yrs.
4. Duty held: a) CEO   b) Chief Medical Officer   d) General Supervisor   e) Department Head   f) Others _____

Section Two: How and why state hospital leaders plan, align, and implement TQM initiatives within the strategic framework and practice.

5. What is your hospitals approach to TQM?
6. What are some factors that influence the major decisions made at the hospital?
7. How do you ensure the daily integration of TQM practices in the hospital?
8. Can you talk about any example of a TQM initiative used in the hospital and how it was implemented?

Section Three: The challenges and opportunities of successful implementation of total quality management.

9. What are some challenges you faced in implementing TQM initiatives in the hospital?
10. How do you react to non-compliance of hospital personnel with respect to quality improvement?
11. What opportunities have TQM practices brought to the hospital?
12. How do you measure the success of TQM?

Section Four: How strategic leaders impact the implementation of TQM.

13. What role do hospitals leaders play in promoting a culture of quality? Can you give an example?

14. How do strategic leaders influence the implementation of TQM in the hospital?

15. What are some innovations brought about by strategic leaders to favour TQM implementation?

Section Five: The relationship between leadership and TQM.

16. What are some relationship between leadership and TQM?

17. How do hospital leaders encourage personnel commitment to TQM efforts?

18. What leadership skills and competencies are essential for a successful implementation of TQM in a hospital?

Thanks for your contribution.