

ABSTRACT OF THE DISSERTATION
STAKEHOLDERS' PERCEPTIONS REGARDING HOSPITAL QUALITY

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Quality has emerged as a key element in public productivity efforts. Despite its relative prominence, quality improvement efforts in the public sector have been confronting numerous challenges. In particular, one problematical impediment involves the conceptualization of the quality construct itself, engendering a major obstacle for public productivity efforts. If there are no clear definitions and consensus on what quality means, organizations cannot set quality goals or measure the quality of services.

If one focuses specifically on the world's largest service industry, health care, the challenges to defining quality mirror those facing other service organizations. As health-care organizations pursue quality improvement efforts, they face numerous obstacles attributed to quality definitions that are limited in scope and difficult to operationalize. To resolve this dilemma, the medical community proposes that academicians and practitioners must first gain a better understanding of quality by exploring how key stakeholders in the health-care process conceptualize the construct. Building on this recommendation, this study investigates how stakeholders in a public teaching hospital in New Jersey conceive quality. In particular, this dissertation addresses the following

questions: 1) Do physicians, nurses, administrators, and patients share similar conceptualizations of quality or do they each respectively, view quality through different conceptual lenses? 2) Do discrepancies exist between the perceptions of each stakeholder group regarding the most important attributes of quality? 3) Do the stakeholders differ in their individual definitions of quality?

To answer these questions, a mixed-methodology design that combines the benefits of both quantitative and qualitative approaches is utilized to examine the quality construct. The quantitative approach employed, Q Methodology, is a technique that has the unique ability to probe human subjectivity. Semi-structured interviews are used to supplement and add clarity to the Q analysis.

The results verify and conclude that physicians, nurses, administrators, and patients share a common general perspective of, and agreement on, what quality is and what are the most significant attributes of quality. As such, these four stakeholder groups agree on a macro-definition, or a general conceptualization of the quality construct. Nevertheless, despite the shared agreement at this level, there are identifiable differences in the individual definitions (micro-definitions) advanced by each group. The micro-definitions of quality are socially constructed, based on factors such as one's profession and are in constant competition with one another for plausibility and dominance. Collectively, the micro-definitions contributed by the stakeholders are from a technical or functional standpoint, or a combination of both. These disparities in individual definitions cause each stakeholder to pursue a distinct approach to achieving quality goals.

Therefore, hospital administrators need to understand the nuances of the various micro-definitions of quality produced by different stakeholder groups, in order to increase dialogue and to build cooperative efforts where organizational members can work together to achieve organizational quality goals. Dialogue may not necessarily build consensus, but through communication, improved perception of the ideologies and values each group embraces in its view and overall approach to quality can be ascertained.