

# An Independent Evaluation of the Quality Systems, Policies, Procedures and Activities of Effia-Nkwanta Regional Hospital, Sekondi, Ghana

John N. E. Baiden<sup>1\*</sup>, Yaa Pokuaa Baiden<sup>2</sup>, Charles Ayariga<sup>1</sup>

1. Department of Accountancy, Takoradi Polytechnic, P. O. Box 256, Takoradi, Ghana.
2. Department of Pharmacy, Takoradi Hospital, P. O. Box 7, Takoradi, Ghana.

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## Abstract

Health sector in Ghana has seen many major reforms and total quality care management is one of them. Its implementation has seen tremendous advantages in many health facilities but since change has always been revisited it has taken a considerable long time for the quality culture to be a norm and practice of health care staff but rather a bitter pill to swallow. Long waiting times, physical access, effectiveness, safety, equity and continuity of service are issues that need to be well managed by health care workers if better quality health care to our clients is to be achieved. The study conducted at Effia-Nkwanta Regional Hospital (ENRH) provides an insight into the quality systems, policies and activities present there and what quality improvement strategies that need to be put in place to make the hospital a world class center. It is realized that ENRH adheres to the Quality manual of the Ghana Health Service but had partial functional Quality Teams and it was evident that quality initiatives is seen as the preserve of management. This study adopted a combination of both descriptive and exploratory research designs which allowed detailed description and analysis of the variables under study. Ninety-five (95) clients and forty-two (42) staff members were served with different questionnaire for in-depth interviews to ascertain the existence, the extent to which quality indicators are applied to the day to day health care in ENRH and the challenges and actionable steps being taken to help the facility move in the right direction. The findings indicate that although patients accessing the services of ENRH were on the whole satisfied with the quality of service provided, there were challenges that needed to be addressed in order to have a more effective and efficient service. Some of the issues that needed to be addressed included reduction of patients waiting time which they attributed some to genuine delays like emergencies and ward rounds while some delays were needless such as late arrival of doctors from their homes. Bad attitude of staff towards clients of the hospital which in a few instances stemmed from client/patients impatient attitude to staff.

**Keywords:** Health care, Total quality management, Effia-Nkwanta Regional Hospital, Simple random sampling, Ghana health service

## 1. Introduction

What distinguishes the leading hospitals is not that they are taking on challenges that others are either unaware of or not participating in. Rather, the top performing hospitals are marked by the depth and breadth of their commitment. This is reflected in the leadership style that they practiced as they preached; willingness to invest in high-quality staff, processes, and supportive tools; as well as institution-wide commitment to “dig beneath” surface measures to uncover causes of quality problems and to press relentlessly for solutions. (Kotler, 1997). The assessment of quality systems, policies, procedures and activities of any organization is very important. Customers have demanded quality drugs and services since the advent of markets and even though the definition of quality is subjective, quality is nothing more or less than the perception the customer has of the organization, its products and its services. The key elements in implementing quality can be looked at by developing the right culture for quality to flourish; attracting and retaining the right people to promote quality; devising and updating the right in-house processes for quality improvement and giving staff the right tools to do the job (Meyer, et al. 2004). Continuous improvement of quality is necessary because expectations change and therefore what meets today's expectation about quality may not meet the same expectation of quality tomorrow. Adoption requires significant changes in organization design, work processes and culture while others use a variety of approaches such as the emphasis of quality tools, statistical process control or quality function deployment. Others have adopted a problem solving focus in which they identify defects in both production and customer service and work to correct them through quality circles.

Many clients complain about the quality of service they receive from the health-care sector such as promptness

of attention, long queues, privacy, affordable of fees and the attitude of hospital staff towards clients even though healthcare delivery is to use cutting-edge technologies to improve on its activities. Many a times, organizational and socio-cultural access, equity and continuing service are challenges faced which are paramount to the patient/client who often visits the hospital. It is against this background that this study seeks to investigate and evaluate the state of quality healthcare delivery system at Effia-Nkwanta hospital and take measures that would enhance and improve the system.

The purpose of this study is to conduct an independent evaluation of the quality systems, procedures, policies and activities of Effia Nkwanta Regional Hospital in Sekondi. To this effect the study sees to achieve the following objectives including: To enable Effia Nkwanta Regional Hospital define all relevant aspects of the organization's operation, procedures and systems concerned with identifying and meeting client's requirements for quality products or services; To ensure that human and material resources are harmonized together to achieve the ultimate objective of Quality health care; To evaluate the quality of care given by health care providers in relation to the expectation of patients; To evaluate the quality control measures of the facility put in place to reduce patient waiting time and to make recommendations that will provide guidelines for the establishment and or improvement of quality systems for Effia Nkwanta Regional Hospital that will meet legal requirements and also make its products and services satisfying to its customers.

## **2.0 2.0 Literature Review**

### **2.1 Leading Writers on Issues of Quality Management Systems**

#### **2.1.1. W. E. Deming's Management Philosophy**

Deming was trained as a statistician and worked for the Western Electric during the pioneering era of statistical quality control development in the 1920's and 30's. The Japanese recognized Deming's contributions early with an application prize named after him being instituted in 1951 by the union of Japanese Scientists and Engineers in recognition and appreciation for his achievements in statistical quality control. Deming, one of the key exponents of quality assurance has summed up by saying that quality is not just satisfying but delighting the customer by continuously meeting and improving upon agreed requirements. Deming's philosophy is based on improving product and services by reducing uncertainly and variability in the design and manufacturing processes.

Deming's outlined 14 Points on Quality Management, a core concept on implementing total quality management which are used by organisations globally. Deming's 14 Points are as follows:

Create constancy of purpose for improving products and services; Adopt the new philosophy; Cease dependence on inspection to achieve quality; End the practice of awarding business on price alone; instead, minimize total cost by working with a single supplier; Improve constantly and forever every process for planning, production and service; Institute training on the job; Adopt and institute leadership; Drive out fear; Break down barriers between staff areas; Eliminate slogans, exhortations and targets for the workforce; Eliminate numerical quotas for the workforce and numerical goals for management; Remove barriers that rob people of pride of workmanship, and eliminate the annual rating or merit system; Institute a vigorous program of education and self-improvement for everyone; Put everybody in the company to work accomplishing the transformation.  
<http://asq.org>.

#### **2.1.2. Philip B. Crosby Philosophy**

Philip Crosby was corporate, the Vice President for quality at International Telephone and Telegraph (I.T.T) for fourteen (14) years after working his way up from line inspector. The essence of Crosby's Quality philosophy is embodied in what he calls the Absolute Quality Management.

Crosby re-defined quality to mean conformity to standards set by the industry or organization that must align with customer needs. There are Four Absolutes of Quality Management necessary for conformity including:

- Quality is defined as conformance to standards
- The system for causing quality is prevention
- The performance standard is not arbitrary; it must be without defect
- The measurement of quality is price of non-conformance. <http://study.com>.

### **2.1.3. Joseph Juran's Philosophy**

Juran joined Western Electric in the 1920's where he spent much of his time as a corporate industrial engineer. Juran taught quality principle to the Japanese in the 1950's and was a principal force in their quality reorganization. Like Deming he concluded that we faced a major crisis due to the loss of sales to foreign competition and the huge cost of poor quality. Solving the crisis required new thinking about quality that included all levels of managerial hierarchy. Upper management to him in particular required training and experience in managing for quality. Juran's programmes are designed to fit into a company's current strategic business plan with minimal risk of rejection. This is in contrast to Deming, who proposes sweeping cultural change.

Like Deming, Juran stressed the importance of total quality management. However, he summed it up by saying total quality management begins at the top of an organization and works its way down. He developed 10 steps to quality improvement. The steps boil down to three main areas of management decision-making including: Quality planning; Quality control and Quality improvement. <http://study.com>.

### **2.1.4 Garvin's Eight Dimensions of Quality [<https://hbr.org>]**

David Garvin of the Harvard Business School also developed a system of thinking about quality of products and is summarised as follows:

1. Performance: Performance refers to a product's primary operating characteristics. This dimension of quality involves measurable attributes; brands can usually be ranked objectively on individual aspects of performance.
2. Features: Features are additional characteristics that enhance the appeal of the product or service to the user.
3. Reliability: Reliability is the likelihood that a product will not fail within a specific time period. This is a key element for users who need the product to work without fail.
4. Conformance: Conformance is the precision with which the product or service meets the specified standards.
5. Durability: Durability measures the length of a product's life. When the product can be repaired, estimating durability is more complicated. The item will be used until it is no longer economical to operate it. This happens when the repair rate and the associated costs increase significantly.
6. Serviceability: Serviceability is the speed with which the product can be put into service when it breaks down, as well as the competence and the behaviour of the serviceperson.
7. Aesthetics: Aesthetics is the subjective dimension indicating the kind of response a user has to a product. It represents the individual's personal preference.
8. Perceived Quality: Perceived Quality is the quality attributed to a good or service based on indirect measures.

## **2.2 Samples of Key Quality Management Systems Used Worldwide**

### **2.2.1 The Deming Prize**

The Deming Application prize was instituted in 1951 by the union of Japanese Scientists and Engineers (JUSE) in recognition and appreciation of W. Edwards Deming's achievement in statistical quality control and his friendship with the Japanese people.

The judging criteria consist of a checklist of 10 (ten) major categories:-

Policies; The organization and its operations; Education and dissemination; Information gathering, communication and its utilization; Analysis; Standardization; Control / Management; Quality Assistance; Offices of Results and Future Plans. <http://asq.org>.

### **2.2.2 The Malcom Baldrige National Quality Award**

It was created on August 20, 1987 by Congress and named after Malcom Baldrige who served as Secretary of Commerce. The Malcom Baldrige National Quality Award (MBNQA) has been one of the most powerful catalysts of total quality in United States and indeed throughout the world.

The awards criteria for performance excellence establish a framework for integrating total quality principles and practices in any organization.

The criteria consist of a hierarchical set of categories, items and areas to address the seven categories are:

Leadership; Strategic Planning; Customer and Market Focus; Information and Analysis; Human resource Focus; Process Management and Business Results. <http://asq.org>.

### **2.2.3 The European Quality Award**

The award was instituted in October 1991 by the European Foundation for quality management (EFQM) in partnership with the European Commission (EC) and the European Organization for quality. European award is given to these companies that can demonstrate excellence in their management of quality and that their approach to total quality has considerably contributed to the satisfaction and expectations of customers and employees.

The assessment is based on the following nine principles below:

Leadership; Customer satisfaction; Business results; Processes; People management; Resources; Policy and strategy; People employees satisfaction and Impact on the society. <http://efqm.org>.

### **2.2.4 The South African Excellence Model**

The award was launched on the 28th of August 1997 using the Baldrige Model (USA) and the EFQM Model (Europe) as a framework. The South African Excellence Model is a powerful diagnostic self-assessment tool that allows organizations to identify their strengths and areas for improvement.

The criteria's basic principles are listed below:

Customer focus; Leadership and constancy of purpose; Results orientation (satisfying the needs of all relevant stakeholders); Management by processes and facts; People development and involvement; Partnership development; Continuous learning, innovation and improvement and Social responsibility. <http://saef.co.za>.

### **2.2.5 The Australian Quality Award**

The Australian Quality Award was developed independently from the MBNQA in 1988 and administered by the Australian Quality Awards Foundation, a subsidiary of the Australian Quality Council

The assessment criteria include: Leadership; Strategy; Policy and planning; Information and analysis; People and Customer focus. <http://quality-texas.org>

### **2.2.6 The ISO 9000/2000 International Code of Practice for Quality Management Systems**

The term ISO 9000 refers to a set of quality management standards that guide a company's performance of specified requirements in the areas of design, development, production, installation, manufacturing, servicing, production, engineering, nuclear technology and so on.

The standards prescribe documentation for all processes affecting quality and below are five objectives:

Achieve and maintain continuous improvement; Provide confidence to internal management and employees; Provide confidence to customers and stakeholders; Improve quality of operations and Provide confidence that system requirements are fulfilled. <http://asq.org>.

## **3.0 Methodology**

This study adopted a combination of both descriptive and exploratory research designs which allowed detailed description and analysis of the variables under study. Characteristics of variables are described and presented and their relationships are explained without manipulation as buoyed by Saunders *et al.* (2009). The Methodology used was simple random sample of a ninety-five (95) clients and forty-two (42) staff members who were served with different questionnaire for in-depth interviews to ascertain the existence, the extent to which quality indicators are applied to the day to day health care in Effia Nkwanta Regional Hospital and the challenges and actionable steps taken to help the facility move in the right direction.

A structured self-administered questionnaire and interview were used to collect information. The questionnaires were subjected to reliability test using Cronbach Alpha; resulting in a reliability coefficient of 0.937 (94%) which was above the recommended minimum of 0.7 (Santos & Reynolds, 1999). Data collected was analysed using descriptive statistics.

## 4.0 Results and Discussions

### 4.1 Quality Service Management System

The range of constructive suggestions towards the improvement of quality management systems in ENRH was almost similar in opinion for both the clients and the employees. The research clearly showed that the present quality management systems in terms of service delivery were criticized by both the clients and staff (employees) of ENRH. To what their definition and understanding was in terms of quality, there were varied opinion but the research suggests that quality in ENRH needs to place the clients at the center of its activities.

**Table 1: Patients Waiting Time**

Variable	N	Frequency	Percentage
<b>Was there unnecessary delay before you saw the Doctor</b>	<b>95</b>		
No		34	35.8
Yes		61	64.2
<b>Patients response of attitude of staff</b>	<b>95</b>		
Very good		54	56.8
Good		29	30.5
Poor		12	12.7

Table 1 presents patients waiting time. 64.2% out of the total respondents were of the view that there was unnecessary delay before doctors attends to them whilst 35.8% did not think so indicating that patients waits for long hours before their health needs are attended to. In relation to patients' response of staff attitude towards them, 56.8% of them indicated very good, followed by good attitude (30.5%) whilst 12.7% of the remaining respondents were of the view that staff attitude towards their health need was poor.

From Table 2, (70.5%) of the respondents felt that they were adequately physically examined. 29.5% said that though they would have wished to know what ailments they were having, nothing was told them. With regards to privacy, 31.60 % of respondents thought that there was not enough privacy and would have wished the consulting nurse, staff and other friends of the doctor should have left the room during consultation.

Respondents were skewed towards affirmative to the variables: physical examination done by the doctor; diagnosis made known to patients, instructions given about illness, review follow up and privacy in the consultation room. These produced counts of 70.5%, 79%, 83.2%, 56.8% and 68.4% in that order (see Table 2). The figures though shows good signs of consultation with the doctor, it still need to be improved as those who indicated negative to the variables ranged from 16.8 - 43.2% which is quite high and management of the hospital need to work on patient's consultation with the doctor.

**Table 2: Consultation with the Doctor**

Variables	Affirmative		Negative	
	Frq.	%	Frq.	%
Physical examination done by the doctor	67	70.5%	28	29.5%
Diagnosis made known to patients	75	79.0%	20	21.0%
Instructions given about illness	79	83.2%	16	16.8%
Review/follow up	54	56.8%	41	43.2%
Privacy in consultation room	65	68.4%	30	31.6%

Findings from Table 3 shows that only 72.7% had all their drugs prescribed by doctors from the hospital pharmacy whilst 18.9% had part of their drugs at the pharmacy with only 8.4% of them having none of the prescribed drugs.

**Table 3. Proportion of Patients Receiving Drugs from the Pharmacy**

Characteristics	Frequency	Percentage
ALL	69	72.7
PART	18	18.9
NONE	8	8.4
<b>Total</b>	<b>95</b>	<b>100</b>

In response to the cleanliness of the hospital surrounding environment, the results were mixed with 57.9% saying it was very clean, 40% said it was clean and only 2.1% people describe it as dirty. However, 76.8% of those interviewed were happy with the promptness to which they were attended to by the health staff during emergency whiles 23.2% were not pleased with the promptness they witnessed during their emergency. It would have been ideal if near 100% of emergencies were seen promptly. 78.95% were satisfied with the overall service provision of the hospital whiles twenty (21.05%) of the respondents were dissatisfied and thought much more could be done to provide better services to them.

**Table 4. Response from Staff Survey**

Variables	Affirmative		Negative	
	Frq.	%	Frq.	%
Aware of total quality management (TQM) implementation in the hospital	40	95.2%	2	4.8%
Ever seen quality assurance policy guideline of the hospital	8	19.1%	34	80.9%
Member of hospital quality assurance team	9	21.4%	33	78.6%
Received training in quality assurance	38	90.5%	4	9.5%
Aware of quality assurance monitoring in the hospital	8	19%	34	81%
Overall Satisfaction of quality assurance implementation in place	10	23.8%	32	76.2%
Satisfaction with conditions of service at ENRH	32	76.2%	10	23.8%

Responses from staff survey produced the following results. 33 out of the 42 respondents have worked in the hospital for over five years and thus were around during the institution of quality care in the hospital. Findings from Table 4 indicates that 95.2% out of the total respondents knew about TQM in the hospital as opposed to 4.8% who did not know. In relation to the quality assurance policy guideline, 19.1% out of the total respondents asserted affirmative but it was seen that about 90% of the staff of the hospitals staff had been trained in quality assurance and other issues related to quality.

It was apparent that only 19% were monitoring quality in the hospital whilst 81% did no monitoring. Again only 23.8% people were satisfied with the overall quality implementation in place whilst 76.2% were not satisfied at all with conditions of service at ENRH. The staff had considerable knowledge of the existence of a patents charter and patient's rights and responsibilities but the quality assurance team were most often than not partially functional.

### 5.0 Conclusion

The findings indicate that although patients accessing the services of ENRH were on the whole satisfied with the quality of service provided, there were challenges that needed to be addressed in order to have a more effective and efficient service. Reduction of patients waiting time which they attributed some to genuine delays like emergencies and ward rounds while some delays were needless such as late arrival of doctors from their homes.

Bad attitude of staff towards clients of the hospital which in a few instances was observed stemmed from client/patients impatient attitude. However, as the saying goes "the customer is always right" although not

wholly true in reality as far as quality is concerned, a service provider has no business being rude to his/her clients if customer satisfaction and continual patronage of his/her service is to be achieved. Patient privacy was compromised because there were interruptions from staff and family and friends that was why a 100% record was not achieved. This was expected as there was a communication network between the consulting doctor and his/her nurse who sometimes used her discretion to allow staff/visitors in and out of the consulting room. The percentage of 31.6% was quite high with some interruption in the form of phone calls, ward nurses coming to the physician's office for clinical advice for their in-patients and also pharmacists calling in to make suggestions on alternative drug therapy when it is noticed that there may be drug-drug interactions for patients seen earlier by the doctor. 67 out of the 95 respondents admitted to having been physically examined by the Doctor. Quality healthcare includes meticulous examination of all patients. However, as observed sometimes due to work overload, patients do not undergo comprehensive examination.

However, it is worth mentioning that some patients although they had brief examination whilst seated in front of the clinician considered it as not being examined so far as they were not put on the examination table. Seventy-five (75%) were told of their diagnosis while (16%) said they received no instructions about their illness. This falls short of satisfactory standards as far as quality care is considered since it is very necessary to help prevent recurrence of client's condition.

Additionally, compliance to drugs prescribed has added significantly to patient's overall recovery when patients know what is wrong with them. About 43.16% of those patients interviewed were not informed to come for review but Quality health care involves reviewing patients especially after a first visit in order to assess efficiency of treatment prescribed and ascertain total cure. However, workload may have accounted for the clinician forgetting to tell the client to come for a review. At the Pharmacy department with respect to quality indicators as mentioned previously 72.6% received all drugs, while 93 people (97.9%) understood all dispensing instructions. The world has become more quality conscious and companies that resist implementing total quality may not survive. Quality has been and will remain the key management imperative. Leaders of the best companies and organizations should profoundly believe in and promote the core values of customer focused quality.

In this study it was found out that though ENRH has a Quality Management System in place that puts the patients and other users of the facility at the center of all its activities, the development of both a strong quality and patient oriented culture successfully is quite slow. However, the facility can accelerate its quality implementation process and learning by bench-marking the quality practices of top quality hospital facilities.

## **6.0 Recommendations**

From the studies done, it is apparent that even though most staff members have heard about quality, some critical quality issues require the attention of the management of the health facility in order to improve its quality competitiveness. The following recommendations were suggested:

### **6.1 Implementation of A Long-Term TQM System in ENRH By Management**

Effia Nkwanta Regional Hospital (ENRH) needs a comprehensive quality management system approach and this cannot be done in isolation but getting measurable quality objectives which are specific, realistic and attainable would be the best option to make the quality policy operational. Making quality audit part of the organizational culture of ENRH helps management know how ENRH systems and procedures are working in relation to the quality of its services or products. Auditing quality will help put in place corrective measures, get feedback on whether corrective actions have been taken and the best preventive action put in place to avoid initial occurrence. Results of audits and customer feedback, including complaints and suggestion of improvement to processes or products of resources are definitely areas that cannot be ignored. Evolving Corporate Quality Culture will underscore the total commitment of the hospital to its employees, clients, stakeholders and the consuming public. Transparent dealings at top management and prompt client complaints resolution should be the top priority. The quality manual which serves as a reference document and a training manual should be made operational rather than another book on the shelves in the library.

### **6.2 Training, Development and Involvement in Continuous Quality Improvement**

Health facilities need to train staff and also involve them in the facility's continuous quality improvements effort. Front-line staff such as records personnel, revenue collectors, out-patient doctors, pharmacists and nurses spend a lot of time with patient's and therefore need to know a lot about patients' needs and expectations. Staff involvement in quality decisions can provide valuable knowledge and experience to improve the health facility's quality performance. In an organisation, a sound human resource development culture is the only appreciating

asset of the organisation. There is therefore the need to ensure that employee's knowledge and skills are improved constantly to meet tougher customer standards and to satisfy organizational goals or needs of ENRH so that organizational effectiveness and efficiency can be enhanced.

An organization depends on skills, motivation and teamwork to have a successful QA implementation at the facility level. Each member of staff has a special role to play just as a rainbow has many colors. The team should be multidisciplinary e.g. Pharmacy, laboratory, Nurses, Records etc be represented. There is the need to ensure that the members are committed to work. The team shall be responsible for the implementation of QA at the facility. Before you can take any meaningful step to improve quality, you need to know your present state of quality performance in your institution. Major improvement would mean identifying process shortcomings and making process changes. Information from normal routine records, results of patient satisfaction survey and measurements provide learning tools for better client and operational performance.

### **6.3 Improving and Satisfying Employee Conditions of Service.**

A motivated workforce is an integral in the quality management process so there is the need to reconsider fringe benefits such as rewards for creativity ( in accomplishing ENRH goals) and gift items at staff durbars as a sign of recognition.

### **6.4 Empowerment and Quality Assurance Team Work**

An organization depends on skills, motivation and teamwork to have a successful QA implementation at the facility level. The team should be multidisciplinary e.g. Pharmacy, laboratory, Nurses, Records etc and be represented at all levels. There is the need to ensure that the members are committed to work. The team shall be responsible for the implementation of QA at the facility.

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