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Influence of total quality management on employee's perception of SQ, in context of healthcare sector; Pakistan

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Abstract---To examine influence of total quality management on perceived quality services, to identify how training and knowledge sharing impact as moderating variables and mediated by organizational culture. Non-probability convenience sampling strategy was utilized for sampling. Cross sectional study design for data collection from doctors, nurses, administrative employees and others of tertiary care hospital in Karachi. It was determined that positive outcomes of TQM in SQ in the Pakistani health sector with the aid of OC mediation demonstrate that if businesses successfully adopt TQM practices, it will improve SQ score even in private hospitals. while top-management commitment and support from the government are essential for achieving ambitious objectives. In our research, the private sector's moderation effects based on training in quality management are excellent, though knowledge sharing may serve us less in both sectors. The research can be used to understanding how specialist training projects in public and private hospitals can promote TQM adoption can be influenced by dedicated training programs in public and private hospitals.

Keywords---Total Quality Management (TQM), Service quality (SQ), Employee Perception, Healthcare sector, Pakistan.

1. Introduction

The quality is defined through our study base theory of Deming's theory It also refers to conformance to design and the absence of flaws, as well as features incorporated into services that satisfy customers and boost provider profitability

(Deming 2019). Our fundamental research hypothesis states that Quality has gone through a number of inspection phases before moving on to quality control and assurance under the Total Quality Management (Al-Khalifa & Aspinwall 2000). Total Quality Management (TQM) is currently crucial phenomenon in any sector, key element that can assist businesses in achieving performance targets is quality management. By the use of tools, values and procedures, TQM has objectives to improve quality. TQM seeks to boost customer satisfaction by raising product and service standards while using fewer resources. The notion of quality serves as the foundation for TQM. There are many issues with Pakistan's health system, including improper governance, poor health information management, restricted access to resources, unequal distribution of those resources, corruption in the healthcare sector, a shortage of qualified employees, and poor governance. Public healthcare services will receive a budget of 7 billion, down from the anticipated 13.3 billion Pakistani rupees (PKR) in 2021–2022. The World Health Organization (WHO) suggests that a government spend at least 6% of its GDP on healthcare and Pakistan spends nearly only 3% of its GDP on healthcare sector. Hospitals in Pakistan must compete in fiercely competitive healthcare market due to the country's evolving healthcare landscape. In this context, hospitals look for a significant advantage to stay afloat. In this context, healthcare administrators place a strong emphasis on enhancing hospital service quality through various policies and programs in order to increase patient satisfaction. This study looks at how employees' opinions of service quality are impacted by overall quality management. To examine influence of total quality management on perceived quality services. To identify how training and knowledge sharing impact as moderating variables on perceived service quality and can be mediated by organizational culture. To determine if TQM may be utilized to aid healthcare businesses in cost reduction, the pursuit of acceptable levels of care, and customer happiness all at once, the current study evaluated this possibility. It also looked into how hospital quality improvement measures affected the way staff members perceived SQ. The findings of this research might offer hospital administrators practical management tool to affect how employees view SQ.

2. Literature review

2.1 Total Quality Management

Total Quality Management as an style to improving, not possible until there is Total employee involvement. (Adrian Wilkinson, Mick Marchington and Peter Ackers, 1996). TQM works on three principles, continuous quality improvement, customer focused and teamwork. (M.Balasubramanian, 2016)

2.1.1 Top Management Commitment (TMC) and service quality (SQ)

Employee loyalty and happiness are increased when top management adopts a participative leadership style because it values open communication and employee participation. (Bowen and Schneider 1985). Implementing procedures like consistent hiring and training activities, as well as can boost employee skills and morale (Ljungström & Klefsjö 2002). Direct communication with employees is crucial for leaders to effectively convey expectations, hear concerns and problems with worker productivity, and react (Wheelen & Hunger 2015). The significance of

top management commitment is strongly stressed in the majority of researches as a key component of TQM and indicator for service quality of worker.

2.1.2 Customer's focus and employee's service quality

Purchaser assumption is impacted by representative's insight as a help and association worker, the two jobs comprise the hierarchical practices (both help related and HR related) are influencing Client discernments, perspectives, and expectations toward assessing administration quality, the executives should know about its inward tasks, affirmed that the mix among TQM and improvement work is prerequisite in the eliminating deterrents toward TQM execution & accomplishing fulfillment for both inward and outside clients (Rees and Doran 2001). For any association to become client situated, it should execute a framework that meets client prerequisites and questions like reaching the association effectively in a compelling way and learning clients' necessities and assumptions. Paying attention to clients just isn't powerful without putting systems that examine and decipher the results to act, consumer loyalty for the two gatherings (inward and outside) should be dealt with as a top priority.

2.1.3 Teamwork and employee's service quality

Teamwork is the essential TQM principles for several businesses using a Total Quality Management method. The selection of qualified candidates is a key component of successful TQM implementation, which depends on human resources policies (Boer et al., 2017). In order to effectively implement TQM, organizations must accept a balanced approach to customer satisfaction and satisfy the expectations of both internal and external customers. This is made possible by the important part human resources department plays in managing employees through suitable applicant selection in the quality setting.

2.1.4 Continuous improvement and employee's service quality

Continuous improvement is strategic planning for enhancing both the effectiveness of the organization and the capacity of its goods and services. Participation of all staff members at all levels of hierarchy is crucial to the success of adopting continuous improvement (Jrgensen et al., 2007). Continuous improvement is a program of planned change that is implemented throughout the entire company and uses available resources to achieve gradual variations (Lanham et al., 2009). Organizational culture affects the process of growth; if the culture is successful, it can inspire staff to make changes and progress (Lopez-Sanchez et al., 2009). Customer and provider jointly produce the perceived value of the service; it is a perspective rather than an actor (Kanji 2012b).

2.1.5 Employee involvement and perceived service quality

The energetic involvement of staff in a company's purpose and goals by contributing their own suggestions, knowledge and work to problem-solving and decision-making. Many businesses quality bad performance to their workforce. The organization must implement an improvement plan with the following objectives making the processes valuable to the organization's strategy while also being

efficient and effective after managing the structure and processes, properly evaluating the performance of the workforce. (Idris & Ahmed, 2020)

2.1.6 Process Management and perceived service quality

Process management (PM) is a crucial component of the quality strategy, claim Porter and Parker. It describes a series of steps taken by a business to produce value-added products and services for its customers and other stakeholders. Businesses must constantly seek out ways to streamline operations, increase productivity, and engage in lean innovation. It is emphasized that process management can increase a product's consistency by lowering processing variations, which promotes greater operational effectiveness, innovation, and productivity gains (Sadikoglu and Zehier 2015). Additionally, a successful process management design would reduce negative environmental effects, resulting in cost savings and benefit expansion.

2.2 SERVQUAL for service quality:

SERVQUAL defines service quality as the discrepancy (gap) between a customer's expectations for a service offering and their views of the service. Meanwhile, Khan et al, (2020) debate that the healthcare system and services provided by the hospitals of Karachi must adhere to the standards of quality care through using scales of SERVQUAL as it is the largest city in Pakistan with the highest population. The need for quality healthcare thereby is high eventually. Hashmi et al, (2020) related the service quality of hospitals with long-term stability, enhanced service provision, efficiency of practice as well as improved levels of satisfaction shifting towards loyalty in context with patients and their caretakers. In the meanwhile, findings indicate that improvisation in service quality reduces the chances of medical error or any mishandling encountered by the healthcare staff, in consequences faced by the patients, medical errors mislead to the consequences and ultimately, lead to mishaps in the public sector hospital of Pakistan (Hussain et al, 2020). Therefore, Lee, (2017) mentioned that the application of the SERVQUAL will thoroughly investigate the service quality, identifying the quality gap to assist the hospitals to provide comprehensive health services.

Deming's theory

Deming's 14 Points on Quality Management, concept on practices of total quality management (TQM), is a conventional of management practices to help companies rise their quality and efficiency. The introduction of TQM practices into the health industry is explained in this paper using institutional theory. There aren't many studies using a processual method, and the literature on TQM practices is frequently outcome-oriented. Deming's theory hasn't been applied to studying these processes very much because it's more frequently viewed as a theory of security than change. The fourteen points of management defined by Deming, the system of profound knowledge, and the Plan-Do-Check-Act are the foundations of his theory of total quality management. Influence of TQM on Perceived Service Quality of Healthcare Sector Employees, Pakistan is renowned for its ratio, according to which quality is equivalent to the product of labor efforts over the

sum of costs. The issue with a business focusing on costs is that quality degrades while costs increase.

EFQM MODEL

EFQM Model is Management Framework is based upon nine criteria for quality management. The result is a model that refrains from prescribing any one methodology, but rather recognizes the diversity in quality management methodologies. Social Responsibility of the Corporation - The Company should always act in a way where it is responsible towards the environment and society at large.

3. Research Model, Method and Data Analysis

3.1. Research method and hypothesis

The proposed model shows the relationship between total quality management and perceived Service Quality and training and knowledge sharing are moderating variable, as shown in Fig. 1. Similarly, the proposed model illustrates the mediating effect that organization culture has on TQM and perceived Service Quality.

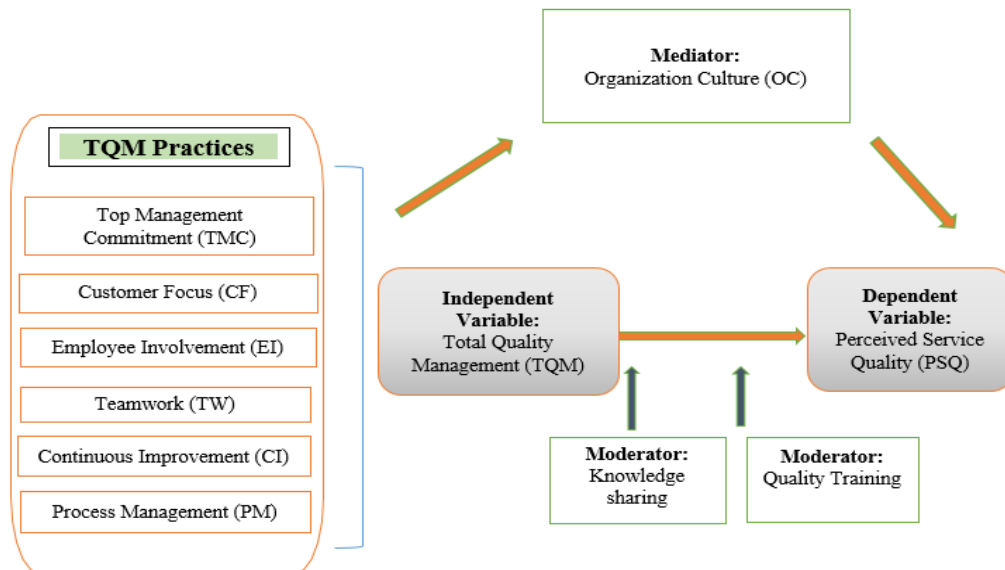


Fig. 1 Research model

The study hypothesized a direct relationship between TQM adoption and perceived Service Quality and then investigated knowledge sharing and training's moderating effects with respect to mediator effect of organization culture the following hypotheses were developed:

H1a: Top Management Commitment (TMC) has significant effect on TQM.

H1b: Customer Focus (CF) has significant effect on TQM..

H1c: Employee Involvement (EI) has significant effect on TQM

H1d: Teamwork (TW) has significant effect on TQM

H1e: Continuous Improvement (CI) has significant effect on TQM.

H1f: Process management (PM) has significant effect on TQM.

H2: TQM has significant effect on Perceived Service Quality (SQ)

H3: Organizational culture OC significantly mediates relationship between TQM and Perceived Service Quality SQ.

H4: Quality Training in quality management has moderating relationship between TQM and Perceived Service Quality SQ.

H5: Knowledge sharing in quality management is moderating relationship between TQM and Perceived Service Quality SQ.

3.2 Reliability of the measurement scale

Cronbach Alpha was measured to find out the reliability of the measuring tool used for collecting data in this study, the resulting coefficient of reliability ranges from (0 to 1). Many methodologists suggest a coefficient of 0.65 to 0.8 (or higher in some cases) as a minimum (Chelsea Goforth 2015). In this study, all measured variables Table 1 scored more than 0.7 which is statistically acceptable.

Table 1

Variables	Cronbach's Alpha	Composite Reliability (CR)	(AVE)
Continues Improvement	0.811	0.874	0.643
Customer Focus	0.934	0.947	0.721
Employee Involvement	0.772	0.87	0.692
Knowledge Sharing	0.789	0.892	0.807
Organizational Culture	0.843	0.896	0.685
Perceived Service Quality	0.887	0.911	0.567
Process Management	0.785	0.865	0.765
Quality Training	0.789	0.858	0.608
Team Work	0.638	0.74	0.593
Top Management Commitment	0.593	0.786	0.554
Total Quality Management	0.867	0.905	0.514

3.3 Data Analysis

The research was descriptive in nature. Convenient sampling technique was used to choose a representative sample of 412 employees from 5 public hospitals and private hospitals where TQM practices followed. A non-probability convenience sampling strategy was utilized for sampling. The scale for the independent variable's six variables, which is the TQM scale of 24 items are given below:

- Top management commitment (TMC)
- Employee involvement (EI)
- Customer focus (CF)
- Team work (TW)
- Continual improvements (CI)
- Process management (PM)

The SERVQUAL SQ scale was used to measure perceived quality of working life. SQ scale contains 11 items, Quality training as moderator was measured by 5 items, moderator knowledge sharing has 3 items and organizational culture as mediator have 6 items. Each item was scored on a 5-level Likert-scale. Smart PLS 4 is employ to examine data in this study due to its capability to measure complex models with numerous variables and run together

4. Empirical Results

4.1 Fornell and Larcker Criteria

The study is shown in Table 2 below. The Fornell and Larcker test reveals that inter-construct correlations are 0.85 and all square roots of AVE for each construct (diagonal bold values) are higher than the previous value. Overall findings support the constructs of the study's discriminant validity.

Table 2: Fornell and Larcker Criterion 4.2 The HTMT (Heterotrait-Monotrait) Criteria

Variables	CI	CF	EI	KS	OC	PSQ	PM	QT	TW	TMC	TQM
CI	0.802										
CF	-0.318	0.849									
EI	-0.398	0.534	0.832								
KS	-0.02	-0.03	0.089	0.898							
OC	-0.359	0.367	0.407	0.014	0.828						
PSQ	-0.437	0.202	0.418	0.077	0.578	0.753					
PM	-0.02	0.046	0.06	-0.016	-0.018	-0.045	0.875				
QT	-0.383	0.433	0.501	0.016	0.966	0.542	0.011	0.78			
TW	0.311	-0.105	-0.126	-0.052	-0.187	-0.255	0.434	-0.171	0.77		
TMC	-0.625	0.42	0.376	0.019	0.667	0.498	0	0.658	-0.327	0.744	
TQM	-0.478	0.955	0.731	0.005	0.465	0.329	0.055	0.541	-0.163	0.545	0.717

Heterotrait-Monotrait (HTMT), developed by Henseler et al., is a contemporary method to test the discriminant validity (2015). When compared to the (geometric) mean of the average correlations of the indicators measuring same construct,

HTMT is defined as "the mean value of the indicator correlations across constructs" (Ringle et al., 2020). According to authors, the construct's HTMT value should be closer to 1 (Gold et al., 2001) or 0.85. (Kline, 2011; Ramayah et al., 2018).

Table 3: HTMT (Heterotrait-Monotrait) Criteria

Variables	CI	CF	EI	KS	OC	PSQ	PM	QT	TW	TMC
CI										
CF	0.322									
EI	0.481	0.613								
KS	0.038	0.054	0.113							
OC	0.424	0.395	0.488	0.066						
PSQ	0.573	0.234	0.511	0.083	0.662					
PM	0.082	0.056	0.072	0.041	0.128	0.093				
QT	0.455	0.543	0.72	0.069	1.129	0.606	0.172			
TW	0.554	0.178	0.232	0.118	0.31	0.488	0.696	0.273		
TMC	0.916	0.546	0.567	0.084	0.976	0.743	0.108	0.969	0.741	
TQM	0.558	1.023	0.881	0.074	0.521	0.397	0.068	0.694	0.305	0.756

Table 4 Cross loading: Loading value of each item must be greater than 0.5 (Hair et al., 2014)

Items	CI	CF	EI	KS	OC	PSQ	QT	TW	PM	TMC	TQM
CI1	0.669										
CI2	0.696										
CI3	0.853										
CI4	0.761										
CI5	0.633										
CF1		0.741									
CF2		0.749									
CF3		0.753									
CF4		0.855									
CF6		0.671									
CF7		0.840									
EI1			0.748								
EI2			0.878								
EI3			0.672								
KS1				0.876							
KS2				0.867							
KS3				0.666							
OC1					0.749						
OC2					0.815						
OC3					0.712						
OC4					0.648						
OC5					0.561						
OC6					0.612						
PSQ1						0.749					

PSQ2						0.815					
PSQ3						0.712					
PSQ4						0.648					
PSQ6						0.709					
PSQ7						0.815					
PSQ9						0.712					
PSQ10						0.648					
PSQ11						0.522					
QT 1							0.785				
QT2							0.853				
QT3							0.651				
QT4							0.611				
TW1								0.850			
TW2								0.847			
PM1									0.901		
PM2									0.892		
TMC 1										0.881	
TMC3										0.883	
TMC4										0.754	
TMC5										0.755	
TQM1											0.784
TQM2											0.832

H3: Organizational culture OC significantly mediates relationship between TQM and perceived Service quality SQ.

4.3 The Predictive Relevance of the Model

To evaluate the predictive relevance of the model, two variables are verified with R square in the current study. R square values indicate that all exogenous variables together adequately describe the endogenous variable. Table 4.10 shows that 67.1% of OC is described by all independent variables, whereas 62.8% of SQ is described by all independent variables. A weak or small explanation is indicated by a R square value between 0.02 and 0.13, a moderate explanation is shown by a R square value between 0.13 and 0.26, and an extremely efficient explanation is indicated by a R square value higher than 0.26. The R square value for SQ and OC suggests a significant effect, as shown in Table 5.

Table 5 The study model's ability to forecast outcomes

Total	R Square	Assessment
Employees perceived service quality SQ	0.628	Good
Organizational culture OC	0.671	Good

4.4 Hierarchical Regression Analysis

TMC is a significant predictor of SQ, according to the coefficient Table 4.6: $b=0.417$, $t(184) = 5.345$, $p < 0.01$. This shows that a shift in top management

commitment tends to affect staff SQ by 0.417 units in public hospitals in Karachi. A positive correlation between top management commitment and SQ is also suggested by the regression model. Customers' attention has a substantial positive impact on employees' performance, according to the analysis, $b=0.201$, $t(184)=6.342$, $p=0.014$. This indicates that a rise in customer focus tends to raise perceptions of service quality by 0.201 per unit.

This suggests that the second step of the hierarchical regression analysis is important, proving that the model contains important TQM enablers. The analysis also revealed a correlation coefficient $r=0.825$, which tells that moderator (Training in quality management) increased the correlation between perceived Service quality and the TQM enablers. R-squared was observed to have risen by 0.048. The coefficient table revealed that TMC coefficient has a significant positive impact on the perceived quality of the services ($b=0.466$, $t(183)=6.342$, $p=0.01$), indicating that, when training is taken into account, a unit change in top management commitment tends to have an impact on the perceived quality of the services by 0.466. Analysis showed that the PM has no discernible impact on the perceived SQ of the service. It also demonstrated that the perceived Service quality SQ is not significantly impacted by process management and continuous development. According to $b=0.250$, $t(183)=4.265$, $p=0.01$, the perceived managerial training (moderator) appears to be a significant predictor of SQ. These results support the hypothesis because they show that training in quality management improves perceived service quality by 0.250 as a unit change. Finding supports H4: Training in quality management is positively moderating relationship between TQM and SQ.

The Knowledge sharing KS in management (moderator) appear not significant predictor to SQ, $b=0.436$, $t(183)=4.665$, $p=0.06$ ($P>0.05$), Indicating a unit change in KS in quality management decreases SQ by 0.430, these finding supports H5: Knowledge sharing in quality management is positively moderating relationship between TQM and SQ.

Table 6 Hierarchical Regression Analysis

		Unstandardized Coefficients		Standardized Coefficients		Beta	t	Correlations Statistics		Collinearity	
		B	Part	Std. Error	Tolerance			Sig.	Zero-order	Partial	
1	(Constant)	.546	.293			1.86	.064				
	TMC	.417	.078	.522		5.245	.000	.772	.357	.239	4.759
	CF	.201	.081	.252		2.471	.014	.733	.169	.121	5.250
	PM	.231	.032	.312		2.42	.012	.307	.129	.133	4.231
	EI	-.020	.074	-.015		-.264	.792	.405	-.019	-.012	1.626
	CI	.063	.070	.052		.902	.368	.433	.066	.040	1.650
	TW	.074	.072	.051		1.018	.310	.387	.075	.046	1.242
2	(Constant)	-.035	.295			-.117	.907				
	TMC	.466	.073	.583		6.342	.000	.782	.424	.265	4.837
	CF	.180	.076	.224		2.359	.019	.753	.172	.099	5.165
	PM	.211	.0301	.322		2.42	.012	.307	.129	.133	4.331
	EI	-.039	.070	-.030		-.566	.572	.405	-.042	-.024	1.630
	CI	.099	.066	.081		1.509	.133	.433	.111	.063	1.668
	TW	-.030	.071	-.021		-.429	.668	.387	-.032	-.018	1.348
	QT	.266	.051	.231		5.265	.000	.180	.363	.220	1.100
	KS	.436	.073	.483		6.342	.060	.772	.424	.265	4.637

Dependent Variable: PSQ

Moderator: QT and KS

Excluded Variables

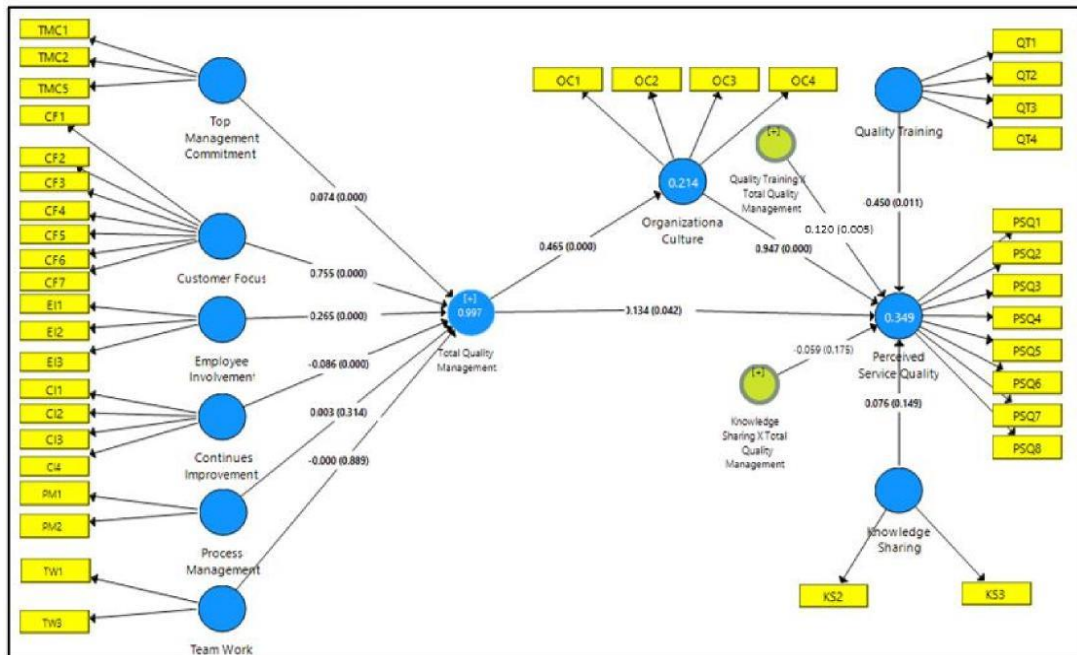
Model	Collinearity Statistics					
	Beta	t	Sig.	Partial	Correlation	VIF
Training	.260 ^b	5.265	.000	.363	.909	1.100
Knowledge sharing	.436	6.342	.060	.424	.207	4.637

Dependent Variable: perceived Service quality PSQ

4.5 Structural Equation Model (SEM)

When evaluating a structural model, we first checked the direct hypotheses, then the indirect hypotheses (mediation), in the second stage, and finally the conditional hypotheses, in the third step (moderation). Results presented in table 4.12, predicted that Top Management Commitment (TMC) has no significant effect on TQM ($\beta = .074$, LLCI = 0.061, ULCI = .087, $p < .001$) thus H1a which is Top Management Commitment (TMC) has significant effect on TQM is not supported. H1b is proposed that Customer Focus (CF) has significant effect on TQM has been supported ($\beta = .755$, LLCI = 0.720, ULCI = 0.791, $p < .001$). H1c Employee Involvement (EI) has significant effect on TQM ($\beta = .265$, LLCI = 0.240, ULCI = 0.290, $p < .001$) thus has been supported. H1d which is Teamwork (TW) has significant effect on TQM has been not supported ($\beta = .000$, LLCI = 0.007, ULCI = 0.006, $p > .05$). H1e which is Continuous Improvement (CI) has significant effect on TQM is also supported ($\beta = -0.086$, LLCI = -0.104, ULCI = 0.069, $p < .001$). H1f which is Process management (PM) has significant effect on TQM has been not supported ($\beta = 0.003$,

LLCI = -0.003, ULCI = .010, $p > .05$). H2 which is TQM has significant effect on perceived service quality (SQ) is supported ($\beta = 0.130$, LLCI = 0.016, ULCI = .224, $p < .05$). H3 which is Organizational culture OC significantly mediates relationship between TQM and perceived Service quality SQ is supported ($\beta = 0.437$, LLCI = 0.285, ULCI = .589, $p < .001$). H4 which Training in management is moderating relationship between TQM and perceived Service quality SQ is supported ($\beta = 0.120$, LLCI = -0.056, ULCI = 0.041, $p < .01$). H5 which is knowledge sharing in management is moderating relationship between TQM and perceived Service quality SQ is significant and moderates ($\beta = -0.059$, LLCI = -0.226, ULCI = -0.010, $p > .05$) thus hypothesis is not supported.



SEM: Predictors: (Constant) Employee's involvement, process management, Team work, Continuous Improvement, Top Management Commitment, Customers Focus, Training in Quality Management Dependent Variable: SQ

Figure.2: Structural Equation Model (SEM)

Table 7: Hypotheses Testing

Hypotheses	<i>B</i>	<i>LLCI</i>	<i>ULCI</i>	<i>p</i>	<i>Decision</i>
H1a Top Management Commitment -> Total Quality Management	0.074	0.061	0.087	0.000	Supported
H1b Customer Focus -> Total Quality Management	0.755	0.720	0.791	0.000	Supported
H1c Employee Involvement -> Total Quality Management	0.265	0.240	0.290	0.000	Supported
H1d Team Work -> Total Quality Management	-0.000	-0.007	0.006	0.889	Not supported
H1e Continues Improvement -> Total Quality Management	-0.086	-0.104	-0.069	0.000	Supported
H1f Process Management -> Total Quality Management	0.003	-0.003	0.010	0.318	Not Supported
H2 Total Quality Management -> Perceived Service Quality	0.130	0.016	0.244	0.032	Supported
H3 Total Quality Management -> Organizational Culture -> Perceived Service Quality	0.437	0.285	0.589	0.000	Supported
H4 Quality Training X TQM -> Perceived Service Quality	0.120	-0.056	0.041	0.005	Supported
H5 Knowledge Sharing X TQM-> Perceived Service Quality	-0.059	-0.226	-0.010	0.040	Not supported

N = 412, Bootstrap = 500, LLCI = Lower Limit Confidence Interval (95%), ULCI = Upper Limit Confidence Interval (95%)

5. Discussion

This research aimed at examining the adoption of TQM in public and private hospitals in Karachi. The study was based on six critical dimensions and how they impact both public and private hospitals' overall quality administration. According to the study analysis, management in both public and private hospitals has shown a strong dedication to improving service quality and employee job satisfaction. As the management is focused on providing medical services that meet the requirements of the patient. According to study, employee involvement, which denotes employee interest in and intention to improve maintaining quality service are crucial steps for implement TQM practice in hospitals.

All other variables, such as process management and teamwork, are still important for the management of Pakistani hospitals to take into consideration even though they did not appear to be significant in the study. The negative correlation is not surprising because it is conceivable that the health sector would place more emphasis on internal organizational operations, such as customer focus, top management commitment, and employee involvement, than it would on perceived service quality, which is still a relatively new concept in Pakistan. Since every element affects the acceptance of total quality management, they should all be regarded as equally important. These results support research by Abbass (2013), who discovered a significant and favorable impact.

Positive values-based total quality management techniques have also been shown to significantly and favorably affect OC. These results support the findings of Eniola et al., who discovered that a structured TQM programs and practices improve company culture and capabilities. These findings are also in line with those of Baird et al., who showed that OC and TQM practices had a beneficial association. This important finding suggests that a company's mindset and ability to perform and contribute appropriately will improve if it can manage its TQM practices. This significant finding shows that the target sampled private tertiary Pakistani hospitals are effectively depending on TQM practices to achieve perfection in the development of OC and TQM, significantly boosting businesses' performance capabilities drastically boosting businesses' capacities to play a leading part in the emergence of culture. The discovery by Yu and Choi that OC greatly affects the SQ is expanded by the recognition of this relationship.

In private hospitals in Pakistan, employee training is a major driver of service quality, and research shows that employee knowledge-sharing initiatives do not result in higher performance. The employee trainings in surveyed organizations are effective in private sector but unfortunately quality training is not effective in public sector hospitals like CHK because they are not implementing in services.

It is clear that quality and certification standards require trained employees to carry out their activities, as well as proof of recording and evaluating the effectiveness of training. However, training an employee through an individual reading of a procedure and making him or her sign attendance, is definitely considered effective, if the procedure is very orienting and self-taught, as surveyed private hospitals take QT in practice.

Unfortunately, in public hospital this kind of training is still practiced, where training is carried out only to keep records and provide proof of compliance with the standard. If training in your company is conducted this way- just to keep records- this is probably the root cause of the numerous service quality deviations and non-conformities due to operational error. Training carried out without management and subsequent evaluation of the results is useless and does little to contribute to quality, process improvement or company growth. To ensure service quality in processes, you have to invest in robust knowledge sharing programs that actually results in learning.

The last hypothesis showed a statistically not significant impact of TQM practices on perceived service quality of employee in sharing knowledge, which is fact that knowledge sharing does not contribute to conversation of knowledge and experience between employees in surveyed hospitals of Karachi.

The study's findings can help identify the practices that are most likely to have an impact on employees' performance and help implement the best strategies for addressing healthcare workers' underperformance in both the public and private sectors by taking into consideration the following:

- 1- The top management's dedication to providing quality services
- 2- Fulfilling the demands of the people
- 3- Creating training programs that are effective and suit the needs of the workforce by working Together.

6. Conclusion

This research evaluated how TQM adoption impacted how well services were viewed in both public and private hospitals in Karachi, Pakistan. According to a survey of relevant literature, total quality management enhances organizational performance. In our research, the private sector's moderation effects based on training in quality management are excellent, though knowledge sharing may serve us less in both sectors. The research can be used to create a framework for understanding how specialist training projects in public and private hospitals can promote TQM adoption can be influenced by dedicated training programs in public and private hospitals, the study can be used to change a framework that can be useful for Pakistani hospitals in implementing TQM practices and improving their competence and performance. Additionally, OC plays a major mediating role in the connection between TQM and SQ. Only a small portion of our studies have investigated the mediating role of manufacturing firm culture in the relationship between TQM practices and the perceived SQ of firms generally in Pakistan. The positive outcomes of TQM in SQ in the Pakistani health sector with the aid of OC mediation demonstrate that if businesses successfully adopt TQM practices, it will improve SQ score even in private hospitals. while top-management commitment and support from the government are essential for achieving ambitious objectives.

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