



An-Najah National University
Faculty of Graduate Studies

**THE IMPACT OF TOTAL QUALITY
MANAGEMENT PRACTICES ON OF
SUSTAINABILITY IN PALESTINIAN
HOSPITALS, THE ORGANIZATIONAL
CULTURE AS A MEDIATOR**

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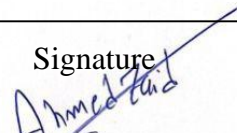
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Dedication

(وما توفيقني إلا بالله عليه توكلت وهو رب العرش العظيم)

I dedicate this thesis to my beloved country Palestine, and the mighty Palestinian people.

To my beloved mother and to my father, to my family.

My utmost thanks and gratitude are dedicated to everyone who contributed in helping me to complete my thesis.

Acknowledgement

My sincere thanks, praises and gratitude go to God Almighty, who gave me the strength, wisdom, and bravery to accomplish this thesis.

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In addition, I owe thanks and gratitude to my family and friends for motivating and supporting me throughout this journey.

I would like to thank everyone who helped me in the completion of this thesis, directly or indirectly.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE IMPACT OF TOTAL QUALITY MANAGEMENT PRACTICES ON OF SUSTAINABILITY IN PALESTINIAN HOSPITALS, THE ORGANIZATIONAL CULTURE AS A MEDIATOR

Unless otherwise referenced, I declare that the work provided in this thesis is the researcher's work and has not been submitted elsewhere for any other degree or qualification.

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Abstract

Sustainability is an organizational phenomenon that has been largely focused on in western literature. However, in developing countries, its importance has not been realized until recent years. The current study aims to investigate the impact of total quality management (TQM) on hospitals sustainability (HS) through mediating role of organizational culture (OC). Seven TQM practices were adopted from the Malcolm Baldrige National Quality Award (MBNQA) model, organizational sustainability consisted of social, environmental and economic dimensions and OC consisted of two types, namely, hierarchical and market cultures. The conceptual model was built on "institutional theory" to explain the relationships between the study variables. A questionnaire was used as a quantitative tool for data collection from 90 respondents from 26 public and private hospitals working in West Bank-Palestine. Partial least Squares Structural Equation Modelling (PLS-SEM) was used for analysis. The findings indicated high levels of implementation of TQM practices (4.0989) and OC practices (4.2155). Moreover, organizational sustainability of hospitals was implemented at high level (3.938). The structural analyses indicated a significant and positive impact of TQM on HS ($\beta = 0.649$, $T = 10.705$, $P\text{-value} = 0.000$). This indicates that TQM significantly enhances organizational capabilities to achieve sustainability outcomes. TQM also proved to have a significant and positive impact on OC ($\beta = 0.743$, $T = 13.080$, $P\text{-value} = 0.000$). Moreover, a similar impact of OC is found on HS ($\beta = 0.235$, $T = 3.512$, $P\text{-value} = 0.000$). Finally, OC was found to act as a partial mediator in the relationship between TQM and HS ($\beta = 0.174$, $T = 3.266$, $P\text{-value} = 0.001$). The analysis revealed that TQM is equally important for all hospitals (public and private) for sustainability of hospitals, at different levels of organizational culture. This study provides practical implications for achieving the hospital sector's sustainability by merging OC with practices of TQM, which provides valuable insights into the hospital's

policies and practices and individuals vital to data exchange and policy enforcement within the sustainability of organizations.

Keywords: Sustainability; Organizational Culture; Total Quality Management; Hospitals.

Chapter One

Introduction and Literature Review

1.1 Chapter Overview

This chapter showed an overview of the research topic that there are numerous aspects to this research, such as general background, a problem statement, importance, objectives, hypotheses, and the structure of this thesis. In addition, it presents a review of the literature and theoretical studies relevant to the subject that was used to illustrate a clear and comprehensive concept of TQM practices, hospital sustainability, and the role of organizational culture in affecting TQM practices on sustainability. Moreover, it presents the relationship between the sustainability in achieving environmental, economic, and social dimensions and the TQM practices in the hospitals sectors in the presence of an organizational culture role as a moderator. Also, it concludes the research hypotheses developed based on a literature review.

1.2 General Background

Modern operations and needs emphasize the use of solutions that are developed and produced sustainably. Implementing the proper procedure as effectively as possible is the essence of quality. In order to do so, there should be an agreement on a definition of quality and comprehend the advantages and disadvantages of prevalent ideas about quality, particularly in the healthcare industry. Quality is defined as "having a product or service of the required quality that meets the needs and desires of the consumer and its ability to enjoy a good and sustainable market" as Edward Deming (Deming, 1986), who spearheaded the quality revolution in the Japan and US and taught the Japanese the principles of quality.

To achieve complete sustainability, all businesses—whether manufacturing or service organizations—must adopt policies and procedures that benefit society (Rusinko, 2015). During the past twenty years, the determination of medical errors has led to laws regarding healthcare and raised awareness among patients of the importance of incorporating quality into healthcare (Becher & Chassin, 2001). As a result, adjustments were required to the quality of services provided in the healthcare industry (Chang et al., 2013). The number of empirical TQM research began to rise following (Saraph et al., 1989) operationalization of the TQM key success factors (CSFs). As a result, one of

the main factors promoting healthcare quality is the integration of TQM principles into the framework for managing the healthcare system.

It is essential that healthcare providers understand that implementing cutting-edge quality management practices, theories and procedures is necessary for the long-term sustainability of high-quality healthcare utilities. This applies to both the entire healthcare delivery system and the patient contact areas (Lee, 2006). According to (Rahman & Bullock, 2005), TQM is "a management style to improving organizational performance, that include a diverse set of both behavioral and technical subject." (Kaynak, 2003) defined TQM as a comprehensive management technique that may be attained and aims for continual improvement in all organizational functions.

Although TQM is widely used in developed nations and quality contributes a significant role in the worldwide competitiveness of goods and services, organizations in growing nations and even smaller in low-income Arab nations have paid little attention to both implementing and evaluating quality initiatives (Aamer et al., 2017; and Baidoun, 2003). The success of TQM in the business environment has prompted managers of healthcare organizations to investigate its applicability in the health care field. As a result, a growing number of healthcare organizations have been implementing the fundamentals of TQM to enhance the quality of results and the effectiveness of healthcare service delivery (Mosadeghrad, 2015).

In order to provide appropriate care, lower the riskiness and frequency of medical errors, and discover customer requirements, healthcare businesses can use TQM to enhance procedures and benchmark for best practices. Several benefits of implementing TQM have been documented by empirical studies. These benefits include increased productivity and efficiency, increased market shares, enhanced morale among employees, cost savings, improved quality, improved financial performance, increased employee performance, and competitive advantages (Zehir et al., 2012; and (Mosadeghrad, 2015). Developing an organizational culture and approach that is dedicated to meeting customer demands by providing services that are in line with those demands forms the foundation of TQM (Talib et al., 2019).

Over the past few years, various organizations, including the Palestinian Ministry of Health, UNRWA, and various healthcare providers, have initiated projects aimed at

enhancing the quality of healthcare services (Baidoun et al., 2018). According to (Baidoun, 2003; Sabella et al., 2015), The Palestinian context and healthcare organizations require further studies to evaluate TQM implementation, using the Malcolm Baldrige National Quality Award (MBNQA) criteria for reference.

The capacity to meet present needs while protecting the environment and ensuring that future generations may also meet their own and future needs (Buttell et al., 2007). Quality contributes to sustainability (Nguyen et al., 2018) as the latter demonstrated is crucial for quality improvement since it contributes to waste reduction and efficiency growth (Barghouti, 2004-2005). It has spread around the world as a source of competitive advantage (Sohal & Prajogo, 2010).

Today, the concept of sustainability encompasses a variety of other factors, such as social well-being, which includes customers, employees, and society, it is not limited to environmental well-being only, in addition to economic growth, which in turn encourages businesses to use environmentally friendly practices (Marimuthua & Paulose, 2016). For the sake of corporate sustainability, it is important to effectively manage and utilize resources, continuously develop services and cost effectiveness, and give customers a competitive advantage (Othman & Mousa, 2019).

Healthcare is a significant service enterprise in the service sector, and because of the waste it produces, it is concerned with environmental issues (Romero & María, 2019). The definition of health care is "An integrated set of basic health services offered by health centers, which are used in the treatment and prevention of many diseases". Consequently, the standard of medical care in the hospital industry is more than just an idea. Because it has become important to the patient's well-being and financial stability as well as to accomplish the intended aim of obtaining high quality, efficient, and absolutely safe healthcare.

As a result, hospitals and doctors who deliver high-quality, economical, and efficient medical treatment will benefit from increased patient volume and higher compensation. Today, for being a relatively new concept in healthcare research, the term sustainability is currently receiving a lot of care in the healthcare sector (Ament et al., 2012). It includes capacity of society and institutions to implement a number of innovative and

more "sustainable" techniques for running health care organizations, systems, and services with the highest level of quality.

Refocusing healthcare organizations on the "triple bottom line" of social, environmental, and economic outcomes will be necessary to achieve sustainable healthcare (Ramirez et al., 2013). The sustainable development of the healthcare sector is a critical driver of human capital and thus a crucial factor of economic growth (Meiling et al., 2021).

OC is one of the major activities that are driving organizations to sustainability (Avery & Bergsteiner, 2010). Also, its emphasis sustainability and excellence are essential according to. and one that fosters organizational behavior through corporate decision-making and practices and has underlying common values, assumptions, and beliefs about resolving sustainability-related issues (Fok et al., 2021). According to Shrivastava (1995), organizational sustainability needs the overall adoption of economic, social, and ecological aspects into the organization's mission, values, vision, and processes. According to Barney (1986), an organization's culture is vital for producing sustained competitive advantage.

A high-scoring organization is more likely to develop this advantage over time and can also contribute to higher financial performance (Dasgupta & Banker, 2015). Also, healthcare Institutions with a higher degree of sustainability share the same organizational principles and objectives, strong staff presence, senior management involvement, communication and coordination between employees and learning approaches to issue solution (Atun, 2003). Hospitals that have an organizational structure and culture are considered the most successful hospitals in applying TQM. The OC will play a major role in how well TQM as an organizational change succeeds (Kujala & Lillrank, 2004).

Research on TQM, sustainability, and OC reveals a gap in understanding their interconnections, particularly in developing nations like Palestine. The health sector in Palestine, where TQM and green performance are still developing, requires focused study. This research targets private and government hospitals in the West Bank to explore TQM's impact on hospital practices and sustainability. It aims to contribute to the literature by validating TQM's effectiveness and highlighting how organizational

culture mediates the relationship between TQM and sustainable performance. Using the MBNQA framework, the study evaluates TQM practices and hospital sustainability across environmental, social, and economic dimensions, and considers hierarchical and market cultures.

1.2.1 Problem Statement and the Research Questions

Studies highlight the crucial role of sustainable performance in institutions, companies, and organizations, including healthcare, in enhancing competitiveness and preventing pollution. Hospitals contribute to environmental issues, resource depletion, and health risks due to medical waste. (McGain & Naylor, 2014).

Healthcare facilities worldwide produce millions of tons of medical waste annually, with developed countries producing more due to advanced technology, highlighting the critical issue of healthcare waste management. (Blenkharn, 2006; Cheng et al., 2009; Abd El-Salam, 2010).

In addition to the challenges imposed by the Israeli government, which included the practices of the Israeli occupation, violations of health rights, obstruction of the entry of medicines and medical delegations to and from the cities of the West Bank and Gaza, and the lack of funds and resources, which led to the fragility of the Palestinian health sector and its failure to fully recover (PCBS, 2023; and Mataria et al., 2009).

Sustainability is increasingly being considered in service businesses, particularly in residential hospitals in Palestine. To mitigate pollution, new green techniques and behaviors, such as TQM practice, should be implemented. Organizations are incorporating sustainability into various functions, making it a crucial factor for healthcare professionals. (Hussain et al., 2016; Visser, 2002; & Marimuthua & Paulose, 2016).

As a result, the hospital industry in Palestine must assess sustainability practices in terms of three key pillars: environmental sustainability, which includes the use of green materials, human resources, and the supply chain; social sustainability, which includes employee engagement and consumer behavior; and economic sustainability, which includes patent activities and sustainable manufacturing through the use of total quality management practices (AlJaberi et al., 2017).

The study aims to explore the relationship between Total Quality Management (TQM) practices and sustainable performance in the healthcare sector, particularly in Palestine. Previous research has shown that TQM practices affect organizational culture, and this study aims to provide clarification on the role of organizational culture in the Palestinian healthcare sector. The sector faces challenges such as stringent environmental laws, increasing operating costs, and increased competition, necessitating increased effectiveness, competitiveness, and waste reduction.

Also, the hospitals in Palestine seek to preserve patients and customers by providing complete health care, maintaining patient confidentiality and privacy, respect and appreciation from the work team, and providing full protection and safety. Therefore, achieving and maintaining high levels of quality of services is a fundamental goal for hospital sector in Palestine. In order to ensure viability, hospitals in Palestine must maintain the highest standards of service quality. In accordance with the research objectives, this study aims at answering the following research questions:

- RQ1: What is the extent application of TQM practices and OC among hospitals in Palestine?
- RQ2: What is the relationship between TQM practices and sustainability in Palestinian hospitals?
- RQ3: What is the relationship between TQM practices and OC in Palestinian hospitals?
- RQ4: What is the relationship between OC and sustainability in Palestinian hospitals?
- RQ5: Does OC mediate the relationship between TQM and sustainability in Palestinian hospitals?

1.2.2 The Significance of Research

Any sector operating in today's society must take sustainability into consideration. When analyzing the environmental impacts of healthcare sector waste, the issue of sustainability in healthcare delivery practices is critical to manage the waste of the health care sector without harming the environment or the health of people, as well as hospitals in Palestine must be able to keep their patients and provide health care and

complete well-being, and thus increase the rates of demand for hospitals, and to achieve economic growth.

It is necessary attention to issues of technology, creativity, innovation, developing human skills through TQM practices. Proper TQM practices can help in checking, improving, developing and sustaining hospital work, and reduce the possibility of something going wrong and endangering the environment. As a result, each aspect of TQM practices will be evaluated, based on the MBNQA model, to assess its impact on sustainability directly, and indirectly through organizational culture as a mediator.

1.2.3 The Objectives of Research

The main objective of this study was to provide a theoretical insight into the relationship between TQM practices and sustainability in the Palestinian hospitals by exploring the mediating role of organizational culture. In addition, the practical contribution is to help service sector (hospital) decision makers and researcher to identify quality and sustainability practices and organizational culture to gain competitive advantage. Accordingly, the objectives of this research are as follows:

1. To investigate the level of TQM practices and OC of hospitals in Palestine.
2. To determine the relationship between TQM practices and sustainability in Palestinian hospitals.
3. To determine the relationship between TQM practices and OC in Palestinian hospitals.
4. To determine the relationship between OC and sustainability in Palestinian hospitals.
5. To verify if OC are playing a mediating role on the relationship between TQM practices and sustainability in Palestinian hospitals.

1.2.4 The Structure of the Thesis:

This research consists of four chapters, which are as follows: chapter one provides the research problem, hypothesis, and objectives, and provides a comprehensive literature review that shows the previous work done in this field. Chapter two gives a description the methodology and data collection methods followed in this research. Chapter three gives results presentation and analysis. Chapter four gives a summary of discussion of the finding of this study, conclusions, recommendations, practical and theoretical implications, limitations, and future works.

1.3 Theoretical Background

1.3.1 MBQNA Model and Institutional Theory

The MBQNA model was used in this study to assess hospital performance and attain service quality in order to survive in a global setting. A variety of overall quality management models have been implemented in response to the new problems that hospitals are facing in order to remain competitive, increase patient happiness, and deliver high-quality services. According to D'Souza (2012), a suitable model for performance management in the healthcare sector should be adaptive, flexible, and responsive to changes in the sector. The Malcolm Baldrige National Quality Award, or MBQNA, is one such model that hospitals use and has gained a lot of traction in the healthcare industry. The healthcare and education sectors have embraced MBQNA as a result of its success in the manufacturing sector.

Farzadnia et al. (2017) emphasized that using the full quality management model is essential for achieving patient happiness as well as for gaining a larger market share, boosting earnings, and creating a high-performing company. The significance of MBQNA standards for performance evaluation and the effective implementation of comprehensive quality management in healthcare facilities (Zayed, 1994). Through a thorough assessment of the literature, the majority of the researchers determined the key TQM techniques or crucial success elements.

The MBQNA criteria are divided into seven general categories: process management, business results, information and analysis, customer and market focus, strategic planning, leadership, and information and analysis (Evans, 2010). Additionally, a company can attain long-term sustainability and enhance its existing operations with the use of the MBQNA Criteria for Performance Excellence. The 86 enterprises who were awarded the Baldrige Award between 1980 and 2010 have demonstrated that incorporating the Baldrige Criteria into their operations has improved their financial performance, created a more contented and devoted customer base, enhanced their offerings, and fostered employee engagement.

In the healthcare industry, particularly in hospitals, the necessity for sustainable practices has grown in importance. Hospitals are currently dealing with new sustainable production issues in addition to a multitude of competing pressures. We investigated the

function of overall quality in creating acceptable, long-lasting behaviors across corporate cultures using institutional theory. As management methods are implemented and used in organizations after being initially adopted, institutional theorists have recently become more interested in this process (Ansari et al., 2010). One of the most prevalent viewpoints in organizational analysis is neo institutional theory (Davis & Marquis, 2005).

Furthermore, it is regarded as one of the significant advancements in the comprehension of firms (Beckert, 1999). Organizational theories are those that focus on basic scientific principles and structural organization in order to raise management efficacy metrics (Weber, 2009). Therefore, organizational theories have the potential to inform TQM research if we view TQM as a novel way to enhance structural and process components inside the firm. TQM's spread process may be explained by applying organizational theories like institutional theory. The diffusion of TQM may therefore be influenced by institutional pressures, as is reasonable to anticipate (Dacin et al., 2002)

Institutional theory posits that external social, political, and economic pressures influence firms' strategies and decision-making, with the relationship between organizational culture and institutional theory acknowledged by prominent writers (Jennings & Zandbergen, 1995). According to Scott (1987), institutional theory has profited from and contributed to the renewed interest in culture.

1.4 Palestinian Healthcare Sector

The health sector in the West Bank and Gaza Strip under the management of the Palestinian National Authority, which was established in 1994, especially after the signing of the Oslo Accords. Since that time, the Palestinian health sector has witnessed tremendous growth and conditions have improved over a long period of time, despite the challenges presented by the Israeli government, as well as the difficult economic and political conditions.

Four main health sectors in Palestine, which include the government health sector (Ministry of Health and Military Medical Services), the United Nations Relief and Works Agency, non-governmental organizations, and private organizations, oversee the provision of primary, secondary, and tertiary health care. Over the past ten years, these areas have been crucial in improving Palestine's health conditions and health services.

From 706 centers in 2010 to 765 centers in 2021, there were more primary health care facilities. Of these centers, 64% are connected to the Palestinian Ministry of Health; the remaining 25% are connected to non-governmental organizations, 9% are connected to UNRWA, and 2% are connected to the armed forces. Hospitals expanded from 76 in 2010 to 89 in 2021, with 51 hospitals in the West Bank and 25 in the Gaza Strip. 7,296 beds were available overall in Palestine (4,270 in the West Bank and 3,026 in the Gaza Strip), according to the Palestinian Central Bureau of Statistics (PCBS, 2023). One of the most significant industries in Palestine is the healthcare sector.

According to the most recent statistics, the total current health spending as a percentage of Gross Domestic Production GDP at current prices is as follows: in Palestine, the current health expenditure as a percentage of GDP was 10.3% in 2020, to 10.4% in 2021. In 2020, the per capita proportion of all current health spending in the United States was 332.3 US dollars to 383.9 US dollars in 2021 (PCBS, 2023).

The main cause of the Palestinian health sector's fragility and failure to fully recover may be attributed to Israeli occupation practices and ongoing abuses of Palestinian health rights. Israeli forces have been targeting Palestinian ambulances and medical facilities since the start of the Palestinian Intifada. They have also obstructed the admission of international medical delegations and medications into the West Bank and Gaza Strip's cities and towns. In addition to the separation wall erected around the West Bank's towns and cities, there are roughly 500 Israeli checkpoints strewn throughout the region.

These obstacles make it difficult for locals to get medical care as soon as possible, particularly in emergency situations. As a matter of fact, many patients in critical need of immediate medical attention passed away while they awaited the opening of the Israeli gate (PCBS, 2014). The Palestinian healthcare industry faces several challenges include the continuous occupation, the internal division into two various ministries of health that there is one in the West Bank and one in the Gaza Strip. Challenges are the deficiencies in the sector of healthcare, lack of money and the lack of specialists in several sectors (Mataria et al., 2009).

Hospitals offer 24-hour diagnostic and therapeutic services, staffed by professional and non-medical medical staff, and patient facilities, as per the World Health Organization.

(WHO, 2017). The Ministry of Health in Palestine reported in 2022 that there are 93 operating Palestinian hospitals, including 35 in the Gaza Strip. (MOH, 2022). The Palestinian hospital system comprises 6,900 beds, including neurological and psychiatric facilities, distributed among private, UNRWA, governmental, and non-governmental hospitals.

Variables of the study include size, ownership, specialization, types of services offered, and clinical capacity, can be used to categorize hospitals. Palestinian hospitals are classified according to specialty and number of beds as follows: Public hospitals (the percentage of beds in public hospitals was 71.6% of all beds in Palestine). Specialized hospitals (the ratio of beds in specialized hospitals reached 21.3% of the all beds in Palestinian hospitals). Maternity hospitals (the percentage of beds in Palestine hospitals reached 3.5%). Rehabilitation and physical therapy centers: as of 2022, 3.6% of all beds in Palestinian hospitals were located in rehabilitation and physical therapy medical centers. Every rehabilitation and physical therapy centers in Palestine are owned and managed by non-governmental organizations (MOH, 2022).

1.5 Total Quality Management Practices

TQM, a comprehensive management style, aims for continuous improvement in all organizational functions, requiring a complete quality approach from resource acquisition to post-sale customer service (Kaynak, 2003). According Ali & Alolayyan (2013) this is a management concept aimed at enhancing the efficiency and quality of goods, services, procedures, and worker output across various scenarios and levels.

Saraph et al. (1989) highlights the successful implementation of TQM practices such as management leadership, training, and employee interactions by numerous global organizations for a competitive advantage (Sweis et al., 2016).

Particularly in the healthcare industry a majority lack access to goods or services, patients, governments, management, and professionals are concerned about enhancing the quality of healthcare (Baidoun et al., 2018). As a result, one of the main factors promoting healthcare quality is the incorporation of TQM principles into the framework for managing the healthcare system. It is imperative that healthcare service providers understand that implementing cutting-edge quality management concepts, actions, and procedures is necessary for the long-term viability of high-quality healthcare services.

This applies to both the patient contact areas and the entire healthcare delivery system (Lee, 2006).

Following Saraph et al. (1989) publication, the number of empirical TQM research began to rise. The TQM frameworks discovered by these investigations have CSFs ranging from 4 to 12. Mosadeghrad (2013) states that "management and leadership, employee management, quality culture, education and training, strategic quality planning, supplier management, customer management, resource management, information management, and process management" are accomplished by superior outcomes with respect to organization, client, staff member, the vendor and society as a whole.

Sweis et al. (2013) discovered in their research that employee involvement in the health industry is largely impacted by TQM procedures, which include "top management commitment, training, teamwork, customer satisfaction, and continuous improvement" (Ugboro & Obeng, 2000). A vital factor in determining the success of TQM implementation is the leadership provided by top management (Talib et al., 2013). Top management demonstrates their commitment to implementing TQM by implementing the techniques in various coordinated activities (Al-Damen, 2017).

Its implementation may encounter challenges in the absence of a strong commitment from the leadership (Mosadeghrad, 2013). TQM in the healthcare industry is thought to depend on the maintenance of leadership and employee training (Ismail & Mukhalalati, 2009). Additionally, a number of studies on the application of TQM supported the idea that doing so successfully raises productivity and performance levels in businesses (Al-Qahtani et al., 2015; Oakland, 2014). The relationship between techniques for quality management and organizational performance has been the subject of conflicting research in the past, but the majority of these studies have demonstrated that companies that use TQM gain a competitive edge over those that do not (Joiner, 2006).

Tuomi et al. (2013) state that effective TQM adoption in public sector organizations requires top management commitment and involvement, continuous improvement, training, staff empowerment, and customer focus. As a result, in order to effectively satisfy the demands of patients, healthcare professionals must prioritize TQM (Mbatha & Garad, 2021). Hospitals will be able to identify and understand medical errors thanks

to TQM procedures (Mbatha & Garad, 2021). TQM procedures, such as senior management's dedication, staff engagement, training, and supplier quality in addition to quality expenses, will aid in the development of services that improve performance as well as output quality (Alshouraha, 2021).

According to Sweis et al. (2016), there is a positive correlation between TQM procedures and organizational performance, with a particularly strong positive value for continuous improvement techniques. Therefore, managers ought to think about TQM procedures as a means of improving output, allocating resources, and creating an atmosphere that encourages concepts of continuous improvement.

The MBNQA award is used by and because of its global a standard for performance excellence and its ability to offer an extensive framework that helps administrators and experts determine organizational strengths and weaknesses, as well as important areas for development (O'Rourke et al., 2001). The finding demonstrates usefulness of the MBNQA healthcare criteria as a framework for analyzing the quality control procedures used by West Bank hospitals. Multiple studies used MBNQA because of its ability to align with the basic principles of TQM (Evans & Jack, 2003). The seven the seven TQM model practices criteria were employed in this study, Top management support, patients focus, full participation of workers, decision-making and strategic planning, training and education, human resources management.

In order to effectively address issues in the healthcare setting, a collection of TQM procedures has been found to be helpful and applicable. For this reason, in this study, these procedures are referred to the excellent TQM procedures. There are numerous reasons why TQM is widely accepted in healthcare settings, but before discussing these, it is important to comprehend what TQM means in relation to the healthcare environment. The satisfaction of patients, physicians, nurses, and suppliers (i.e., social shareholders) and other interested groups is defined as follows: It is attained by putting into practice efficient and ongoing planning, programs, policies, and strategies (i.e., hard issues), as well as human and all other assets (i.e., soft issues), in a hospital setting (Arasli, 2002).

TQM also prioritizes continuous improvement, cooperation, process management, systemization, organizational culture and structure, customer (or patient) happiness,

and, finally, management commitment and supporting leadership. The effective application of TQM can lead to much better outcomes in healthcare facilities, according to a number of studies (Short & Rahim, 1995; Yang, 2003). Improved service quality is just one of these outcomes. enhanced effectiveness and quality of healthcare. patient contentment. lower running costs for medical facilities. Patient safety and employee happiness (Talib et al., 2011).

- Top management support: in healthcare, the leadership is considered essential to the success of TQM (Salaheldin & Mukhalalati, 2009). The top management commitment is showed by focusing on continuous improvement in every aspect organization (Worrall & Cooper, 2012).

Also, the managers need to be more committed, experienced and fully engaged in TQM than their employee. Furthermore, senior management is responsible for establishing effective training programs in order to improve the performance of hospital employees, and help employees develop their knowledge and abilities, which in turn leads to improving the quality of service. (Aburayya et al., 2020). According to Alshourah (2021) emphasized that developing systems, values and goals is the responsibility for the commitment of senior management in order to raise the level of hospital services and meet the requirements and expectations of patients.

- Full participation of workers: is the procedure of allowing employees to participate and add to managerial decision-making to enhance operations within the organization (Mambula et al., 2021). Similar to this, organizations should depend on the employee's abilities and ability to enhance productivity, enhance the satisfy customers and performance standards (Talib et al., 2013).

Employees are an organization's most important resource and the key to its success (Alshraideh et al., 2013). Several of quality authors such as Deming and Crosby emphasized the significance of employee's engagement and participation across all organization levels to enhance service quality and gain business performance. Whether in an industrial or service environment, working together can improve both employees and the organizations, according to certain researchers. Salas et al. (2010) found that teamwork is necessary to obtain a competitive edge. According to Griffin et al. (2001),

teamwork facilitates goal and mission communication, empowers employees and encourages creativity, all of which are essential elements of success.

- Training and education: is the work made by the institution to enable the workers to acquire fundamental competences, such as knowledge, skills, and behaviors, that are needed for successful job performance (Monday & Noe, 2012). Aguinis & Kraiger (2009) argued that training and education have a large impact on employee's empowerment, employee's attitude and organizational performance. More importantly, hospitals must implement a structured training program to improve QP by raising employee motivation, empowerment, and involvement (Alshourah, 2021; Talib et al., 2013).

Essentially, training and education can increase in improving performance and reducing work mistakes and waste. As a result, this will assist in achieving customer satisfaction and improving service quality, both of which are the main goals of the organization management (Akhtar et al., 2014). The views above were supported by (Kopelman & Gardberg, 2011) who stated that one way to improve service quality is through employee recognition and reward programs.

- Continuous improvement: It is a systematic procedure that engages all members of the organization in order to achieve increased productivity, improved quality of service, reduced failures, engaging work environments, and improved safety. The importance of improving the quality of services in organizations during the TQM implementation phase is emphasized by (Sila & Ebrahimpour, 2003). Defining client requirements, monitoring success, and periodically reviewing customers' expectations form the continuous improvement cycle (Alvarez et al., 2012). The main focus of the TQM philosophy is continual improvement across the board for organizations, from strategic planning and decision-making to the careful completion of individual tasks.

Tools and methods for improving an organization's performance are included in continuous improvement, including cause and effect diagrams, statistical process control (SPC), Lean, Six Sigma, and problem solving strategies (Ehie & Sheu, 2005).In the healthcare industry Continuous improvement refers to a systematic effort to identify and implement new methods to work in order to enhance processes (Aburayya et al.,

2020). Analyzing medicine, managing cases and diseases, and patient care centers are also included in order to enhance clinical performance (Nasution & Absah, 2022).

- Patients focus: indicates how much the organization cares about the wants and expectations of its customers, to enhance organizational performance. Because public sector organizations must address social demands, customer attention is essential to adopting TQM (Badhurudheen, 2018). It emphasized that organizations must have the ability to respond quickly to any changes in customer requirements because customer satisfaction impacts the success or failure of the organization.

It is essential to assess and respond to customer complaints in order to enhance service quality and lower customer dissatisfaction (Aburayya et al., 2020). Customer satisfaction improves customer retention and loyalty as well as the relationship between the business and its clients (Ferguson, 2011). Additionally, it contributes to the organization's development of TQM and other management techniques (Bose, 2012). Also, understanding client needs and feedback is the first step in providing a product or service because it will help to improve quality, time, and productivity, which will increase customer satisfaction and enhance business performance in terms of sales and market share (Sadikoglu & Olcay, 2014).

- Human resource management: is one of an organization's primary dynamic assets and a key component of the TQM framework (Talapatra et al., 2019; Prajogo & Sohal, 2004). Basically, it is about managing the resources that are available, which are essential for any healthcare facility as they are needed from the time patients enter the facility until they leave.

Measurement of resources, infrastructure, upkeep, cleanliness, and accessibility to services including wards, operating rooms, laboratories, ambulances, supplies, information systems, ATMs, banks, and pharmacies are all included in this approach. Talapatra et al. (2019) verified that TQM implementation is highly impacted by human resource practices. Patient satisfaction is directly impacted by the availability of these resources (Hancock, 1999).

- Strategic planning: this factor is regarded one of the most important success criteria for attaining improved performance and satisfying quality (Curkovic et al., 2000). In

order to accomplish quality objectives and improve performance, it helps the organization how to determine the quality policy to be followed and determine its short and long-term goals, mission and vision, as well as how it creates, implements, and adjusts its action plans (Singh et al., 2018; Abbas, 2020). According to Talapatra et al. (2019), Prajogo & Sohal (2004) strategic planning significantly affects the performance of organizations.

1.5.1 Total Quality Management in Hospitals

The TQM concept in healthcare is predicated on leadership and management techniques that are dedicated to the ongoing enhancement of quality. It can offer energy and creativity for enhancing the provision of healthcare services (Alshurideh et al., 2020). The goal of the global trend toward TQM adoption is to gradually raise the caliber of healthcare services to match consumer demands while guaranteeing effective use of the resources at hand in enhancing care results. Patient safety may be improved by the use of TQM systems in the healthcare industry. Furthermore, TQM implementation will assist healthcare firms in adopting strategies for cost-effective management (Baidoun et al., 2018). Therefore, businesses embraced TQM as a way to increase their flexibility, profitability, competitiveness, and client loyalty (Talib & Faisal, 2016).

As a result, TQM has several terms, the most popular of which is provided by (Oakland, 2014). A thorough method that involves everyone at every level and focuses on planning, organizing, and comprehending every task in order to increase flexibility and competitiveness. The amount of research on TQM deployment in the service sector has grown significantly. Particularly, the development of fresh information emphasizes how methods used to successfully implement quality practices in the service sector are always evolving. Most of these studies focus on the practice of TQM in the service sector, look at how procedures might be applied to boost an organization's competitive edge (Talib et al., 2013; Alshurideh et al., 2019). The aim of TQM in the healthcare sector is to enhance performance and maximize productivity, which is the same as in finance companies, hotels, marketing, and other industries (Talib et al., 2012).

Meeting the needs of customers—in this example, patients—is another key component of implementing TQM. The standard of healthcare and services that the patient receives

must satisfy them. Multiple studies have demonstrated that TQM plays a crucial role in influencing service organizations' efforts to improve service quality (Al-Hawary & Abu-Laimon, 2013). These are some studies that adopted total quality management in their work and emphasized its importance:

- Baidoun et al. (2018) used the MBNQA framework investigating the assessment of the level of TQM and its use in Palestinian public and private hospitals in the Gaza Strip. It depends on survey questionnaires to gather data, constructed in accordance with MBNQA guidelines. The MBNQA model lists seven sets of key values and terms in TQM: process management, strategic planning, information and analysis, human resources orientation, leadership, market and customer focus, and business results. 363 surveys from hospitals, both government and private, were received in total. The study's primary findings show that Palestinian hospitals in the Gaza Strip are performing at a level that is largely acceptable. When comparing the outcomes, it is clear that private hospitals have performed better and have implemented TQM to a greater extent than government hospitals.
- Aburayya et al. (2020) looked at how TQM components affected the quality of hospital services in the United Arab Emirates (UAE), with a particular emphasis on Dubai's authorized hospitals. The empirical data was gathered via an independently managed survey via the drop-off method. Senior hospital staff members completed surveys that looked at TQM and hospital service quality. A total of 292 valid questionnaires were examined out of the 480 that were distributed, resulting in a 60.8% response rate. Multiple regression analysis and principal components analysis were used to analyze the data, and Pearson correlation coefficient using descriptive and inferential statistical analysis techniques.

The study's findings support the beneficial effects of process management, top management commitment, customer focus, teamwork and participation, continuous improvement, organizational culture, education and training, and rewards system as independent variables on raising the standard of hospital services provided as the dependent variable. Additionally, it was discovered that organization culture, with its highest coefficient value of 0.373, expresses the biggest effect on hospital service quality among the eight TQM implementation components.

- Hussain et al. (2023) investigated how TQM procedures affected quality outcomes in Jordanian public hospitals. Seven dimensions were adopted in this study, which include: quality performance, customer focus, supplier quality management, continuous improvement, top management commitment, information and data management, employee involvement, employee training. The study gathered information from 222 respondents from various Jordanian public hospitals using an online poll. The outcomes of structural equation modeling (SEM) verify that focus on customer, quality performance, and management of supplier quality are positively correlated.
- Sabella et al. (2015) used the (MBNQA) to assess the use of TQM methods in healthcare organizations, especially hospitals operating in the West Bank - Palestine. Fifty-one hospitals were surveyed using interviews, questionnaires, and focus groups to collect information in accordance with the MBNQA criteria. Utilizing the MBNQA score system, data was evaluated and compared for all types of administrative hospitals. The outcomes demonstrated that both public and private hospitals performed well. The use of overall quality management methods will enhance the hospital performance and its personnel because hospitals are superior to all other types of management through the use of overall quality management procedures would improve the efficiency of the hospital and its personnel, resulting in the achievement of the institution's main objective, patient happiness and achieving sustainable performance over time.

Implementing TQM in healthcare facilities is shown to be most facilitated by the dedication and support of top management, also known as leadership. Leadership for quality, administrative support, upper-level management support, involvement, and support from upper management are further components of top-level commitment. Research revealed that hospital leadership and quality of care are related (Eubanks & Grayson , 1992). Top-management commitment is crucial for successful implementation of Quality Management (TQM) in hospitals, as it guides subordinates, encourages process improvement, and promotes accountability. (Meyer & Collier, 2001; Yang, 2003; Mosadegh Rad, 2005; Wakefield et al., 2001; and Raja et al., 2007).

1.6 Organizational Culture as a Mediator in Hospitals

In order to achieve enhanced performance goals, it is essential that hospitals evaluate and gain an understanding of their culture. According to earlier research, accomplishing or beating objectives and improving management efficiency depend largely on organizational culture (Prodromou & Papageorgiou, 2022).

Hospitals and the healthcare business represent an important part of the service sector. And for hospitals have a direct impact on people's lives and well-being since they are essential to the identification of disease. And as a service sector, healthcare has one-on-one interactions with clients and has a significant influence from corporate culture on client opinions of performance. Furthermore, in service-related businesses, organizational culture is a significant factor of Sustainability of corporate performance. As a result, hospitals are used in this study to represent the healthcare sector. Organizational culture is one of the most important intangible forces influencing performance (Scott et al., 2003).

Change is now unavoidable for hospitals due to improvements in technology, contemporary management techniques like TQM, and the fierce competition in the healthcare industry. Nevertheless, a number of issues could impede the shift, such as rigid corporate cultures and the existence of multidisciplinary teams whose members have disparate needs and interests. According to studies, managers should focus their efforts on understanding the culture of their businesses before addressing its norms, beliefs, and values in order to effectively manage organizational change. (Glaser & Zamanou, 1987).

Also, managers must create appropriate routines and standards that connect performance to a quality culture in order to foster superior results (Polites & Karahanna, 2013) .According to Neal et al. (2012) there is a favorable correlation between employee behaviors and company goals. Because hospitals have distinctive administrative and organizational structures, their organizational cultures are distinct from other cultures. As a result, management styles in healthcare settings are likewise distinct from those in other areas.

It is important to establish an organizational culture that supports safe and superior patient care (Alexander et al., 2014)

In order to achieve this, teamwork, leadership, evidence-based practice, and communication are examples of organizational culture building elements that must be applied (Sammer et al., 2010). Also, reward systems may encourage an environment that emphasize ongoing improvement (Warren, 2017). Later on, these employees may begin to exhibit comparable habits.

Because the organizational culture takes into account employee experience, expectations, and workplace synergy, it is there a useful tool for implementing company strategies. According to Journal of Applied Business and Economics Healthcare organization could achieve higher levels of sustainability and profitability if they incorporate these activities into a part of their organizational culture (Acharya et al., 2014).

Organizations are considered sensitive to changes occurring both within and externally, and they are dynamically influenced by these changes. Organizational cultures are likely to be impacted both directly and indirectly by changes occurring in the ecological, social, political, and economic spheres of society, whether they are beneficial or negative. Such consequences call for restructuring, reforming, and altering cultural systems. The common organizational culture types in hospitals hierarchy, market, clan, adhocracy (Acar & Acar, 2014). The organizational culture classification system that includes the categories of power culture, role culture, collaborative culture, and competitive culture is the most popular among management researchers (Erkmen & Ordun, 2001).

1.6.1 Type of Organizational Culture:

Four essential elements contribute to the concept of organizational culture in literature. To start, it is common knowledge that organizational culture exists. Second, there are apparent and less visible levels of corporate culture. Third, each new employee picks up knowledge about the organization's culture, particularly through socialization. In conclusion, cultural shifts typically occur gradually over time (Baumgartner, 2009).

An organization's culture is defined by its focus on internal maintenance, competition, and differentiation, and its emphasis on organic processes for flexibility and dynamism, according to Cameron & Quinn (1999) typology.

1. The elements of organization concentration and flexibility/dynamism shape clan (cooperative) culture. According to Quinn & Spreitzer (1991), there is a strong sense of teamwork and engagement within the clan culture. Organizational commitment is a cultural type that functions as a family within organizations and is characterized by social traits including togetherness, trust, and solidarity. Typical examples of this culture are prosperous Japanese companies with well-functioning teams (Berrio, 2003; Cameron & Quinn, 1999; and Erdem, 2007).
2. Hierarchical culture, found in bureaucratic, mechanical companies like McDonald's and Ford Motor Company, values rules and order, leading to successful leadership but causing employee alienation and purposelessness. (Berrio, 2003; Cameron & Quinn, 1999; Erdem, 2007; and Quinn & Spreitzer, 1991).
3. Although having an external orientation and goal, market culture—which is competitive—occurs throughout periods of control and stability. This is a logical culture that prioritizes accomplishment and efficiency (Quinn & Spreitzer, 1991). Workers with these kinds of cultures are goal-oriented. Personal interests are prioritized over organizational objectives, and planning, performance, and efficiency are stressed. Examples of this organizational culture are large companies with strong relationships with their suppliers, clients, and external stakeholders (Berrio, 2003; Cameron & Quinn, 1999; and Erdem, 2007).
4. Based on innovation, risk-taking, and change, adhocracy (creative) is a developmental organizational culture (Quinn & Spreitzer, 1991). It describes the dynamic, externally-focused organizational culture found in innovative, flexible, creative, and inventive fields. In this setting, workers can take the initiative and feel successful, fulfilled, and free thanks to new discoveries and freedoms (Berrio, 2003; Cameron & Quinn, 1999; and Erdem, 2007). Businesses that use cutting-edge technology to do business online—dubbed the "new economy"—are instances of this culture.

Different approaches have been taken in the literature to describe organizational culture as one of the unseen drivers of corporate performance. However, it is discovered that distinct organizational culture types simultaneously provide disparate performance results. Public hospitals now have to contend with competition from private hospitals as a result of the healthcare industry's liberalization. Additionally, a range of implemented financial audits compelled public hospital managers to exhibit performance-oriented

management. It is anticipated that governmental institutions and private sector organizations will function differently, with their capacity to survive relying on revenue and profitability levels (Acar & Acar, 2014).

According to the study, based on the organization's strategic orientation and the demands of the external environment in health care sector in Palestine, any sort of organizational culture may support successful organizational outcomes. Consequently, the primary forms of organizational culture considered in the current study were market culture and hierarchical culture (Acar & Acar, 2014). It is also known that at the present time in the health care sector, especially in Palestine, a culture of power, control and internal stability prevails, which supports rules and regulations, competition and achievement, where great priority is given to personal interests over organizational goals more than a culture of innovation, teamwork, solidarity, risk-taking, creativity and change, and we have noticed in the recent period there is no independence at work, which led to employee alienation and a lack of passion and purpose. Therefore, a hierarchical culture and a market culture were chosen in this study.

1.6.2 The Two Major Organizational Culture in the Conceptualization of the Model Were Hierarchy and Market

- The stability/control aspects and internal organization focus are situated between the hierarchy (control) culture. The bureaucratic norms and ideals are reflected in the hierarchical culture (Quinn & Spreitzer, 1991). Because it is found in bureaucratic, mechanical companies that value rules and order, this organizational culture type has successful leadership. Global corporations like Ford Motor Company and McDonald's exhibit this culture. (Berrio, 2003; Cameron & Quinn, 1999; and Erdem, 2007).
- While there is an external orientation and focus, market culture—which is competitive—occurs during periods of control and stability. This is a logical culture that prioritizes accomplishment and efficiency (Quinn & Spreitzer, 1991). Workers with these kinds of cultures are goal-oriented. They value individual interests over corporate objectives and a focus on efficiency, performance, and planning principles. (Berrio, 2003; Cameron & Quinn, 1999; and Erdem (2007).

A study including 460 medical staff members in 37 hospital wards and 67 nursing home wards was performed out by Bosch et al. (2011). It was discovered that the hospital has a hierarchical organizational culture that is followed by clan culture, while the nursing home has a clan culture that is followed by hierarchy. The least level of adhocracy culture and market was found in both nursing rooms and hospital. It has been proved in the USA that company culture explains job satisfaction metrics.

Culture of clans was shown to be statistically significantly correlated, market and hierarchical cultures were found to be statistically poorly correlated, and adhocracy showed no statistically significant relationship to satisfaction measures. Clan culture dominated among doctors, with market, hierarchy, and adhocracy coming in second and third (Zazzali et al., 2007).

According to Seren & Baykal (2007), organizational culture has been characterized in hospitals that have acquired quality certifications and that attitudes of medical staff toward change have been identified. They concluded that in public hospitals that have been awarded quality certificates, power culture predominated, while cooperative culture predominated in private hospitals. Employee attitudes around change were mostly favorable. Private hospital staff members had more favorable sentiments of changing hospitals when they believed that the top management had a democratic approach, participated in quality studies through commission studies, and worked together.

1.6.3 The Relationship Between Organizational Culture and Hospital Performance

There are various definitions and meanings of culture. According to anthropological and sociological viewpoints (Ashkanasy, 2000). Culture is a collection of attitudes, beliefs, conventions, values, and behaviors that are held by a group. Politics, geography, race, religion, or another affinity may be used to define the group. Below are some studies that confirm the importance of organizational culture in the health care sector.

To begin with, Jacobs et al. (2013) studied how senior management team culture and organizational performance related throughout three time periods in English acute hospitals (NHS Trusts). He discovers that organizational culture varies among hospitals and across time, and that this variance is, at least in part, connected to various organizational traits and common performance metrics in predictable and consistent

ways. Hospitals are also evolving toward archetypes of a more competitive culture that reflect the current policy setting, but with a stronger blend of cultures. The study offers proof that there is a connection between hospital culture and performance. Therefore, it appears to be crucial for delivering high performance in healthcare.

Also, Acar & Acar (2014) have identified the various organizational culture types in hospitals (both public and private sectors), and have looked at the connections between organizational culture and business performance. They found that corporate culture has a significant impact on many aspects of a hospital. On the other hand, current research has revealed that organizations with cultures that prioritize flexibility, discretion, and dynamism are more advantageous than those with cultures that prioritize stability, order, and control. In contrast, the relationship is viewed favorably in private hospitals.

Therefore, it is scientifically proven that the private sector's competitive structure leads to profitable outcomes. Although hierarchical culture has been shown to have negative consequences on both service quality and financial performance in public hospitals, the same effect could not be verified in private hospitals. Therefore, this may be the most significant scientific finding to yet, in their opinion. According to this finding, hierarchy culture still rules private hospitals, and these institutions must gradually give up their hierarchical system (Acar & Acar, 2014).

1.7 The Concept of Sustainability

In order to meet the demands of the business and its stakeholders today, sustainability is defined as "adopting business strategies and activities that protect, sustain, and enhance the human and natural resources that will be needed in the future" (AlJaberi et al., 2017). For many years, governments, researchers, and international organizations have been increasingly recognizing the idea of sustainability, or SD. Numerous definitions of sustainability and SD can be found in the following literature.

Kaczmarek (2014) defined sustainability as the capacity to continue or strengthen an activity or process over an extended period. The term sustainability has political, ideological, economic, and ecological aspects in the framework of human progress and environmental responsibility, and within this context, it is most frequently considered to be a derivation of the concept of SD. In the 1987, Brundtland Commission report, the term "sustainable development" was first used and is still widely used today.

Development that satisfies current demands without affecting the capacity of future generations to satisfy their own needs is referred to as sustainable development (SD), (Marimuthua & Paulose, 2016).

1.7.1 Sustainability in Health Care Sector

As health care institutions continue to change world in search of better-quality results, safety for patient, cost-effective services, and just access to health services, stakeholders keep requesting a higher degree of accountability and long-term sustainability of care (Astolf et al., 2012)

Hence, sustainable development is defined by the World Health Organization as balanced resource management, both natural and non-natural, with the goal of ensuring health and well-being for all current and future generations (WHO, 2017). Sustainability in healthcare, according to Jameton & McGuire (2002) is seeking a balance between the demands of patients, financial considerations, and harm to the environment. According to Weisz et al.(2011), a health care sector sustainability can be described as the circumstances in which healthcare services are given in keeping with healthcare standards while also taking social, environmental, and economic compatibility into account.

It is difficult for scientists to examine the earlier literature as the majority of sustainability studies do not provide a common definition of sustainability. One way to achieve sustainable development is through the economy (United Nations General Assembly, 2012). A "green economy" is defined as one that significantly reducing environmental risks and ecological scarcities while improving social fairness and human well-being (ILO, 2013). Three pillars characterize the term of sustainable development that is most commonly used today: social development, economic development and environmental protection. Globally, health spending as a percentage of GDP was 10.1% in 2011 (World Bank, 2013).

However, some countries—such as the US and those in the west of the European Union—saw significantly greater levels of spending, reaching up to 19.6% of GDP. Apparently, any activity of this size, given the amount of money spent on healthcare, inevitably has an impact on society and the environment (Naylor & Appleby, 2012). Business leaders and scholars have been paying more and more attention to

reporting on sustainability for more than 20 years. Researchers are only now starting to take notice of the healthcare sectors development in sustainability reporting, though. In addition, a sustainability report is a document released from within an organization that details the social, economic and environmental impacts of its regular operations (whether negative or positive), according to the Global Reporting Initiative (GRI, 2018).

Its goal is to assist organizations in better managing change and in measuring, comprehending, and communicating their environmental, economic and social performance. Over the past twenty years, producers, international organizations, government agencies, and the healthcare sector have all supported social, environmental, and financial sustainability in the business sector as sustainability has become more and more apparent (Johnson & Johnson Services, 2012).

Nowadays, it must become sustainability: firstly, a central component of an organization's operations itself (Yang et al., 2017). secondly, linked with decisions done at the strategic level of the organization (Engert et al., 2016). Thirdly, an essential part of an organization's strategy, culture, and vision. According to Amer (2019) WB hospitals do not implement sustainable practices as they ought to. Given that the evaluated hospitals' overall sustainability score was only roughly 49 out of 100. Additionally, hospitals outperformed other institutions in the economic and social indicators, with environmental performance being the lowest.

1.7.2 Sustainability of Hospital

Although healthcare systems are meant to protect and improve public health, they also have an impact on society and the environment and may have unfavorable consequences for both the general public's health and the environment. Sustainability is a contentious and wide-ranging topic that is frequently challenging to define and implement in practical projects, particularly when working with a complicated scenario like the healthcare industry (Buffoli et al., 2013).

Hospital administrators of days are very concerned about hospital sustainability. Lopes et al. (2019) asserts that management is essential to sustainability. As a result, managers are in a position to make wise choices, create effective strategies, prevent time wastage, maximize the potential of the nursing workforce, and move steadily in the direction of

sustainability. Hospitals cannot achieve sustainability without a long-term vision commitment, which is reflected in the high-level organization's goal (Boone, 2012).

In what ways may a hospital continue on its path to environmental sustainability? Whether it's cutting energy use or landfill waste, the majority of hospitals have implemented some sort of environmental performance improvement strategy thus far. However, if they are not supported by someone whose full-time job it is to evaluate, track, and present new methods, environmental sustainability initiatives frequently lose steam or stall. Obtaining sufficient support and buy-in for this kind of function is becoming more challenging in the face of continuous financial shortfalls unless the organization's leadership is dedicated to an environmental sustainability program. Waste management and commitment to the Environmental Protection Act are essential components of any environmental strategy. Enhancing waste management procedures can yield more financial and environmental advantages if one advances along the "waste hierarchy" from disposal to recycling, reuse, and reduction, and ultimately avoidance of waste material creation altogether (McGain & Naylor, 2014).

1.7.3 Dimensions of Sustainability

Sustainability now encompasses more than just environmental concerns., but rather it is an integrated idea that takes into account the three aspects—economic, social, and environmental—that are referred to as the three bases of sustainability (Buffoli et al., 2014). Given that each of these dimensions affects the other two, they must all be seen as equally significant and integrative.

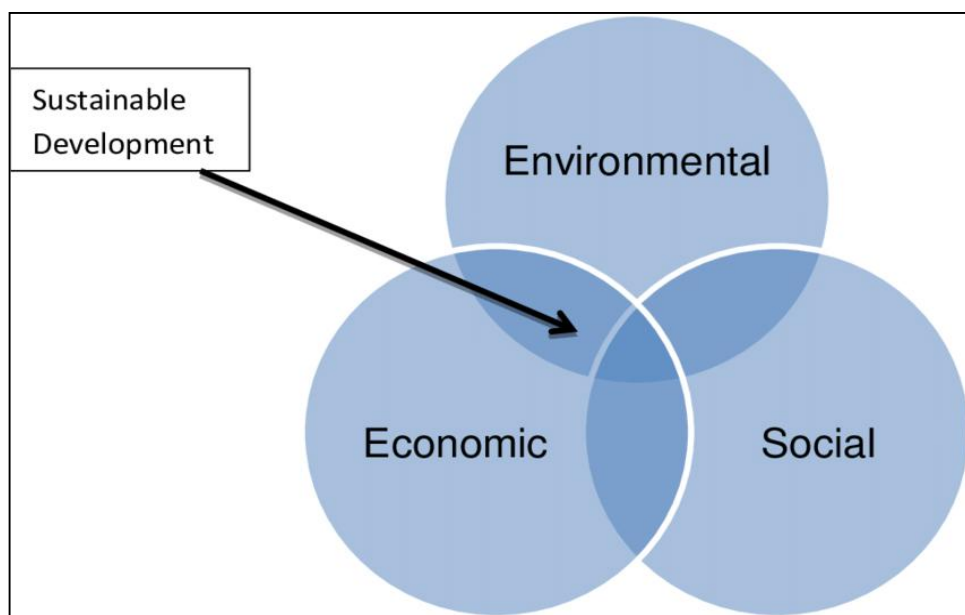
According to Vallance et al. (2011), challenging social or economic circumstances make it impossible to attain environmental sustainability, and this also holds true for other dimensions. Typically, three parts that overlap that illustrate the connections between the three dimensions are used to symbolize sustainability as shown in the Figure 1.1. In terms of the environmental aspect, it involves how well a business uses natural resources, such as renewable energy sources, and makes every effort to reduce the harm that various business operations cause to the environment in order to protect natural resources for future generations.

Economic sustainability refers to a business's financial performance and economic participation, while social sustainability focuses on its impact on social justice, equality, health, education, and other societal aspects (Alhaddi, 2015).

To attain sustainability, a company has to concentrate on all the sustainability aspects at the organizational level (Bernardo et al., 2013; Emas, 2015) asserts that including social, environmental, and economic factors into decision-making can lead to sustainability. Giovannoni & Fabietti (2014) emphasized how important it is to consider the three sustainability factors at all organizational level through the use of an integrated approach that incorporates well-designed and implemented business models, governance, management, measurement, and reporting systems.

Figure 1.1

Dimensions of Sustainability



Source: (Davis & Sullivan, 2011).

1.7.3.1 Environmental Sustainability in Hospitals

It is generally acknowledged that hospitals, through the disposal of various waste materials, rank among the major environmental pollutants. The heavy use of harmful chemicals in treatment, cleaning, and disinfection, as well as the enormous consumption of energy sources, particularly water and electricity, are additional significant issues (Kaplan¹ & Forst¹, 2017). Hospitals have a major impact on environmental change and the depletion of natural resources (McGain & Naylor, 2014).

In addition to producing ordinary and hazardous waste, hospitals and health centers also offer a range of healthcare services. Hazardous waste, however, can be harmful to the general public's health if improperly managed. Numerous criteria are taken into account

by the hospital waste management system, including population, birth rate, fertility rate, number of beds, number of staff, level of service. In any country, hospitals and other healthcare facilities rank among the main sources of both contagious and non-infectious waste. They offer services for patient care, and it is their responsibility to protect the public's health and ensure that medical waste is handled and disposed of properly, either directly through patient care or indirectly by keeping their staff and the community's environment clean and healthy (Al-Khatib et al., 2016).

Worldwide healthcare facilities generate massive amounts of medical waste annually, estimated in the millions of tons because of the technology employed in the various healthcare facilities, developed countries generate a lot more medical waste than developing ones (Cheng et al., 2009) making medical waste a serious issue that is receiving more attention.

The provision of healthcare adds significantly to overall CO₂ emissions, which in turn contributes to the detrimental consequences of climate change on human health (Costello et al., 2009). Furthermore, the consequences of climate change on human health, supply chains, physical infrastructure, and resource security might threaten healthcare systems (Weaver et al., 2009). Direct energy use is frequently the main topic of healthcare sustainability research (i.e. lowering CO₂ emissions). Because the "sustainability challenge" is global in scope, cooperation across national boundaries will also be necessary, with international organizations like the World Health Organization and health and environmental NGOs playing a crucial coordinating role. The healthcare industry uses a lot of energy for things like heating and refrigeration.

These buildings are unique due to their 24/7 operation, high volume of people, distinct work zones, diverse functions, strategic equipment reserve, and large facilities.(Johnson S. , 2010).Recycling and waste management have been the main topics of academic study on environmental sustainability in healthcare (Tudor T. , 2013),

The issue of rising global warming emissions, local pollution, and scarcity of natural resources, such water, is causing worry in society and ultimately affects the long-term viability of healthcare delivery as it currently exists (WHO, 2017). In light of this, the most developed nations are feeling more pressure than ever to put new plans into action in order to lessen their healthcare-related carbon footprint and achieve climate

neutrality. Since it is becoming more and more difficult to gather, process, and fully understand information about environmental and economic changes, this is happening in a framework that is worldwide defined by high uncertainty. Experts in various fields, including engineering and business management, are becoming interested in the discussion around hospitals' environmental performance (Vecchiato, 2012).

Hospitals can gain a great deal from successful environmental sustainability programs in terms of improved clinical and patient experiences, increased productivity, reduced resource consumption, and reduced waste generation. In conclusion, those endeavors will guarantee a favorable view by the community (Nascimento et al., 2017). In addition, Rawashdeh (2018), examined the connection between environmental performance in Jordanian health service companies and sustainable human resources management strategies, such as sustainable training and development, sustainable awards, and sustainable recruiting and selection.

The finding of study showed that green HRM was being used in Jordanian hospitals in a moderate style, with recruiting and selection showing the greatest relationship and training and development showing the lowest correlation. Successful environmental sustainability in hospitals requires a number of elements, such as linking sustainable development (SD) to strategic planning, optimizing resource use and minimizing waste, exhibiting leadership, rewarding the achievement of sustainable goals, being open and honest with all stakeholders, substituting products with green ones, and using sustainable procurement, energy efficiency, and waste disposal strategies to lower costs and increase profit.

1.7.3.2 Social Sustainability in Hospitals

In Western literature, social sustainability is a highly-emphasized organizational phenomena. However, its significance in emerging countries has just recently come to light. The amicability of the working relationships between organizations and their employees over a long period of time is known as social sustainability. In healthcare institutions, safety plays a major role in creating and enhancing social sustainability (Ullah et al., 2021). Social sustainability seems to be a relatively recent development in the service industry overall, and the healthcare industry specifically (Hussain M. et al., 2018).

A hospital is a complex building where all the issues the World Health Organization (WHO) addresses come to life. It is a location where the concept of health is closely entwined with well-being, ethics, and environmental aspects: "Health is more than just the absence of illness or infirmity; it is a state of total physical, mental, and social well-being " (WHO, 1946). One of a state's most significant institutions, the healthcare industry directly contributes to public welfare (Comber et al., 2011).

According to Capolongo S. et al. (2013), the experts say that comfort, distribution, and humanization are the three factors that determine social sustainability in hospitals. Given the labor-intensive nature of healthcare institutions, social sustainability plays an increasingly important role in hospitals (Ullah et al., 2021). The friendliness and amicability of an organization's relationship with its stakeholders, especially its employees, is correlated with its social sustainability. Therefore, human development—which includes instruction, training, a positive work environment, fair pay, and a strong company culture—is the means by which social sustainability is attained (Stoddard et al., 2012).

The human aspect of sustainability is what social sustainability is all about (Huq et al., 2014).

Hospitals and its stakeholders must actively engage in order to support sustainability practices, which is also incorporated into social sustainability (Huq et al., 2014). Accordingly, by promoting the shift towards sustainability and offering insights into the effective integration of sustainable practices in healthcare, stakeholders like employees and suppliers play a vital role in supporting social sustainability objectives (Marshall et al., 2015).

Users' emotional participation, physical orientation, and emotional responsiveness are all important aspects of the complex relationship that exists between them and the hospital. In most circumstances, the relationship is influenced by the users' state, notably in the case of patients (Capolongo S. et al., 2014). For instance, from the viewpoint of the patient, visiting the hospital is an infrequent, highly intense event that is also an unanticipated public and institutional experience that the patient must deal with for a set amount of time (Capolongo S. et al., 2013).

In contrast, hospital workers view it as a demanding and ongoing place of employment. Hospitals ought to greet patients warmly and provide them with the care, humanity, and security they expect from a medical facility. However, the most reputable worldwide assessment instruments frequently ignore these factors alone (which contain a number of components including management, ethics, and structure that are connected to users' psycho-physical domains).

In reality, surroundings and efficiency—more specifically, the influence of hospital procedures on them—are the main focus of the majority of attempts to assess hospital sustainability. Although social components can be explored through appropriate policies and structures, hospital typologies will determine how these features differ greatly. In new hospitals, social issues are easier to work into management policies and design since there is a growing understanding of these factors. These days, it is common knowledge to pay attention to users' psycho-physical well-being and to the significance of having an atmosphere that is relaxing, comfortable, and easily accessible. As a result, these aspects must be handled and integrated into hospital policy and design by architects, designers, chief medical officers, and hospital general managers (Capolongo et al., 2016).

The term "social sustainability" describes a process of development that results in steady growth and a fair distribution of income, hence reducing existing gaps between social classes and enhancing living conditions for people in general (Lega et al., 2013). It is impossible to examine sustainability in the hospital's social dimension without bringing up the importance of human capital. This is because economic thinking dictates that capital should be preserved and that adding more capital must have a positive return.

1.7.3.3 Economic Sustainability in Hospitals

Financial stability business can be viewed as a performance indicator for a financial return over a short or extended time frame. The economic dimension encompasses not only the legal economy but also unofficial organizations that offer services to people and communities, raising people's incomes and standards of living in the process (Beske et al., 2014). It demonstrates that the financial return is a reflection of both the consumers' evaluation of the company's products and services and the effectiveness

with which its labor, money, natural resources, and expertise are used as inputs of production (RJ & MT, 2010).

In this regard, it becomes sense to acknowledge that consumers assess based on cost, utility, and quality. Economic sustainability is mostly dependent on sustained expansion and economic peaks; natural resources are also crucial to this process. Efficient resource allocation and modifications to the current investment guiding mechanisms can lead to the attainment of economical sustainability (Alexander et al., 2014). When considering the concept of sustainability from an economic perspective, development is considered sustainable when it results in fairness and opportunities for all people on the planet, without favoring certain species over others, without depleting the system's carrying capacity, and without destroying finite natural resources (Alexander et al., 2014).

As a result, the economic system's projections for production and consumption in hospitals should adhere to the social and environmental systems' current limiting conditions. It can also emphasize how vital it is to pursue sustainability by highlighting how resources are growing, becoming more efficient, and remaining stable.

Hospitals in particular and the health sector as a whole are important to the national economy. Hospital expenditures account for an important portion of national GDP (Capolongo et al., 2015). Also, the ability of the hospital to offer present and future communities sustained, high-quality healthcare services is known as economic sustainability. Decision-makers at the hospital at all organizational levels need to support this competence. Additionally, the researchers found that managerial, technological, and clinical factors influence this potential (Bottero et al., 2015)/.

In terms of the managerial component, it is recommended that you use management techniques to increase service effectiveness, reduce waste, and optimize resource allocation. The hospital's preparedness and ability to handle adverse occurrences and risk management can be used to identify clinical factors. Adoption of new information systems and technologies that enhance resource optimization and service delivery processes is the last category of technological considerations. According Chandra et al. (2013), this study emphasized the importance of developing systems to manage human resources effectively and efficiently under any financial conditions that hospitals may face.

Because the cost of materials accounts for about one-third of all recurring expenses, this could result in a lack of materials in hospitals, which is equal to cost containment and sustainability at health sector. The Hospital Revolving Fund (HRF), an innovative model created at the Tertiary Care Research Institute of Asia, is discussed in this study. The main objectives of the HRF's establishment were to ensure that all hospital supplies would be available without lowering the standard of care. The model was developed in the context of patient and staff dissatisfaction caused by the hospital's lack of resources.

As a result, technologies like HRF will demonstrate their ability to deliver superior healthcare at a fair price, which could result in hospitals becoming financially sustainable due to patient and staff satisfaction. According to Chaudhry et al. (2011), this study proved how employee motivation, work inspiration, job involvement, and performance are all affected by salary satisfaction. According to the results, employees in the government sector are little more satisfied with their salaries than those in the private sector. Furthermore, in both situations, there is a strongly associated between work satisfaction and salary contentment. In addition, income satisfaction has been shown to be a facilitator for improving employees' levels of job satisfaction.

1.8 Hypotheses Development

1.8.1 The Relationship Between TQM Practice and Sustainability in Health Care Sector

Sustainability is becoming more and more vital in the healthcare sector, and hospitals are starting to understand how vital it is to incorporate sustainable practices into their everyday operations. In this environment TQM, appears to be an attractive strategy. Adoption of TQM has a major and positive impact on the environmental, social, and economic components of business sustainability. Furthermore, sustainable development is significantly enhanced when TQM approaches are applied successfully (Abbas, 2019; Li et al., 2018). Organizations understand that sustainable development and TQM are vital to achieving stronger levels of improvement and profitability since they are under constant pressure from the competition (Hitchcock & Willard, , 2002). Hospitals must use (TQM) in order to gain a competitive edge and satisfy patients, even if TQM assessment may be seen as more difficult and dangerous.

According to Zehir & Zehir (2023), TQM practices which include leadership, customer focus, process management, employee involvement, continuous improvement, decision

making, and relations with suppliers), have a major effect on the financial and operational performance of hospitals in the service industry, where healthcare organizations have been working to keep hospitals managed sustainably, avoid the spread of illness, and provide high-quality care (Shaabani et al., 2020). They have simultaneously supported a number of environmental management strategies linked to green healthcare in order to address the proper disposal of waste, energy use and maintain a hospital environment that reduces hazards to patients and local populations (Shaabani et al., 2020). Emphasizing education, customer satisfaction, and training, among other things, is the basis of (TQM), an innovative management strategy for continuous improvement; (Lee et al. (2013); The involvement of every employee is vital when using (TQM) as the basis for creating operational plans for green healthcare (Lee et al., 2013). TQM is a management concept that needs to be used in the service sector, particularly in the health care sector.

Also, TQM is a part of corporate strategy which helps make sure businesses achieve social and economic performance (Nahas & Chandrasekar, 2019). A key element that may help businesses in achieving their green performance goals is TQM. Qasrawi et al., (2017), AlShehail et al. (2022) indicate that TQM greatly affects service innovation and sustainability performance within the public service sector in the United Arab Emirates. In recent years, most hospitals began emphasizing (TQM) (Alkhalidi & Abdallah, 2021).

According to Gadolin & Andersson (2017), TQM is a healthcare strategy that aims to develop and achieve an overall performance standard and encourage the efficiency and effectiveness of healthcare service. According to Ali & Alolayyan (2013), the TQM components of which resulted in positive healthcare performance, which is the organizational sustainability, which involve three sustainability impacts: social, environmental, and economic dimension. Moreover, Alaraki (2014) found that there is a significant positive relationship between TQM practices and hospital performance. Finally, emphasize a significant contribution to confirming the significance of a TQM-oriented management approach to achieve sustainability according to (Silvestr et al., 2023).

Some research that has proven the importance of total quality management in achieving sustainability are follow: Rusinko (2005) adopted the Deming cycle (PDSA) to plan, do, study and act for the implementation of quality management practices, as it helped and

guide managers to make decisions that lead to environmentally sustainable practices, where it achieved positive results and depends largely on iteration on the basis of continuous improvement. Moreover, Abbas (2019) emphasize that there is a positive relationship between the application of quality management practices and environmental sustainability for service companies and manufacturing companies, and that knowledge management has no impact or relationship between quality management and sustainability.

Othman & Mousa (2019) assessed the extent to which sustainable performance in this significant service sector was impacted by the adoption of green human resource management (GHRM) methods in Palestinian healthcare sectors. Fourteen semi-structured interviews with CEOs, operations managers, and human resource managers from a variety of areas in the West Bank's health care industry were conducted using a mixed research approach. Also, 69 participants who employ GHRM practices at various administrative levels participated in the survey, which was used as a quantitative standard tool to collect data. The data analysis method employed was equation modeling. They study found that the GHRM package had a favorable impact on the three sustainability pillars in Palestinian healthcare institutions.

Also, Hue Nguyen (2018) identified four quality management techniques that have a substantial impact on attaining sustainability goals related to the environment, economy and society. These practices are as follows: Support for the top management of quality management, continuous improvement, design for quality, and quality data and reporting. Concluded that quality management practices affect economic, environmental and social performance. In addition, Prajogo & Sohal (2010) adopted three quality management practices in a manufacturing company in Australia, which were as follows: customer focus, product development, and innovation for two years.

Also, commitment to these practices and continuous improvement led to the success and progress of the company and the accumulation of experiences and competencies that leads to long-term sustainability. They also concluded that quality management is an essential part in giving the company a competitive advantage. Due the less of actual studies on the connection between TQM and HS, particularly in Palestine, the following hypothesis is proposed:

H1: TQM practices positively affect the sustainability in hospitals in Palestine.

1.8.2 The Relationship Between Organizational Culture and TQM in Health Care Sector

According to Demin (1986), Juran (1989), an organization's culture can be significantly impacted by TQM. TQM is a management strategy that entails a significant culture shift within the company and applies concepts like supplier partnerships, internal customer relationships, and teamwork as tools for cultural transformation (Entrekin a & Pearson, 1996). However, as some research in the healthcare industry has been confirmed (Gerowitz, 1998),

Organizational culture seems to be a critical component in understanding any organization's capacity to perform and compete (Cicmil & Kekäle, 1997). This is particularly problematic in healthcare settings like hospitals, where patients receive individualized care from a variety of clinicians, nurses, and physicians who have diverse cultural backgrounds. Providing high-quality services requires communication between health care companies' internal and external clients.

One of the main variables that either supports or prevents the performance of TQM implementation initiatives is organizational culture by (Kujala & Lillrank, 2004); have all demonstrated how cultural factors impact on TQM success. According to Kujala & Lillrank (2004), TQM programs have a higher chance of success if the underlying corporate culture aligns with the principles and fundamental assumptions put out by the TQM discipline.

Moreover, Kaluarachchi (2010) discovered that the supportive culture of the hospital has significantly impacted on its TQM practices. The organizational culture will play a major role in how well TQM as an organizational change succeeds. A substantial shift in the organization's principles, beliefs, and culture is necessary for the successful application of TQM. Also, Rad (2006) studied the effectiveness of TQM adoption in Iran's Isfahan University Hospitals.

It is concluded that IUHs have a medium level of TQM success. Additionally, an important factor in the effectiveness of TQM implementation is organizational culture. Process management, customer focus, leadership, and management were the areas

where TQM had the biggest impact. Supplier focus, performance results, strategic planning, and resource focus were the areas where TQM had the least impact. The biggest barriers to TQM success were, in order, issues with human resources, performance evaluation, and strategic planning. Compared to mechanistic and bureaucratic hospitals with weak organizational cultures.

TQM was more successful in hospitals with organic organizational structure and medium organizational culture. Carney explained that TQM calls for an organization with a quality-oriented culture that is backed by senior management participation, organizational. The study demonstrates that TQM calls for an organizational culture that prioritizes quality, this culture must be supported by senior management commitment and participation, organizational learning and entrepreneurship, teamwork and collaboration, risk-taking, continuous improvement, open communication, internal and external customer focus, supplier collaboration, and quality monitoring and evaluation.

Carney (2011) explored the relationship between organizational culture and high-quality healthcare, revealing that key cultural factors include excellence, engagement, professionalism, ethical values, value for money, commitment, and strategic thinking. Therefore, a hypothesis to test this relationship is as follows:

H2: TQM practices positively affect the organizational culture in hospitals in Palestine.

1.8.3 The Relationship Between Organizational Culture and Sustainability

In recent years, the term of organizations sustainability has grown in significance in organizational theory and practice. A number of academics think that adopting a sustainability-oriented organizational culture is an initial step toward adopting corporate sustainability principles, despite the fact there is still a lot of uncertainty about what exactly corporate sustainability is and the best way to accomplish it (Linnenluecke & Griffiths, 2010).

The key importance of organizational culture in corporate sustainability studies evolved in the 1990s. Many academics maintain that in order for firms to effectively deal with social and environmental issues, they need to undergo an important cultural shift away from their conventional profit-first philosophy (Howard-Grenville (2006). Baumgartner (2009) draws the conclusion that developing a culture that fosters long-term success is

the first step towards creating a sustainable firm. The term "sustainability organizational culture" was most recently used by Kantabutra (2021) to describe an organizational culture that is particularly effective at achieving sustainability performance.

Thus, this study described an organizational culture that is sustainable as one that fosters organizational behavior through corporate decision-making and practices and has underlying common values, assumptions, and beliefs about resolving sustainability-related issues (Ketprapakorn & Kantabutra, 2022). Building an organizational culture that helps an organization become sustainable is the long-term objectives of sustainable development (Assoratgoon & Kantabutra, 2023).

According to Shrivastava (1995), organizational sustainability needs the overall adoption of economic, social, and ecological aspects into the organization's mission, values, vision, and processes. Based on Barney's, (1986) research, an organization's culture is vital for producing sustained competitive advantage. A high-scoring organization is more likely to develop this advantage over time and can also contribute to higher financial performance (Dasgupta & Banker, 2015).

Linnenluecke & Griffiths (2010) used the conventional definition of organizational culture as a foundation, they first evaluated sustainability-oriented organizational culture. The competing values framework (CVF) provided a framework for discussing about how organizational culture's ideological foundations affect how organizations sustainability is applied and the kinds of results that can be obtained. employees from many cultural background emphasis distinct facets in their effort to achieve company sustainability.

These may include internal staff development, resource efficiency, preservation of the environment, or stakeholder involvement. Secondly, it was their goal to evaluate the feasibility of firms exhibiting an integrated organizational culture that is focused on sustainability. Third, they examined as to whether changing an organization's culture could make it more sustainable. According to their paper, superficial adjustment can create an environment that allow for changes in employees' values, beliefs, or even fundamental assumptions. Examples of these surface-level changes include the release of corporate sustainability reports, employee training and the inclusion of sustainability metrics in employee performance reviews.

They contend that organizations must experience profound cultural change and transformation in order to effectively adapt to environmental and social issue (Post & Altman, 1998). As a result of growing economic pressures, higher awareness of the importance of environmental protection, and strict international legislation are leading to more integration of sustainability initiatives into corporate strategies across many industries. These sustainability programs have the power to change company cultures, impact staff opinions, and change organizational results.

331 respondents from different sector in the South were interviewed for this study by Fok et al. (2021); the overall green/sustainability approach of businesses was found to be correlated with the maturity of quality management, organizational culture, and business performance. According to the findings, creating an organizational culture which emphasis sustainability and excellence is essential to making sure that green projects succeed.

Galpin et al (2015) emphasized the necessity creating an organizational infrastructure that improve a culture of sustainability, which in turn leads to improve performance at the employee and organizational levels. Subsequent research by (Stubbs & Cocklin, 2007). Additionally, the importance of deeply hold opinions connected to sustainability for sustainability has been revealed. Accordingly, in order for an organization to become sustainable, an adjustment in its values and culture must occur, and this cultural shift needs to have an effect on every aspect of the organization's operations (Edwards, 2009).

Although many authors stress the significance of culture in achieving sustainability, Smith & Sharicz (2011) point out that many of these authors don't go into great detail on whether or not particular cultural dimensions significantly contribute to sustainability and, if so, what these aspects are. Organizational culture is one of the major activities that Avery & Bergsteiner (2010) identified as driving sustainable organizations.

Studies have shown that effective health organizations follow a transactional leadership philosophy, involving business planning, budgeting, and strategic planning. These organizations are more sustainable due to similar organizational principles and objectives, strong staff presence, senior management involvement, advanced

communication, and learning approaches to problem-solving. A hypothesis to test this relationship is that organizations with similar organizational principles and objectives, strong staff presence, senior management involvement, advanced communication, and learning approaches are more successful.

H3: Organizational culture practices positively affect the sustainability in hospitals in Palestine.

1.8.4 The Relationship Between Organizational Culture, TQM practices and Sustainability

The success of programs for sustainability can be strongly affected by the culture that links employees when sustainability is integrated into the company's basic strategy (Macht, 2018). Malik & Blumenfeld (2012) found a positive correlation between the incorporation of quality management practices into organizational culture and quality. Also, increased organizational effectiveness should be the final outcome of an organizational culture that places a heavy focus on quality control and performance evaluation. The structural studies demonstrated the significant and positive influence of TQM techniques on CGP (Khalil & Muneenam, 2021).

This demonstrates that in order to meet green performance goals, TQM practices significantly improve organizational competencies. TQM practices have also had a positive and significant impact on OC. In addition, a parallel effect between OC and CGP is demonstrated. This study's emphasized that TQM is a crucial component in achieving CGP goals for both large and medium-sized. Ultimately, the link between TQM and CGP is demonstrated to have been positively and considerably mediated by OC.

Additionally, the results showed that organizational culture and TQM ability were moderating factors that affected the positive relationship between green impact and green orientation (Fok et al., 2021). In addition, Fok et al. (2022) indicates that healthcare organizations that strategically invest in cost-effective and eco-friendly plans can generate positive effect for sustainability by committing to environmental challenges. The results showed that quality management procedures that it can be achieved positive outcome for sustainability can be achieved when and green programs have an impact on healthcare organizations performance, particularly environmental and

social performance. The results rejected the idea that organization culture effects on sustainability performance. Therefore, a hypothesis to test this relationship is as follows.

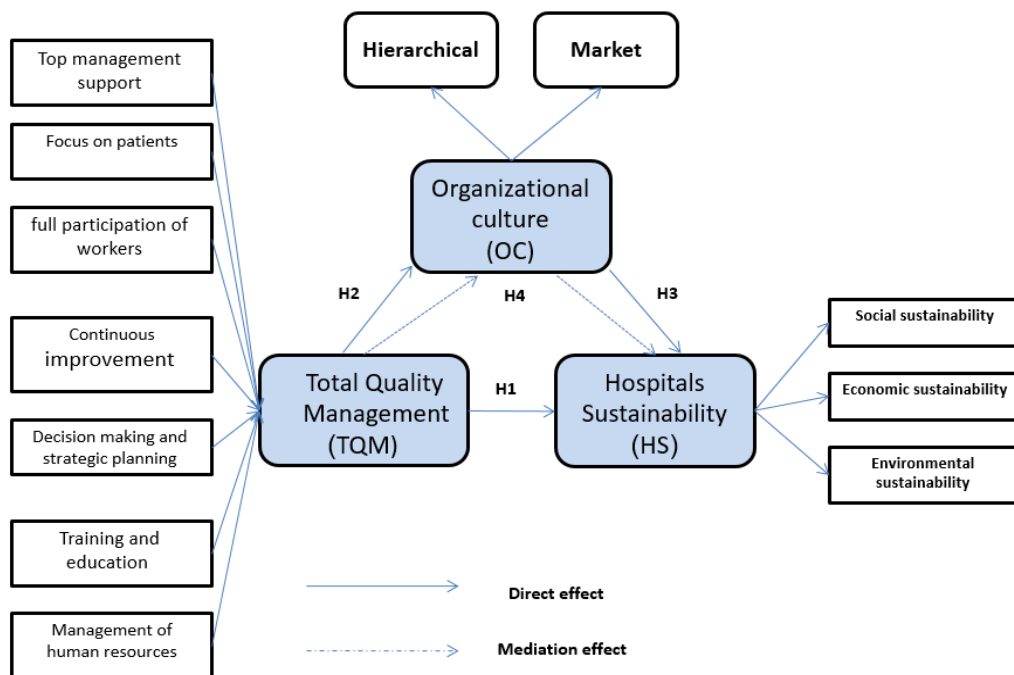
H4: Organizational culture mediates the relationship between TQM practice and sustainability in hospitals in Palestine.

1.9 Conceptualization of the Proposed Model

The suggested conceptual framework was created in compliance with the previously presented literature review. This model includes four main hypotheses between three variables (TQM practices, hospitals sustainability, organizational culture) while also taking into consideration that TQM (formative constructs) comprise 7 dimensions, sustainability (reflective constructs) captures 3 dimensions, and organizational culture (reflective constructs) comprises 2 dimensions, each of which contains several indicators as can be seen in Figure 1.2.

Figure 1.2

Conceptual Research Model and Hypotheses



Chapter Two

Research Methodology

2.1 Chapter Overview

In order to achieve the objectives of the study, the research type was determined first, followed by the research methodology, which is covered in this chapter. Furthermore, examples are provided for the target population, sample process, questionnaire design, and measurement development. Finally, the methods for data analysis were included.

2.2 Research Type

Research methodology is defined as "plans and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation" (Creswell, 2014). In the same way, Pawar (2020) points out that problem identification, hypothesis formulation, and data collecting are all steps in the research process. As a result, methodical and logical research methodology is crucial to obtaining the intended outcomes. Research approaches come in three flavors: mixed tactics, qualitative, and quantitative.

This study aims to explore the relationship between Total Quality Management (TQM) and Human Resources (HS) in Palestine, focusing on the mediating role of Organizational Change (OC) in social, economic, and environmental aspects. The primary objectives are to define the problem parameters and clarify relevant factors or variables. (van Wyk, 2012).

The study utilized a quantitative method to collect data, aiming to analyze relationships between variables measured through surveys and experiments, followed by statistical analysis of the data. (Creswell, 2014). Additionally, the research tool—also known as the research method—is the process by which the researcher selects a certain research approach to be used in data collecting (Smith & Hasan, 2020). It utilized advanced questionnaires to gather data on TQM practices' impact on sustainable development, identifying elements from previous literature to gain a comprehensive understanding.

2.3 Research Approach

Interest in the field of healthcare research, especially in recent years, has focused on creating unique innovation practices such as biopharmaceuticals and biotechnology to enhance sustainability practices as a result of the significant and rapid development in the healthcare sector. (Rosenberg-Yunger et al., 2008). As a result, it has become crucial for healthcare organizations to have a multidirectional emphasis on the services they offer to the local community, clients, staff members, and society at large through the application of TQM practices (Marimuthua & Paulose, 2016).

TQM has grown significantly in popularity throughout the world, primarily in developed nations. Though still in development the focus of quality control procedures in some nations is on craftsmanship, which may not be sufficient to meet the demands of modern quality systems. TQM was first used in the 1970s and early 1980s, and many organizations have recently adopted it which includes new strategies and initiatives targeted at enhancing its production in tackling fresh issues that have affected practically every sector and industry. The execution of a whole quality management system, which has piqued both practitioners and academics' intense interest, is one of these strategies and initiatives. This produced a significant amount of literature (Juran, 1988; Crosby, 1979; and Sabella et al., 2015).

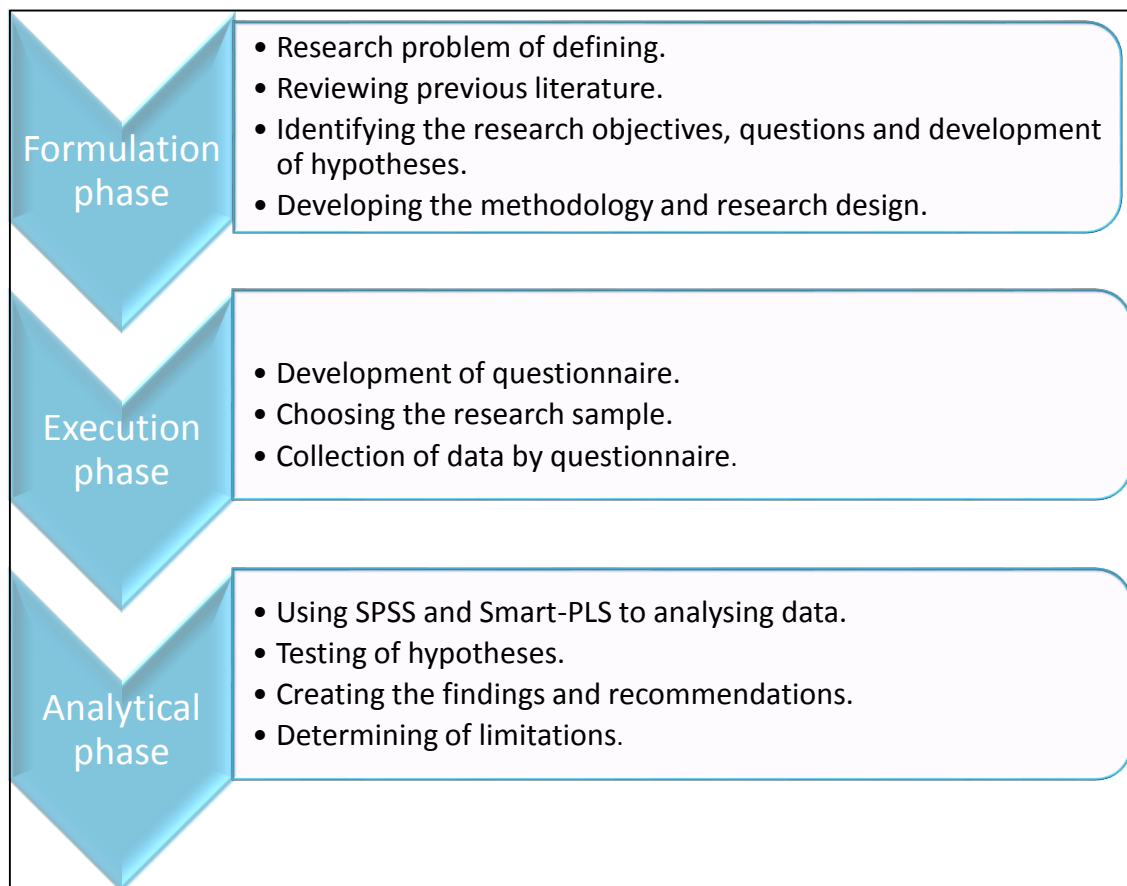
Three basic steps comprise this study methodology: formulation, implementation, and analysis. The present research starting with the formulation step, which entails defining the research problem, reviewing the literature reviews on TQM practices, sustainability, and organizational culture role, and then, the developing of objectives, research questions, and hypotheses and formulating the methodology and research design.

The execution phase involves selecting a sampling method, designing a data tool, collecting data, and storing it, starting with visits to senior management in Palestinian hospitals after approval. As for the private sector, personal communication was made with administrative affairs to obtain visit approval. Following it is creation and expert evaluation to ensure the validity of its content. The questionnaire was then completed by middle- and senior-level management personnel, include the quality manager, administrative director, medical director, general manager, planning director and nursing director.

Questionnaires were also distributed via email or WhatsApp in coordination with the competent authority. Then in the analytical phase, after collecting data from December 2023 to 3-3-2024, which is equivalent to approximately one month and three weeks. Smart-PLS version 4.0.4.1 and SPSS are used to analyze data, test hypotheses, and obtain results and recommendations and determining of limitations. Figure 2.1 provides an illustration of the methodology used in this research.

Figure 2.1

Research Methodology Flow Chart



2.4 Target Population and Sample Procedure

The study examines the impact of TQM practices on hospital sustainability in Palestine's West Bank healthcare sector, focusing on organizational culture as a mediator. The study includes 93 Palestinian hospitals, including East Jerusalem, 58 West Bank hospitals, and 35 Gaza Strip hospitals. (MOH, 2022). Table 2.1 includes the Palestinians hospitals in WB distribution according to total beds and governorate in 2022. In 2022, the percentage of beds in specialized hospitals reached 21.3% of all beds

in hospitals in Palestine. The number of beds in public hospitals reached 71.6% of the total beds in Palestine. (MOH, 2022).

Table 2.1

Distribution of hospital for west bank governorates

Governorate	Number of hospitals
Jenin	6
Tubas	2
Tulkarm	3
Nablus	7
Qalqiliya	2
Salfit	1
Ramallah & Al Bireh	8
Jericho	1
Jerusalem	8
Bethlehem	10
Hebron	10
Total	58

To avoid related error, a sample taken from the target population must reflect its characteristics and be representative of the population as a whole. Sample were taken based on the study of Hair et al. (2011). Given that the sample is just a small percentage of the population (Hair et al., 2011). Defining the research population, selecting the frame of sampling and method, determining the sample size, and implementing the sampling plan are all part of the sampling process.

We collected data from middle- and senior-level management personnel, and they provided detailed insights into organizational policies and practices. In addition, these individuals play a pivotal role within their organizations, where they are responsible for sharing information and enforcing policies. The research sample in this study consists of a collection of experts and specialists somewhat related to TQM practices, in both the

government and private sectors. Members of senior management were chosen because they are the people responsible for setting the company's strategic goals and plans, whether in the short or long term. The sample size was calculated using the Thompson equation.

$$n = \frac{N \times P(1-P)}{\{N-1 \times (d^2 \div z^2)\} + P(1-P)} \dots\dots\dots 2.1$$

portion of the property offers and neutral 0.5, d equals the percentage error 0.5 and z value is the upper $\alpha/2$ of the normal distribution (1.96 for 95% confidence level). The population size is 58*3 (number of hospitals * the smallest possible number of management representatives from each hospital), which equals 174.

Based on Thompson's formula, the sample size is found to be 120 (hospitals*managers). From the 120 distributed questionnaires, only 90 were valid which is equivalent to 1 75% response rate. Table C.1 in Appendix C shows the distribution of the 90 valid questionnaires among the regions and selected hospitals. The sample was determined based on a snowball sampling. Snowball sampling is defined as a non-probability sampling technique in which the samples have rare traits. This is a sampling technique, in which existing subjects provide referrals to recruit samples required for a research study.

2.5 Questionnaire Design and Measurement Development

The questionnaire was used to collect data were designed to test the hypotheses of the research model, and it was distributed in both Arabic and English through a google form. Appendix A includes the Arabic version while Appendix B includes the English one. Research constructs were created by depending on a multiple finding of previous studies. Several questionnaire items were evaluated using a Five Point-Likert-type scale, which is ranked from 1 (strongly agree) to 5 (strongly disagree) (refer to Appendix A and B). A questionnaire consists of four sections, each section contained different aspects to assess, and therefore different set of questions. The ability of a research tool to measure what it is meant to assess is known as its validity (Hinkin, 1998). On the other hand, consistency in findings when utilizing the same instrument without adjusting the inputs is referred to as reliability (Sekaran & Bougie, 2010).

- The first section is about demographic information the respondents including gender, age, level of education, job experience, job title, workplace, location.
- The second section is about TQM practices in the hospital. The TQM practices were measured for performance excellence from the Malcolm Baldrige National Quality Award (MBNQA). Forty- eight items were developed regarding the measurement of the TQM practices. Where four items were used to measure each of these practices (management of human resources),six items were used to measure each of these practices (top management support, participation of employees),ten items were used to measure these practice (focus on patients), eight items were used to measure these practice (continuous improvement), seven items were used to measure each of these practices(decision making and strategic planning,training and education).Were selected according to previous studies adopted and tested these items such as (Abbas, 2019; Baidoun et al., 2018; Hussain et al., 2023; and Sabella et al., 2015), the rest of the references are in Appendix C, Table 6.
- The third section discusses organizational sustainability, measuring it through various items adapted from various sources, including economic, social, and environmental sustainability, based on previous studies. such as (Amer, 2019; and Rawashdeh, 2018). The rest of the references are in Appendix C, Table 6.
- The fourth section evaluated the role of organizational culture as a mediator using eleven items, six for hierarchical culture and five for market culture, selected based on previous studies and tested. such as (Acar & Acar, 2014; Rad, 2006; and Quinn & Spreitzer, 1991).

This model contains a total of 102 item. Additionally, the Five-Point Likert scales, which go from 1 (strongly agree) to 5 (strongly disagree), have been implemented for all items.

2.6 Data Analysis Techniques

This study used the SPSS program to analyze demographic data from Palestinian hospitals, examining TQM application, sustainability practices, and organizational culture. Partial Least Squares Structural Equation Modeling (PLS-SEM) was used to test the study model's relationships and confirm hypotheses. PLS was also used to test the reliability and validity of the indicators and model. A bootstrapping process was conducted to verify the validity of the hypotheses.

Chapter Three

Data Analysis and Results

3.1 Chapter Overview

This chapter show the analysis results of the quantitative data gathered through questionnaires from the public and private hospitals regarding TQM, sustainability and organizational culture practices. The results of the descriptive analysis included demographic information related to respondents and level of implementation of TQM, HS, OC practices was using (SPSS) software program. Also, evaluate both the measurement and structural model, examine the mediator and hypotheses testing by using (PLS-SEM version 4.1.0.1) program. The aim of this study was to evaluate the state of TQM practices, HS and OC in the Palestinian hospitals sector.

3.1.1 Data Analysis

There are a number of preventive, investigative, and corrective methods in the literature that can be used to allay worries over the likelihood that reported findings are the product of common method effects. This research uses the Harman one-factor test to determine whether there is a common technique bias among variables, despite previous research casting doubt on the test's efficacy. Harman's Single-Factor Test has been the most widely used of these (Aguirre-Urreta & Hu, 2019). The value of threshold equal 29.388%,less than 50%,this means there is no common method bias (Podsakoff & Organ, 1986). The SPSS statistical program was used to calculate this value.

According to Podsakoff et al. (2003) and Richardson et al. (2009), common method variance is a systematic error variation resulting from a common method employed to measure the study's constructs. Common method bias occurs when variance in the common method influences the connection between the variables being measured (Jakobsen & Jensen, 2015; Richardson et al., 2009).

3.2 Analysis of Survey Response

3.2.1 Response Rates

The data were analyzed using the SPSS and the (PLS-SEM version 4.1.0.1) program after completing the data collection via the questionnaire, in order to evaluate both the measurement model and the structural model, examine the mediator, and hypotheses testing for all questionnaire items based on the responses of the respondents. The number of questionnaires with correct answers was 90 out of 120 questionnaires distributed to the government and private sectors, which shows an overall response rate of 75%.

Demographic information about the respondents includes seven question items regarding gender, age, level of education, job experience, job title, workplace, location. The demographic analysis of the data demonstrated that most of the respondents 67.8% were from private hospitals, followed by general hospitals with 32.2%. The number of operating Palestinian hospitals is 93, including East Jerusalem. 58 hospitals in the West Bank, and 35 hospitals in the Gaza Strip, according to the latest report issued by the Ministry of Health in Palestine for the year 2022 (MOH, 2022).

The Palestinian hospital population, including neurological and psychiatric hospitals, is 6,900, distributed among private, UNRWA, governmental, and non-governmental hospitals. The rate of hospital beds per 100,000 populations are 13.4 and 1.8, respectively. (MOH, 2022). Complete details of the respondents 'demographics are summarized in Table 3.1.

Table 3.1*Demographic characteristics of the respondents*

No.	Items	Option	Count (n=90)	Percentage
1.	Gender	Male	56	62.2%
		Female	34	37.8%
2.	Age	Less than 3 years	7	7.8%
		From 31-40 years	29	32.2%
		From 41-50 years	30	33.3%
		Over 51 years	24	26.7%
3.	Level of Education	Bachelor	42	46.7%
		Master	32	35.6%
		PhD	16	17.8%
4.	Job Experience	Less than 5 Years	6	6.7%
		From 6 to 10 Years	15	16.7%
		From 11 to15 Years	15	16.7%
		over 16 years	54	60.0%
5.	Job Title	General manager	21	23.3%
		Unit manager	27	30.0%
		Head of the Department	33	36.7%
		Others	9	10%
6.	Workplace	Private sector	61	67.8%
		Government sector	29	32.2%
7.	Location	Ramallah	21	23.0%
		Nablus	25	27.8%
		Tubas	5	5.6%
		Bethlehem	5	5.6%
		Jenin	15	16.7%
		Hebron	17	18.9%
		Salfit	2	2.2%
		Qalqilya	0	0%
		Jericho	0	0%
		Tulkarem	0	0%

3.2.2 Measurement of Implementation Levels of Constructs

Descriptive analysis was conducted out to assess the overall state of TQM practices implementation, the environmental, economic and social aspects of sustainability and the role of OC as mediator in the West Bank hospital sector. All items were rated using a 5- Points Likert-type scale, which was ranked from 1 strongly agree to 5 strongly disagree. There are four sections to a questionnaire. The first section is about general information the respondents. The second section is about TQM practices in the hospital and the third section is about sustainability and its 3-dimensions, the fourth section is about organizational culture practices. Each section contained different aspects to assess, and therefore different set of questions. Forty- eight items were developed regarding the measurement of the TQM Practices. While the dimensions of sustainability were measured through forty- tow items. According to evaluate the role of organizational culture as a mediator, organizational culture was measured through eleven items. According to table 3.2, the level of implementation was determined using the following level for the study sample, these levels were derived. According to the equation1 interval length = (highest weight – lowest weight) / (three levels) = (5-1) / (5) =0.8.

Table 3.2

Intervals of levels of implementation

Interval	Level of Implementation
1 to less than 1.8	Very low
1.8 to less than 2.6	Low
2.6 to less than 3.4	Moderate
3.4 to less than 4.2	High
4.2-5.00	Very High

Table 3.3 shows mean values and standard deviations for TQM practices, sustainability dimensions, and organizational culture types. The average mean is 4.0989, with a standard deviation of 0.6732. The highest level of implementation is for patient focus, with 4.3222, while decision-making and strategic planning have the lowest at 3.827. The sustainability aspects that are most frequently implemented are social sustainability 4.196 which has a high level of implementation, followed with economic sustainability

3.787, which has low a level of implementation. According to the data, market culture had the lowest level of implementation for OC types 4.115, while hierarchical culture had the highest level 4.316. Each of these construct's practices of TQM, dimensions of sustainability, and organizational culture types indicates that the overall level of implementation for these is high.

Table 3.3

Level of implementation of the TQM practices, HS and OC

Construct	Mean	Standard deviation	Implementation level
Top Management Support (TMS)	4.2204	0.688	High
Focus on Patients (FOP)	4.3222	0.6891	Very High
Full Participation of Worker (FPOW)	4.298	0.6022	Very High
Continuous Improvement (CI)	4.25	0.6248	High
Decision-Making and Strategic Planning (DMASP)	4.252	0.6143	High
Education and Training (ET)	3.826	0.8653	High
Management of Human Resources (MOHR)	3.8972	0.62922	High
Total for TQM practices(Q)	4.0989	0.6732	High
Economic sustainability (Eco)	3.787	0.9193	High
Social sustainability (Soc)	4.196	0.6392	High
Environmental Sustainability (ES)	3.831	0.6824	High
Total for Hospital Sustainably Dimensions	3.938	0.7469	High
Hierarchical Culture (HC)	4.316	0.5988	High
Market Culture (MC)	4.115	0.6765	High
Total for Organizational Culture Types	4.2155	0.6376	Very High

3.3 Questionnaires Analysis

SEM is thought to be the most effective technique for removing any biasing impact induced by measurement errors and creating the hierarchy of the latent construct. Additionally, it is acknowledged as the best method for examining the connection between latent and observable variables (Abbas, 2019).

Additionally, SEM is a technique that makes it possible for researchers to quantify the individual item's contribution to explaining variation, something that regression analysis is unable to do (Sarstedt et al., 2022). In addition, SEM can quantify the correlation between the construct of interest at the second order level (Henseler et al, 2012; Hair et al., 2006). Combining the features of multiple regressions and component analysis, structural equation modeling (SEM) enables researchers to investigate the direct and indirect impacts of independent and dependent variables at the same time (Fornell & Bookstein, 1982)

In the similar vein, PLS-SEM has been shown to be a viable technique for path modeling and anticipating (Ali et al., 2018). When the sample size is small and the distribution is non-normal, PLS-SEM can be useful. PLS-SEM was utilized to assess the hypotheses made in this study, which is known as the structural model explains the link between latent variables (path). Also, PLS is used to evaluate the measurement model, which measure the link between each latent variable and its associated indicators, in order to examine the validity and reliability of the model using different tests.

In this study, TQM practices (TMS, Fop, Pow, CI, HRM, DMASP and T&E) and organizational culture practices (HC and MC) and sustainability dimensions (Eco, Soc, and ES). As used in previous studies TQM practices operate as a formative construct and sustainable performance operate as a reflective construct (Aburayya et al., 2020; Baidoun et al., 2018) Hussain et al., 2023;and Sabella et al. (2015). Organizational culture is treated as a reflective construct (Quinn & Spreitzer, 1991; Acar & Acar, 2014; Erkmen, 1998; and Rad 2006).

The model investigates the link between TQM practices and HS using organizational culture as a mediating variable, a concept where a third construct mediates between related constructs. (Hair et al., 2011). Four hypotheses were investigated and organizational culture is analyzed as a mediating variable in this study

3.4 Measurement Model Assessment

To ensure that this study truly measures what was measured and to provide assurance that the results reflect an accurate measure of the seven TQM practices, the sustainability dimensions' practices, and the organizational culture types practices, information regarding validity and reliability is needed. To make sure the measurement model is valid and unidimensional, confirmatory factor analysis (CFA) is performed (Hinkin, 1998). The relationships between each latent variable and the indicators that are related to it are estimated using the measurement models. Evaluation of the construct validity, internal consistency and reliability are vital measures in evaluating the reflective measurement approach. The reliability is defined as total measure consistency, which indicates that the same results will be obtained if experiment is repeated multiple times under the same conditions (Sekaran & Bougie, 2010). The validity of the model was examined through convergent and discriminate validity

3.4.1 Convergent Validity

Describes the degree to which an indicator is correlated with other indicators for the same variable Table C.2 in appendix C presents the measurement models' results of reflective constructs for TQM practices, dimensions of sustainability (Eco, ES, and Soc) and the organizational culture types practices (HC, MC). Three primary outputs were examined:

- Items loading (outer loading) the outer loading refers to how much an item contributes to its construct, the item loading must be higher than 0.708 (Hair et al., 2011).
- The convergent validity by average variance extracted (AVE) which is determined by taking average squared indicators loading, the AVE must be more than 0.50 in order to prove the utilization of the factor (Fornell & Larcker, 1981).
- Internal consistency by the Cronbach's alpha and the composite reliability (CR). The CR must be more than 0.708 (acceptable range 0.60 to 0.70 in exploratory research) (Hair et al., 2017), values of Cronbach's alpha above 0.60. Table C.2 in appendix C indicates that the results of reliability and validity are within the allowable range.

Table C.2 in appendix C shows that The measurement model's convergent validity and strong internal consistency were confirmed by the results, with indicators' outer loading falling between 0.600 and 0.906.

3.4.2 Discriminant Validity

According to Hair et al., (2012), the degree to which an indicator is correlated with another indication for variables is known as discriminant validity. A number of tests can be used examine discriminant validity including the Heterotrait-Monotrait (HTMT), Fornell-Larcker ratio of correlations and cross loading. The researchers performed a discriminate validity test to ensure that each construct is empirically discriminate from the others. A construct needs to have a bigger variance with its indicators than other constructs in order to have discriminatory validity, according to (Fornell & Larcker, 1981). Similarly, the discriminating validity is confirmed if the square roots of the AVE values show stronger correlations between the indicators that make up each pair (Fornell & Larcker, 1981).The square root of AVE has a greater correlation than the other variables, as seen in Table 3.4, confirming the discriminant validity.

An HTMT is a test that is also run on the model; it measures the dis-attenuated correlation between variables, making it a significant criterion. According to (Ringle et al., 2012) an explanatory study HTMT values of less than 1 indicates good reliability, while a value of 1 indicates poor reliability.Also, according to (Henseler et al., 2015), less than one for the HTMT ratio is acceptable and indicates good reliability. Table 3.5 show the HTMT test results were not significantly distinct from one. Thus, discriminant validity is validated.

Table 3.4*Discriminant validity check (Square Root AVE is Shown on the Diagonal in Bold)*

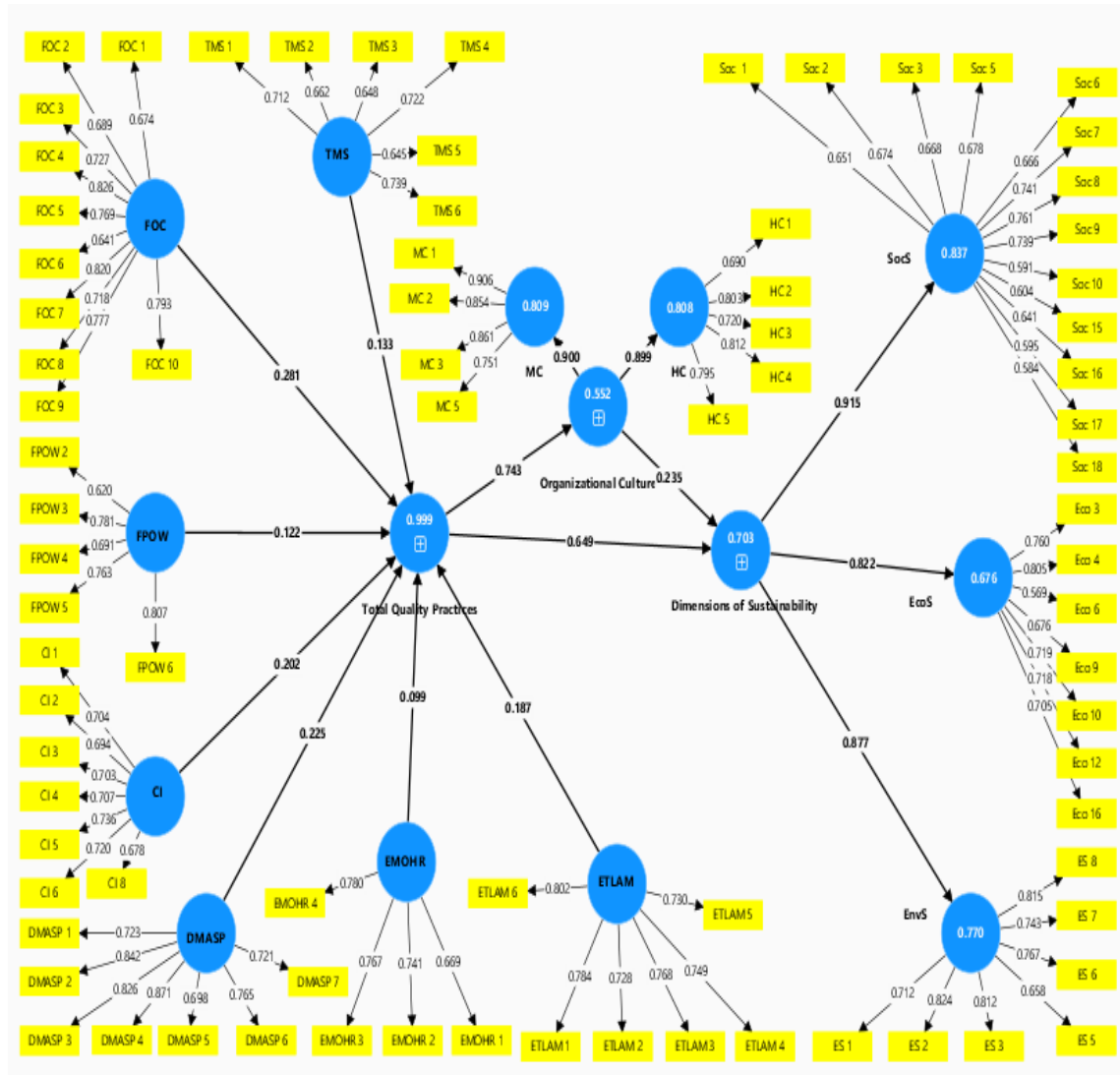
	CI	DMASP	EMOHR	ETLAM	EcoS	EnvS	FOC	FPOW	HC	MC	SocS	TMS
CI	0.706											
DMASP	0.673	0.781										
EMOHR	0.477	0.373	0.740									
ETLAM	0.609	0.589	0.679	0.761								
EcoS	0.500	0.425	0.617	0.565	0.711							
EnvS	0.520	0.487	0.598	0.491	0.738	0.764						
FOC	0.658	0.570	0.448	0.545	0.429	0.516	0.746					
FPOW	0.723	0.580	0.388	0.497	0.365	0.422	0.552	0.736				
HC	0.551	0.615	0.421	0.456	0.430	0.530	0.473	0.428	0.766			
MC	0.640	0.601	0.469	0.581	0.468	0.554	0.527	0.579	0.623	0.845		
SocS	0.703	0.716	0.604	0.684	0.599	0.709	0.699	0.585	0.597	0.654	0.664	
TMS	0.561	0.449	0.471	0.589	0.416	0.448	0.717	0.431	0.410	0.569	0.673	0.689

Table 3.5*Discriminant validity check using HTMT*

	CI	DMASP	EMOHR	ETLAM	EcoS	EnvS	FOC	FPOW	HC	MC	SocS	TMS
CI												
DMASP	0.765											
EMOHR	0.609	0.440										
ETLAM	0.709	0.647	0.862									
EcoS	0.588	0.486	0.792	0.660								
EnvS	0.604	0.543	0.748	0.567								
FOC	0.746	0.616	0.542	0.601	0.848	0.572						
FPOW	0.878	0.654	0.485	0.554	0.478	0.480	0.622					
HC	0.668	0.707	0.572	0.530	0.434	0.617	0.541	0.521				
MC	0.752	0.680	0.592	0.662	0.509	0.632	0.581	0.655	0.726			
SocS	0.812	0.810	0.726	0.766	0.545	0.769	0.767	0.674	0.684	0.744		
TMS	0.692	0.536	0.613	0.706	0.660	0.538	0.842	0.527	0.500	0.688		0.844
					0.501						0.808	

Figure 3.1

The Results of PLS Algorithm for Research Model



3.5 Assessment of Formative Constructs

The multi collinearity factor was measured using the variance inflation factor (VIF). Table C.3 in appendix C showed the values of VIF and outer weight of first -order constructs and second order constructs for TQM. the reflective factors weights are shown in Table C.3 in appendix C were less than 0.5. Also, the factor VIF was less than five for every factor (Hair et al., 2017), demonstrating that multi collinearity requirement was acceptable. That is, there is no multi collinearity between the data (O'brien, 2007). The building index's significance was assessed using bootstrapping to obtain critical T-values for weight and loading in a two-tailed test, with values of 2.58 for 1%, 1.96 for 5%, and 1.65 for 10%. (Hair et al., 2012).

3.6 Assessment of the Structural Model

The results of the structural model were then assessed in order to determine the relationships between the constructs, the predictive relevancy, the strength and quality of the structural model, and to validate the research hypotheses. The study involved the assessment of four main benchmarks, including the coefficient of determination (R^2), Effect size (f^2), the predictive relevance of Journal Pre-proof the model (Q^2), Path coefficient (β value) and T-statistic value.

3.6.1 The Coefficient of Determination (R^2)

The coefficient of determination (R^2) is a widely used metric for assessing the predictive accuracy of a structural model, with higher values indicating greater accuracy. According to (Hair et al., 2011) we can consider R^2 values of 0.75, 0.50, and 0.25 as high, moderate, and low respectively. Hence, the R^2 values in this study were moderate, see table 3.6.

3.6.2 The Effect Size (f^2)

The degree to which each exogenous latent construct impacts on the endogenous latent construct can be determined by the f^2 value. Using this measure, a researcher can examine how structural model explains the selected endogenous latent variables. The f^2 values of 0.02, 0.15 and 0.35, respectively, were referred to as small, medium and large impact sizes of the predictive variables, as suggested by (Cohen, 1988). Table 3.6 presents effect size values of 0.637, 1.230, 0.083, respectively. Can be calculated as follow in equation 3.1:

$$f^2 = \frac{R^2_{\text{included}} - R^2_{\text{excluded}}}{1 - R^2_{\text{included}}} \dots\dots\dots 3.1$$

3.6.3 Predictive Relevance Q^2

A criterion of the model predictive relevance is the Q^2 value, the PLS predictive \ CVPAT procedure determine the value of Q^2 . Notably, Q^2 values should be bigger than zero, indicating that the exogenous structure has predictive relevance to the endogenous structure under study (Hair et al., 2011). Table 3.6 illustrates that the obtained cross-validated redundancy values were listed to be 0.678, 0.540, respectively. The finding of every test was acceptable, and adequate.

Table 3.6*Results of R², f² and Q² values*

Construct	R ² adj	Q ²	f ² (HS)	f ² (OC)
TQM	-----	-----	0.637 (high)	1.230 (high)
HS	0.696(moderate)	0.678(>0)	-----	-----
OC	0.552(moderate)	0.540(>0)	0.083 (Low)	-----

3.6.4 Goodness of Fit Index Gof

(Tenenhaus et al., 2005) have proposed a global fit metric for PLS path modeling. The study model's dependability is assessed through the goodness of fit (Gof), which is calculated by combining the average variances extracted (AVE) and the endogenous variable R². The calculation formula of Gof is as follow in equation 3.2:

$$\text{Gof} = \sqrt{\text{avg. R}^2 \times \text{avg. AVE I}} \dots \dots \dots 3.2$$

It uses the Gof value of 0.59, which is greater than the model's value of 0.36, to determine the fit of the model. The Gof value ranges from 0.1 to 0.25, from 0.25 to 0.36, and larger than 0.36, indicating a good fit compared to the baseline values.

3.6.5 Hypothesis Testing

To test the hypothesized relationships, the path coefficients test was tested. The results of the suggested hypotheses are displayed in table 3.7, as proposed Journal Pre-Proof by (Hair et al., 2017). the bootstrapping option were used. The significance of the correlation between the endogenous and exogenous latent variables and path coefficients (hypotheses test) are tested at the significant level of 5% using the bootstrapping approach with 5000 sub-samples. The quantitative information related to the beta, Standard Error, P-value and corresponding t-values that are critical according to the two-tailed t-test are among the results of this process. β -values must be between -1 and +1, links get stronger as values approach +1 (same for negative values) (Hair et al., 2017).

According to Hair et al. (2017), if the P-value is less than 0.05 and the T value is equal to or greater than 1.96 at the 5% significance level (two-tailed significance level), relationships are considered significant the study examined the relationship between the TQM practice as an exogenous latent variable and hospitals sustainability as an endogenous variable in the health sectors. In addition, the organizational culture as a moderating factor is considered. Figure3.2 displays the bootstrapping finding, Table 3.7 provides β , T, and P-values of the structural model. In H1, results revealed that the proposed relationship between TQM practice and HS was positive and significant ($\beta =0.654$, T =10.705, P-value =0.000) and hence the first hypothesis was supported. Furthermore, we observed positive and significant relationship between TQM practice and OC ($\beta =0.743$, T =13.080, P-value =0.000) and hence the second hypothesis was supported. The relationship between OC practice and HS was positive and significant ($\beta =0.235$, T =3.512, P-value =0.000), therefore supporting H3.

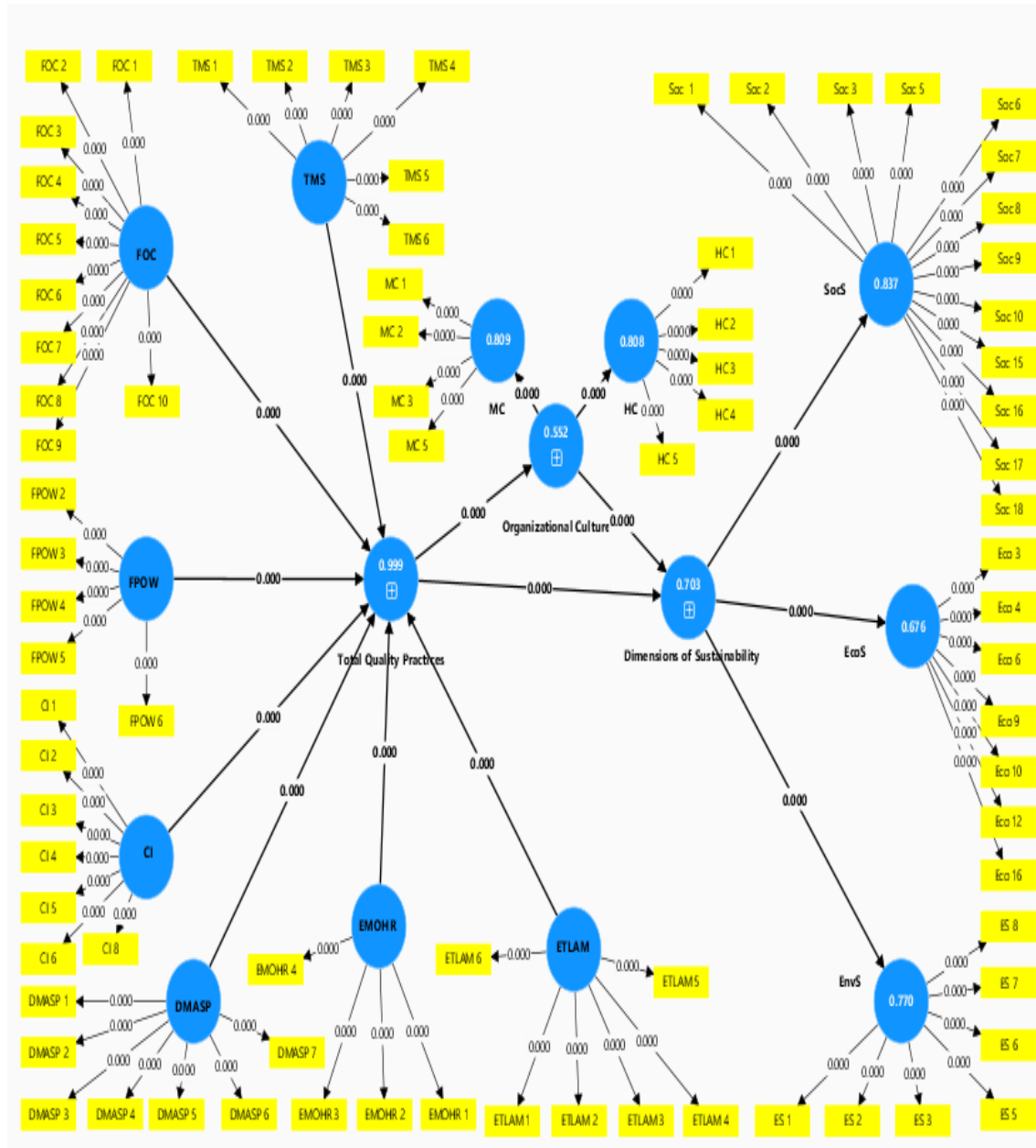
Table 3.7

Hypothesis testing results

Path	Hypothesis	β -value	Std. Error	T-value	P-value	Decision
TQM→HS	H1	0.649	0.061	10.705	0.000	Supported
TQM→OC	H2	0.743	0.057	13.080	0.000	Supported
OC→HS	H3	0.235	0.067	3.512	0.000	Supported

Figure 3.2

Results of Bootstrapping of a Structural Model (Hypothesis Test)



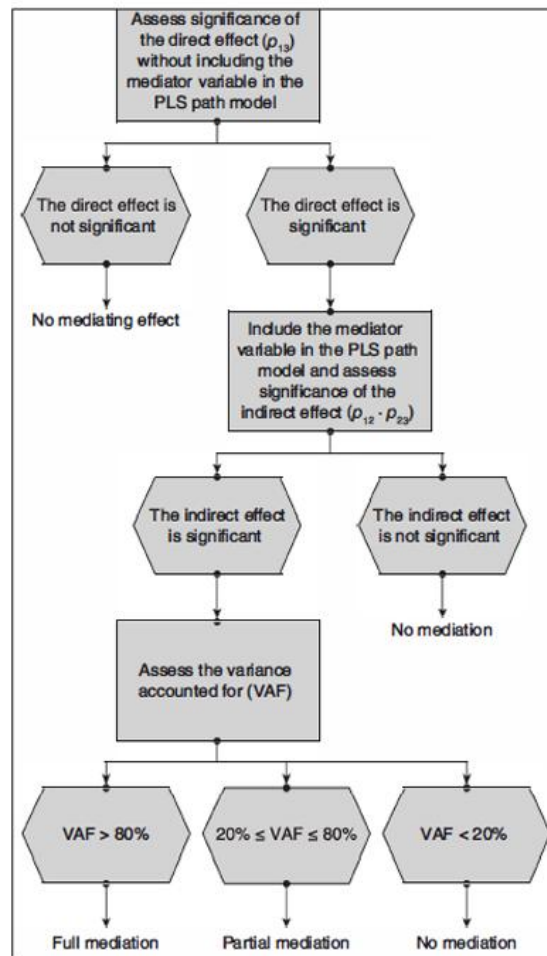
3.6.6 Mediating Test

Similar to the independent variable, the mediator variable mediates the relationship between the independent variables and the dependent variables on opposite side. The relationship between the dependent and independent variables may be affected by the mediating variables support or lack thereof.

Hair et al. (2011) state that the mediator analysis process in PLS-SEM shown in Figure 3.3 and the basic mediator model shown in Figure 3.4.

Figure 3.3

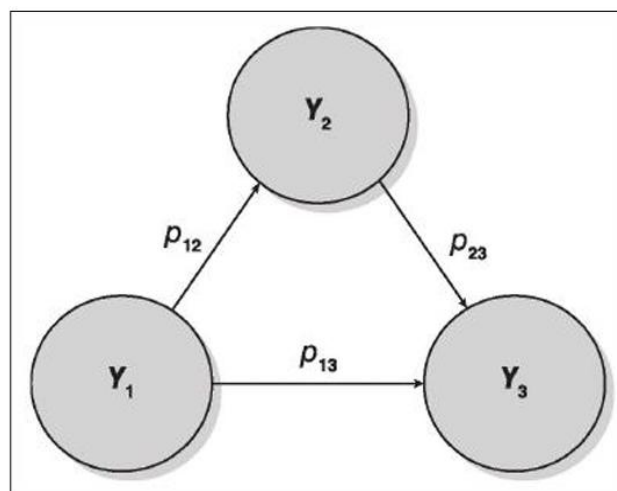
The Mediator Analysis Procedure



Note: Hair et al., 2011.

Figure 3.4

The General Mediator Model



Note: Hair et al., 2011.

This study examined the moderating effect of the (OC) on the relationship between TQM practice and HS using by smart Pals v 4.1.0.1. Thus, H4 is proposed. The direct and indirect effect recommendation (Preacher & Hayes , 2008) was followed to test the hypotheses and study the mediation effect. The study found a significant direct effect of Total Quality Management (TQM) on Health Services (HS) without a mediating variable, but the addition of Occupational Health and Safety (OC) reduced this effect to 0.174, indicating that OC absorbs the apportion of TQM effect on HS, thus supporting H4.

Preacher & Hayes (2008) state that mediating analysis involves two steps:

1. Boost the indirect effect's bootstrap (total effect). The significant link between the independent and dependent variables through the mediator is required for this stage. Table 3.8 illustrates the significant association found in this study between TQM practices and hospital sustainability through organizational culture.
2. The confidence interval's bottom and upper levels were bootstrapped.

Table 3.8 reveals significant results for path P12 ($\beta = 0.743$, $t = 13.080$, P-value = 0.000) and path P23 ($\beta = 0.235$, $t = 3.512$, P-value = 0.000). (Zaid et al., 2018) looked into the mediating effect using the particular indirect effects from the Smart PLS report. The findings confirmed that organizational culture has a major mediating role in the link between TQM procedures and hospital sustainability. The indirect relation results were displayed as follows in Table 3.8:

Table 3.8*Indirect Relation (Mediation) Result*

Indirect Effects						
Path	Path No	β -value	Std. Error	T-value	P-value	Decision
TQM practice →Hospitals Sustainability	Path 13	0.174	0.053	3.266	0.001	Supported
Bootstrap The indirect Effects (Total Effects)						
TQM practice →Organizational Culture	Path 12	0.743	0.057	13.080	0.000	Supported
Organizational Culture →Hospitals Sustainability	Path 23	0.235	0.067	3.512	0.000	Supported
Specific indirect Effects						
TQM practice →Organizational Culture →Hospitals Sustainability	-	0.174	0.053	3.266	0.001	Supported

The range of the bootstrapped confidence interval is 0.074 to 0.947; the value 0 is not included in this range. Therefore, it provides more evidence that the indirect effect is important, in line with (Preacher & Hayes , 2008).

According to Preacher & Hayes (2008), the strength of the mediating effect is measured by the variance accounted for (VAF). Full mediation is indicated by a VAF above 80%, partial mediation is shown by a number between 20% and 80%, and no mediation is suggested by a value below 20%. The following provides an illustration of how the VAF was calculated for this study:

1. Direct effect of TQM practices on sustainability = $0.743 \times 0.235 = 0.175$
2. Indirect effect of TQM practices on sustainability via OC = 0.174
3. Total effect of TQM practices on sustainability = $0.175 + 0.174 = 0.349$
4. VAF = Direct effect/ Total effect = $0.175/0.349 = 0.50143$. In other words, 50.143 % of the total effect of TQM practices on hospital sustainability was explained via OC which points to partial mediation.

Chapter Four

Discussion, Conclusion and Recommendations

4.1 Chapter Overview

This chapter provides descriptions of the results of a questionnaire used to collect data on TQM practices, OC practices, and the sustainability status (social, environmental and economic) in Palestinian hospitals. The chapter also presents theoretical and practical implications of the research as well as the finding of the hypothesis testing. Moreover, the chapter summaries the thesis results through conclusions, and provides some recommendations for managers working at health care sector. The chapter concludes with a discussion of the study limitations and suggestions for future lines of research.

4.2 Discussion of Results

The current study's objective is to look into how TQM practices effect sustainability. In addition to, investigate how organizational culture impacts the relationship between TQM practices and sustainability in Palestinian health care sector (Palestinian hospitals). Seven TQM practices (top management support, focus on patients, full participation of workers, decision-making and strategic planning, education & training, management of human resources) are included in the proposed model. Furthermore, there are two sorts of organizational culture (hierarchical culture, market culture). Also, the environmental, economic and social sustainability pillars are mentioned.

4.2.1 Discussion of TQM Practice in Palestinian Health Care Sector

In evaluation procedure of the data collected, the level of implementation was achieved by determining the arithmetic average mean and standard deviation of all practices related to the TQM based on the sample responses from the questionnaire. The findings demonstrate that the Palestinian health care sector (hospitals) has a high degree of TQM practice level of implementation of 4.0989 in the scale of 5 which has comparable to the results from other studies conducted in health care sector (Baidoun et al., 2018; Abu rayya et al., 2020; Hussain et al., 2023; and Sabella et al., 2015).

The implementation of Total Quality Management (TQM) practices in the healthcare industry ranges from 3.826 for education and training to 4.3222 for patient focus, with the most significant impact being on employee participation, decision-making, strategic

planning, continuous improvement, top management support, and effective human resource management.

Focus on patients and full participation of worker were found to be the biggest impact elements of TQM practices, followed by decision-making and strategic planning, continuous improvement and top management support. Whereas the least influential TQM practices were management of human resources and education & training.

Patients focus was most implemented TQM practices which consists of constantly identifying patients' needs, resolving patients' complaints, and having long-term plans and strategies to continuously identify patients' needs. These results align with the results of (Aburayya et al., 2020). Who found that patient-centered practices were the most widely applied, which in turn led to complete patient satisfaction. Patients focus It is considered vital for long-term growth and business performance (Baidoun et al., 2018; Oakland, 2014). Additionally, the study's findings align with (Sabella et al., 2015; Hussain et al., 2023).

Another important justification for putting TQM into practice is to satisfy patient and customer needs. Crucially, providing outstanding quality raises customer satisfaction and improves organizational success (Sheikholeslam & Emamian, 2016). Therefore, in order to increase performance, boost productivity, and satisfy patients, organizations should rely on their capacity to use every employee's expertise. The second preferable TQM practices was full participation of worker. So, cooperation between management and workers, encouraging teamwork and employee satisfaction are important in order to provide services that satisfy patients.

This result matches with Sweis et al. (2013) discovered in their research that employee involvement in the health industry is significantly impacted by TQM procedures, which include top management commitment, training, teamwork, customer satisfaction, and continuous improvement (Ugboro & Obeng, 2000).

Also, these results are matches with Aburayya et al. (2020) regarding the effect of full participation of worker practices on the quality of hospital service. But the results of this study are not matches with (Hussain et al., 2023). And, strategic planning was the third favorite TQM practices. Consequently, it, affects the establishment and implementation

of quality policy, objectives and clear vision and mission, encouraging decision-making and investing all resources are important in order to achieve strategic goals and improve the level of performance of the health service provided.

This result matches with Baidoun et al. (2018) who found that strategic planning and leadership are an essential component for the effective application of TQM. In addition, the results indicated that the hospital administration places a high priority on strategic planning and focuses on enhancing patient care through the application of ethics practices with a clear vision and strategic goals.

Hospital administration must regularly obtain comments in order to improve processes and improvements, communicating strategic goals and plans more effectively to everyone. Also, staff and supplier selection according to hospital quality requirements. There are other studies that have emphasized the necessity of strategic planning in hospitals because they have large and complex administrative structures (Smith & Sharicz, 2011). The results revealed that top management support was the highest influential TQM practices. These results are matches with (Aburayya et al., 2020; Sabella et al., 2015) regarding the effect of senior management's commitment on the quality of hospital service.

The literature review emphasizes how important senior management is to the effective implementation of TQM. A key factor in determining the success of TQM implementation is the leadership provided by top management (Talib et al., 2011; Baidoun et al., 2018). TQM implementation may encounter challenges in the absence of a strong commitment from the leadership (Mosadeghrad, 2013). TQM in the healthcare industry is thought to depend on the maintenance of leadership and employee training (Ismail & Mukhalalati, 2009).

Additionally, a number of studies on the application of TQM supported the idea that doing so successfully raises productivity and performance levels in businesses.

It also raises business service quality Oakland (2014) that the majority of these studies have demonstrated that companies that use TQM gain a competitive edge over those that do not (Joiner, 2006; Tuomi et al., 2013) state that effective TQM adoption in public sector organizations requires senior management commitment and involvement,

continuous improvement, training, staff empowerment and focus on customer. Organizations may face many difficulties in the absence of commitment and support from senior management (Mosaddeghrad, 2013).

However, the results of this study are not matches with (Hussain et al., 2023). The results revealed that continuous improvement has highest effect on hospital performance quality. In our study, we found that hospital managers realize the importance of practicing continuous improvement practices within hospitals. Which consists of preparing and planning new products accurately to meet the needs and expectations of patients and the future labor market, ensuring the development and training of the human element, supporting research and development, encouraging on creativity, and excellence in providing medical services to patients.

In this study, the results of the application of total quality management matches with the literature on TQM that was reached by (Aburayya et al., 2020; Sweis et al., 2016) demonstrated a positive correlation between TQM procedures and organizational performance, with a particularly strong positive value for continuous improvement techniques. Therefore, managers ought to think about TQM procedures as a means of improving output, allocating resources, and creating an atmosphere that encourages concepts of continuous improvement. But the results of this study are not matches with (Hussain et al., 2023).

The finding displayed that training and education were the least influential TQM practices. Which consists of providing training and continuing education to employees in order to provide distinguished health service and carry out their duties to the fullest extent, providing annual plans to develop their capabilities and acquire some skills, including communication skills, and the rewards system that to motivate employees. These finding are matches with Aburayya et al. (2020) and the reason for this is the focus on skills instead of focusing on providing the best service with the best quality. But the finding of this study are not matches with (Hussain et al., 2023).

According to Deming (1986), senior management is in responsible for giving employee access to efficient training plans and educational programs in order to encourage a culture of continuous improvement. The results of this study proved that the least

applied TQM practice is human resources management. As shown in Appendix C, we noticed that the averages of the measurement items related to this factor are low.

This is evidence absence of some systems, especially the systems related to quality, including the employee encouragement and development system, the lack of training and development opportunities, and the lack of effectiveness of the performance evaluation system. Hence, the absence of a reward system, which in turn can lead to motivating employees, which in turn can lead to employee satisfaction and thus improve the service provided and patient satisfaction.

This result was consistent with what Baidoun et al. (2018), and Sabella et al. (2015) concluded that there is a decline in the morale of employees working in Palestinian health care organizations. This is due to the lack of systems of encouragement, training and development. A stronger factor related to the restricted financial resources accessible to public hospitals, which routinely face continuous budget deficits. This restriction impedes chances for advancement and progress. Thus, in order to achieve sustainable development, Palestinian organizations should make significant investments in human capital. These results are consistent with (Sabella et al. (2015), and Al Adham (2004) where they found that employee satisfaction is low due to the lack of encouragement, wages and incentives in the health care sector in Palestine (Amer, 2019).

In light of the outcomes of our research on overall quality management practices. Hospital efforts must focus on the enhancement of staff members, competencies and skills with the goal of enhancing their performance using a quality-oriented strategy. Hospitals must involve staff members in training and development programs on quality principles in order to improve staff knowledge and comprehension of quality.

In addition, hospitals must also create thorough assessment programs with precise instructions in order to evaluate staff performance consistently and accurately. Providing full health care services requires the presence of highly motivated employees, but due to the scarcity of resources that hospitals suffer from, it has become necessary to consider the preparation and application of new concepts that work to develop and motivate employees. In order to enhance their overall performance, almost every

hospital on the West Bank needs to create results-based plans aimed at enhancing both financial and operational management.

In order to deliver more and better healthcare services at higher efficiency levels, they ought to work toward the development of their resources, including funding, staff and building. An important way to enhance quality in any organization or sector is organizational restructuring and financial changes through allocating resources and using longer lasting financing techniques, and finally the ability to make decisions correctly.

In order to ensure that quality performance is evaluated versus a set of standards and enable management teams of all administrative types to take suitable action to improve quality, they should work toward creating quality indicators. Hospital performance is therefore ensured to be sustainable as a result.

4.2.2 Discussion of Organizational Culture Status in Palestinian Health Care Sector

This study aims to explore the relationship between total quality management practices and organizational culture, as well as the relationship between organizational culture and sustainability, and the expected mediating relationship. The results show high implementation levels, particularly in market and hierarchical culture, with a mean of 4.2155. This is a significant study in the Palestinian healthcare sector. With regard to market culture, the indicator (there is a strong focus on customer satisfaction) received a mean of 4.222, as this value considered the highest score in market culture indicators. While the mean other indicators ranged between 4.133 and 4.033 which is considered high. The results indicate the importance of this type of organizational culture in the health care sector, as it focuses on the necessity of competition, keeping pace with technological progress, constant innovation, and a strong focus on patients to provide the best performance and provide new services all the time. This is a logical culture that prioritizes accomplishment and efficiency (Quinn & Spreitzer, 1991).

Workers with these kinds of cultures are goal-oriented. They value individual interests over corporate objectives and a focus on efficiency, performance, and planning principles (Berrio, 2003; Cameron & Quinn, 1999; and Erdem, 2007). Also, with regard

to hierarchical culture, the indicator (does the hospital have a clear organizational structure according to established procedures that explains the responsibilities and tasks of each employee) received a mean of 4.467, as this value the highest score in hierarchical culture indicators. While the mean other indicators ranged between 4.433 and 3.222 which is also considered high.

The results indicate the importance of including this type of organizational culture in the health care sector, which focuses on the internal organizational structure of organizations and the applicable rules and regulations, which in turn can lead to achieving cooperation and stability between employees and managers, flexibility in dealing with, responding to any external changes, operational effectiveness, understanding tasks and responsibilities this organizational culture type has successful leadership (Quinn & Spreitzer, 1991).

As a result, it is necessary to create an organizational culture because of its positive effects, according to the findings of these researchers about the importance of organizational culture (Prodromou & Papageorgiou, 2022; Glaser & Zamanou, 1987; and Alexander J. et al., 2007).

It should be noticed through this study that a culture of force and tyranny in handling prevails in public hospitals, while a culture of cooperation and smoothness prevails in private hospitals. Therefore, we must focus on market culture instead of focusing on hierarchical culture because of its benefits to the hospital as a whole. Hospitals that have a hierarchical culture should gradually abandon it.

4.2.3 Hypothesis Testing Discussion

The hypotheses (H1, H2, H3, and H4) that were put forth in section 1.8 have been examined. To provide more information regarding the role of TQM practices in achieving sustainability in the healthcare sector (hospitals), this research determined to what extent the TQM system has been applied, which in turn helps in achieving and enhancing sustainable performance, and this is considered the main goal for this study. In our research, we found that there is a positive and important relationship (β -value=0.649, P-value=0.000) between TQM practices and HS (three dimensions of

sustainability social, environmental and economic) in Palestinian health care sector in this study.

This indicates that health care sector effectively implementing TQM practices to enhance sustainable development. This finding is match with (Sabella et al., 2015) study which found large positive relationship between TQM practices and sustainable performance in the hospitals west bank – Palestine.

It is also matches with Othman & Mousa (2019) who conducted a study in Palestinian healthcare sectors, as they found that the GHRM package had a favorable impact on the three sustainability pillars in Palestinian healthcare institutions. Therefore, H1 is supported. We noticed that the number of studies is very small regarding quality and sustainability practices in the health care sector in general and in Palestine in particular.

However, there are studies in other fields that have proven a strong relationship between TQM practices and corporate sustainability (economically, environmentally, and socially) (AlShehail et al., 2022; Gadolin & Andersson, 2017; Ali & Alolayyanm, 2013; Silvestr et al., 2023; Abbas, 2019; Hue Nguyen, 2018; Prajogo & Sohal, 2010).

In more details, the level of application of the overall sustainability performance was 3.938, which is considered a high level. In more detail, the level of implementation of the three dimensions of sustainability was as follows (environmental, social, and economic) 3.831, 4.196, and 3.787, respectively, and this is considered a high level of implementation. Adoption of TQM techniques is essential to achieving patient happiness as well as gaining a larger market share, increasing earnings, and creating a high-performing organization (Farzadnia et al., 2017).

It is considered the comprehensive strategy for customer satisfaction and a company's overall success is the basis of TQM (Chin et al. (2001); Mokhtar et al. (2013)). Organizations must understand that sustainable development and TQM are vital to achieving stronger levels of improvement and, profitability since they are under constant pressure from the competition (Hitchcock & Willard, , 2002).

The goal of the global trend toward TQM adoption is to gradually raise the caliber of healthcare services to match consumer demands while guaranteeing effective use of the

resources at hand in enhancing care results. Patient safety may be improved by the use of TQM systems in the healthcare industry. Furthermore, TQM implementation will assist healthcare firms in adopting strategies for cost-effective management (Baidoun et al., 2018). Therefore, businesses embraced TQM as a way to increase their flexibility, profitability, competitiveness, and client loyalty (Talib & Faisal, 2016). Which in turn can lead to its sustainability economically, socially and environmentally.

To achieve sustainable performance in Palestine, especially in the health care sector, we need to enhance the quality of services provided. Where a key element that may help businesses in achieving their green performance goals is TQM (Qasrawi et al., 2017). Moreover, the dimension that achieved the highest level of implementation is social sustainability. Followed with economic sustainability. Finally, environmental sustainability.

As results, the hospital sector in Palestine must assess sustainability practices in terms of three key pillars: environmental sustainability, which includes the use of green materials, human resources, and the supply chain; social sustainability, which includes employee engagement and consumer behavior; and economic sustainability including patent activities and sustainable manufacturing through the use of TQM practices according to (AlJaberi et al., 2017).

One of the main issues of sustainability in healthcare is the social aspect of sustainability. Social sustainability plays an increasingly important role in hospitals (Ullah et al., 2021). The friendliness and amicability of an organization's relationship with its stakeholders, especially its employees, is correlated with its social sustainability. Therefore, human development—which includes education, training, a positive job environment, fair pay, and a strong company culture—is the means by which social sustainability is attained (Stoddard et al., 2012). Also, Patient satisfaction and quality of service were considered a key strategy for long-term success and profitability of health care providers (Ramsaran, 2005).

According to Sadikoglu & Olcay (2014), understanding client needs and feedback is the first step in providing a product or service because it will help to improve quality, time, and productivity, which will increase patients' satisfaction and enhance business performance in terms of sales and market share. In addition to the social aspect, there

must be a focus on the environmental aspect, especially in the hospital sector because it is considered one of the largest sectors producing waste.

One of the things that helps institutions and organizations achieve and enhance sustainable performance is the application of comprehensive quality practices, which include improving resources, reducing waste and disposing of them in the correct ways, linking sustainable development to strategic planning, commitment of senior management, appreciation of the sustainable goals that have been achieved, continuous dialogue with all stakeholders, and product replacement and purchases with green alternatives, energy efficiency and waste disposal strategies to reduce costs and increase profit, are necessary for successful environmental sustainability in hospitals, according to (Nascimento et al., 2017).

In addition, Fok et al. (2022) demonstrated that sustainable program and TQM practices impact on the sustainability performance of healthcare organizations, particularly social and environmental performance. Finally, TQM practices enhance organization economic sustainability by leadership, customer focus, process management, employee involvement, continuous improvement, decision making, and suppliers' relationship, where have a significant on the financial and operational performance in the service industry of hospitals according to (Zehir & Zehir, 2023).

Also, TQM is a part of corporate strategy which helps make sure businesses achieve social and economic performance (Nahas & Chandrasekar, 2019). And, according to Chandra et al. (2013), hospitals become financially sustainable due to patient and staff satisfaction. There is a strongly associated between work satisfaction and salary contentment. In addition, income satisfaction has been shown to be a facilitator for improving employees' levels of job satisfaction. The GHRM package had a favorable impact on the three sustainability pillars in Palestinian healthcare institutions according to (Othman & Mousa, 2019).

One of the most important practices of total quality is human resources management. Moreover, establishing a reputation for providing clients with high-quality services may be essential to helping businesses in the service sector gain a competitive edge and sustain long-term profitability (Punnakitikashem et al., 2012). According Chandra et al. (2013) this study emphasized the importance of developing systems to manage human

resources effectively and efficiently under any financial conditions that hospitals may face. In order to provide appropriate care, lower the frequency and severity of medical errors, and discover customer requirements, healthcare businesses can use TQM to enhance procedures and benchmark for best practices. Several benefits of implementing TQM have been documented by empirical studies.

These benefits include increased productivity and efficiency, increased market shares, enhanced morale among employees, cost savings, improved quality, improved financial performance, increased employee performance, and competitive edge (Zairi, 2013; and Mosadeghrad, 2015).

Using TQM may result in better patient outcomes, more satisfied workers, more productivity, and enhanced profitability Alexander et al. (2006), Cauchick Miguel (2006), Kunst & Lemmink (2000), Macinati (2008) the most important factor in achieving sustainability is TQM. According to Ali & Alolayyan (2013) the TQM components of which resulted in positive healthcare performance, which is the organizational sustainability, which involve three sustainability impacts: social, environmental, and economic dimension. Moreover, emphasize a large contribution to confirming the significance of a TQM-directed management approach to achieve sustainability according to (Silvestr et al., 2023).

The results prove that TQM has a significant and positive impact on OC (β -value=0.743, P-value=0.000). It confirms the finding of Malik & Blumenfeld (2012); they found a positive correlation between the incorporation of quality management practices into organizational culture and quality. Therefore, H2 is also supported. The positive relation illustrates that TQM programs have a higher chance of success if the underlying corporate culture aligns with the principles and fundamental assumptions put out by the TQM discipline according to (Kujala & Lillrank, 2004).

Consequently, organizational culture seems to be a critical component in understanding any organization's capacity to perform and compete (Cicmil & Kekäle (1997); Gerowitz (1998)). Furthermore, a substantial shift in the organization's principles, beliefs, and culture is necessary for the successful application of TQM. Key cultural determinants in the provision of quality care have been found to include a number of cultural factors, including high quality of healthcare delivery, ethical values, engagement,

professionalism, value for money, commitment to quality, strategic planning and strategic thinking (Carney, 2011).

According to Rad (2006), hospitals that have an organic organizational structure and an average organizational culture are considered the most successful hospitals in applying total quality management, TQM calls for an organizational culture that gives priority to quality, top management support, organizational learning and entrepreneurship, teamwork and cooperation, risk-taking, continuous communication, continuous improvement, focus on customer (internal and external), cooperation with suppliers, and quality monitoring and assessment.

Also, these studies Kujala & Lillrank (2004), have all demonstrated how cultural factors impact on TQM success. Moreover, Kaluarachchi (2010) discovered that the supportive culture of the hospital has significantly impacted on its TQM practices.

The results showed that OC has a significant and positive impact on hospitals sustainability (HS) (β -value=0.235, P-value=0.000). This positive result matches with Mostepaniuk et al. (2023) who proved that organizational culture is significantly related to sustainable performance in health organizations. And according to Journal of Applied Business and Economics Healthcare Organization could achieve higher levels of sustainability and profitability if they incorporate these activities into a part of their organizational culture (Acharya et al., 2014).

The study supports H3, indicating that palestinian hospitals actively practice OC practice and achieve high sustainable performance. These organizations share goals, principles, strong staff presence, senior management involvement, advanced communication, and learning approaches for problem-solving. (Atun, 2003). In addition, organizational culture is one of the major activities that Avery & Bergsteiner (2010) identified as driving sustainable organizations.

According to Barney (1986), an organization's culture is vital for producing sustained competitive advantage. Also, a high-scoring organization is more likely to develop this advantage over time and can also contribute to higher financial performance (Dasgupta & Banker, 2015). Baumgartner (2009) draws the conclusion that developing a culture that fosters long-term success is the first step towards creating a sustainable firm. The

term "sustainability organizational culture" was most recently used by Kantabutra (2021) to describe an organizational culture that is particularly effective at achieving sustainability performance.

Building an organizational culture that helps an organization become sustainable is the long-term objectives of sustainable development (Assoratgoon & Kantabutra, 2023). According to Fok et al. (2021), creating an organizational culture which emphasis sustainability and excellence is essential to making sure that green projects succeed. Also, according to Shrivastava (1995), organizational sustainability needs the overall adoption of economic, social, and ecological aspects into the organization's mission, values, vision, and processes.

Therefore, the importance of organizational culture when establishing the organization's sustainability orientation must be mentioned. The results showed that the hierarchical culture was the most preference of OC practices. This is represented in many ways; cooperation and stability between employees and managers, flexibility in dealing with, responding to any external changes, operational effectiveness, understanding tasks and responsibilities.

Followed by market culture, which almost have similar priority, care about competition, keeping pace with technological progress, constant innovation, and a strong focus on customers to provide the best performance and provide new services all the time. We can conclude that managers and senior management as a whole in the health care sector can adopt and enhance the role of organizational culture as a fixed strategy that can be modified according to time and place in their organizations, which in turn leads to the provision of high-quality health services and this can lead to the sustainability of health care organizations. Also, it is necessary to adopt organizational culture because it is considered crucial to providing high performance in healthcare organizations (Jacobs et al., 2013; Acar & Acar, 2014; and Rad, 2006).

The results showed that the mediating role of OC between total quality management and hospital sustainability achieved positive and significant results (β -value=0.174, P-value=0.001). This indicates partial mediation of organizational culture. Which means that the sustainability of hospitals could be affected directly and indirectly by TQM (through OC). This result is consistent with both (Khalil & Muneenam, 2021) and (Fok

et al., 2021) who demonstrated the role of organizational culture as a positive mediator in the relationship between total quality management and sustainability.

Therefore, H4 is supported. The ability to achieve significant sustainable competitive advantages Joiner (2006), Cicmil & Kekäle (1997) when implementing both total quality management and organizational culture together. This indicates that TQM plays a vital and major role in achieving competitive advantages and sustainability for companies by enhancing the role of OC practices.

4.3 Conclusions

In general, the sustainability of healthcare is vital, as the industry aims to attain sustainable growth. The current study investigated the impact of TQM practice on sustainability with its three dimensions Economic, social and environmental. In West Bank hospitals (public and private), included 24 hospitals. In addition to investigate the mediating effect of OC on the relationship between TQM practices and sustainability. Also, explored the impact of organizational culture practices on sustainability.

In addition, the study included different middle- and senior-level management personnel for instance managers, administrative director, medical director, quality director, general manager, financial director, planning director. These individuals may have differing perspectives on overall quality management, which could lead to varying performance levels in terms of quality. The finding demonstrated that there is a very high level of implementation of TQM practices, organizational culture and sustainability. Based on the previous literary studies and the MBNQA model, four hypotheses were formulated and tested using the statistical program (PLS-SEM).

The study found that organizational culture significantly influences the impact of Total Quality Management (TQM) practices on sustainable performance. The correlation between TQM practices and sustainability was positive, with high implementation levels. Implementing TQM practices can lead to long-term sustainable performance in hospitals. Additionally, TQM practices positively affect organizational culture, with a high implementation level.

Therefore, Organizational culture is crucial for high performance in healthcare organizations, with positive effects on sustainable performance. The healthcare sector

must recognize its value in sustainable performance. TQM plays a vital role in achieving competitive advantages and sustainability by enhancing organizational culture practices, with a high implementation level of 3.9845.

This study, which is the first in Palestine, examines the impact of Total Quality Management (TQM) practices on sustainability in the Palestinian healthcare sector, highlighting the importance of efficient implementation with organizational culture. However, government and top management support is crucial for achieving sustainable development objectives.

4.4 Theoretical and Practical Implications

4.4.1 Theoretical Implications

This study helped understand the topic of TQM and OC practices and their relationship with sustainability. In addition, it helped develop some concepts and practices for researchers who wish to understand the reasons for adopting TQM and boost previous literature on TQM in Palestine, specifically in the health care sector. Similarly, there has been a lack of Palestinian studies about the implementation of TQM in public and private hospitals. The study supports up the argument made by advocates of TQM that implementing TQM successfully can greatly improve organizational performance. This study is considered the first of its kind in Palestine to comprehensively address this topic, which proves the mediating role of OC in the relationship between total quality management and sustainability.

4.4.2 Practical Implications

The study emphasizes the importance of total quality management practices in healthcare, including customer focus, human resources management, continuous improvement, strategic planning, senior management support, employee engagement, and training, to enhance hospital performance and achieve sustainability in social, environmental, and economic dimensions. It also highlights the role of organizational culture in influencing sustainable performance, especially in developing countries like Palestine.

The analysis indicates that effective implementation of TQM program through adoption of quality programs such as MBNQA and organizational culture have a significant

contribution to achieving sustainability and consider the role of OC. In order to help OC, achieve sustained success, top management and leadership must be completely committed to the efficient adoption of the TQM program.

The needs of sustainable stakeholders should also be incorporated into organizational strategy and operations. Additionally, using enhancing their capacity to produce high-quality, fast, and accurate information on management decisions, hospital managers will be better able to maintain their hospitals' competitiveness. In the same way, it motivates hospital administration to focus on medical and administrative personnel training as well as humanitarian concerns.

4.5 Recommendations

Based on previous results we made some recommendations regarding unsatisfactory results regarding quality and sustainability practices and organizational culture.

- The concept of total quality management should receive greater attention from public and private hospitals in Palestine, and its practice in the hospital environment, with the support of senior management, due to its major role in the success of this approach, by setting its priorities with regard to improving and developing services and adopting new strategies that contribute to improving levels of service provided to the patient in hospitals and thus patient satisfaction. Performance evaluation depends on the extent of these hospitals' commitment to quality control procedures and standards, which in turn leads to achieving sustainability.
- A training program must be provided for employees and senior management on comprehensive quality management in all hospitals, as financial support is considered necessary for this training program.
- The necessity of managing human resources effectively by providing training and continuing education and developing a reward system for medical staff.
- Administrative units must be established with the ability to deal with complaints and suggestions provided to us by patients and visitors, and there must be an information system related to the service provided that is capable of improving and developing the quality of performance, services and the ability to make decisions, and making an integrated medical staff available at all times.
- There is also the need for the availability of modern medical equipment.

- It is necessary for hospitals to have the full ability to build an extensive and regular strategy that contains long-term plans and goals in order to continuously improve and manage medical and administrative errors to ensure that they are not frequent and reduced, maintain the financial level, and the necessity of adopting quality systems in general, including ISO 9001, and other systems.
- As for the aspects of sustainability, firstly, from the environmental perspective, we must work to recycle waste in a safe and effective way that ensures reducing costs and reducing water consumption by creating water recycling systems. The same applies to electricity and energy, which must be replaced with solar cells. Secondly, from a social perspective, it is necessary to pay full attention to patients by providing the best service with the best quality and to employees by providing financial support, education, continuous training and financial rewards that include providing the best service and thus obtaining complete satisfaction from patients, as well as building good relationships with suppliers and maintaining them, and this in turn leads to it can lead to economic sustainability.
- The need to adopt organizational culture as a long-term strategy and plan that can be changed over time because of its importance in the success of hospitals at the internal and external levels.

4.6 Limitations and Future Research Work

This study included a set of limitations, which were as follows:

- Data for this research was collected during the Gaza War, and for this political reason it led to restricting movement and access to all hospitals in the West Bank,
- Because of the economic situation in Palestine and the lack of commitment to salaries, which led to the absence of many managers (because their working hours became only two days). Therefore, the number of hospitals that constitute the study population is small and does not meet the study requirement, but it is acceptable and its results may be generalized only to hospitals in the West Bank, with the exception of the Gaza Strip.
- Data were generated only from hospital managers, but future studies should expand the scope of participants to include all employees, not just managers. It is recommended to expand the scope of the study to include other sectors.

- The effect of other variables, such as green innovation, can be studied as a mediator between the relationship between total quality management practices and sustainable performance, to show its impact on the relationship.

List of Abbreviations

Abbreviations	Meaning
ATM	Automated Teller Machine
AVE	Average Variance Extracted
CMB	Common Method Bias
CFA	Confirmatory Factor Analysis
CI	Continuous Improvement
CGP	Corporate Green Performance
CSF	Critical Success Factor
CVF	Competing Values Framework
CR	Composite Reliability
DMSP	Decision-Making and Strategic Planning
Eco	Economic Sustainability
ES	Environmental Sustainability
ET	Education and Training
f^2	Effect Size
Fop	Focus on Patients
Pow	Full Participation of Workers
GDP	Gross Domestic Product
GHRM	Green Human Resources Management
Gof	Goodness of Fit Index
GRI	Global Reporting Initiative
HC	Hierarchical Culture
HSA	Hospital Sustainability Assessment
HS	Hospitals Sustainability
HTMT	Heterotrait – Monotrait Ratio of Correlations
HRF	Hospital Revolving Fund
ISO	International Organization for Standardization
ILO	International Labor Organization
MBNQA	Malcolm Baldrige National Quality Award

Abbreviations	Meaning
MHR	Management of Human Resources
MC	Market Culture
MoH	Ministry of Health
NHS	National Health Service
NGO	Non-governmental organizations
OC	Organizational Culture
β value	Path Coefficient
PLS-SEM	Partial Least Squares Structural Equation Modelling
PCBS	Palestinian Central Bureau of Statistics
PCMA	Palestinian Capital Market Authority
Q^2	Predictive Relevance
R^2	Coefficient of Determination
SD	Sustainable Development
SocS	Social Sustainability
SPC	Statistical Process Control
SPSS	Statistical Package for the Social Sciences
TQM	Total Quality Management
TMS	Top Management Support
USA	United States America
UAE	United Arab Emirates
UNRWA	United Nations Relief and Works Agency
VIF	Variance Inflation Factor
VAF	Variance Accounted For
WB	West Bank
WHO	World Health Organization

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Appendices

Appendix A

Questionnaire in Arabic



جامعة النجاح الوطنية

كلية الدراسات العليا / برنامج ماجستير الإدارة الهندسية

"استبانة تقييم تأثير ممارسات إدارة الجودة الشاملة على الاستدامة في المستشفيات الفلسطينية ، مع

اخذ الثقافة التنظيمية كوسيط"

عزيزي القارئ/ عزيزتي القارئة:

تحية طيبة،

شكراً لك على وقتك في الإجابة على هذا الاستبيان. تستهدف هذه الدراسة قطاع المستشفيات الحكومي والخاص في فلسطين ، بهدف تقييم تأثير ممارسات إدارة الجودة الشاملة على الاستدامة. إن الاستبيان هو وسيلة لجمع المعلومات للبحث العلمي لاستكمال متطلبات الحصول على درجة الماجستير في الإدارة الهندسية من جامعة النجاح الوطنية.

يتكون الاستبيان من قسمين رئيسيين:

القسم الأول: يهدف إلى جمع المعلومات الديموغرافية عن المبحوثين.

القسم الثاني: يتكون من ثلاثة أجزاء، تهدف إلى تقييم تأثير ممارسات إدارة الجودة الشاملة على الاستدامة في قطاع المستشفيات الحكومي والخاص في فلسطين مع وجود الثقافة التنظيمية كوسيط.

سوف تستغرق الإجابة على الاستبيان 20-30 دقيقة. يرجى قراءة جميع الأجزاء بعناية واختيار الإجابة المناسبة بدقة وحيادية، مع التقدير الكامل لمشاركتك.

وتفضلوا بقبول وافر التقدير والاحترام

لجنة تحكيم الاستبيان: د. يحيى صلاحات ، د. شادي صوالحة

الطالبة: يارا عيسى ، جوال رقم: 0595513976

القسم الأول: المعلومات الديموغرافية للمبحوثين:

يرجى التكرم بالإجابة على الأسئلة التالية بوضع إشارة × في المكان المناسب:

البيانات الخاصة بالشخص الذي يعبئ الاستبانة:

الجنس:

() ذكر () أنثى

الفئة العمرية:

() 30 عام فأقل () 31-40 عام

() 41 - 50 عام () 51 عام فأكثر

المؤهل العلمي:

() بكالوريوس () ماجستير () دكتوراه

مكان العمل:

() مستشفى حكومي () مستشفى خاص

المسمى الوظيفي:

() مدير عام () مدير وحدة () رئيس قسم أخرى

سنوات الخبرة:

() 5 أعوام فأقل () 6-10 أعوام

() 11-15 عام () 16 عام فأكثر

المحافظة:

() جنين () طولكرم () نابلس

() رام الله () القدس () الخليل

() بيت لحم () سلفيت () قلقيلية

() أريحا () طوباس والأغوار الشمالية

القسم الثاني

(القسم الأول: ممارسات إدارة الجودة الشاملة)

يشير هذا القسم إلى ممارسات إدارة الجودة الشاملة في قطاع المستشفيات في فلسطين والتي تشمل (دعم وتأييد الإدارة العليا، التركيز على المرضى، المشاركة الكاملة للعاملين، التحسين المستمر، اتخاذ القرارات والتخطيط الاستراتيجي، التعليم والتدريب، القيادة والإدارة، الإدارة الفعالة للموارد البشرية).

لكل جملة من الجمل التالية يرجى اختيار درجة التأثير المناسبة حسب وجهة نظرك.

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق بشدة	غير موافق بشدة
	المحور الأول: ممارسات إدارة الجودة الشاملة					
	المبدأ الأول: دعم وتأييد الإدارة العليا					
1	تعمل الإدارة على التحقق من تطبيق مبادئ الجودة الشاملة وتقييم التقدم الحاصل في ذلك.					
2	تتفاعل الإدارة مع المرضى من خلال الاستماع إلى آرائهم في الخدمات المقدمة لهم.					
3	تقدم الإدارة المكافآت والحوافز للعاملين من أجل تشجيعهم على تقديم جودة أفضل.					
4	تقيم الإدارة مدى كفاءة وفاعلية التغيير في المؤسسة من خلال تطبيقها لمبادئ الجودة.					
5	توافر كوادر طبية مؤهلة قادرة على تقديم أفضل الخدمات الطبية					
6	تقوم إدارة المستشفى بتأكيد الجودة للخدمة الطبية المقدمة					
	المبدأ الثاني: التركيز على المرضى					
1	تقوم المستشفى بتطوير خطط واستراتيجيات طويلة الأمد للتعرف على احتياجات المرضى.					
2	تلجأ الإدارة إلى تحليل البيانات المجمع لتقدير احتياجات المرضى.					
3	تقوم المستشفى بمتابعة ما بعد تقديم الخدمة وذلك لتقييمها ومعرفة مدى رضا المريض عنها.					
4	تقوم المستشفى بالاستعانة بشكاوي المرضى من أجل تطوير الخدمات المقدمة.					
5	التعرف الدائم على احتياجات المريض الحالية والمتوقعة وتقديم الخدمات المناسبة لهذه الاحتياجات					
6	يوجد لدى المستشفى مجلس يهتم بشؤون جودة الخدمات الصحية					

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق	غير موافق بشدة
7	تركز إدارة المستشفى اهتمامها على المريض					
8	تقوم إدارة المستشفى ب التركيز على قياس درجة رضا المريض بشكل دوري					
9	تعمل إدارة المستشفى على تحديد ومعالجة شكأوي المرضى					
10	يشكل رضا المريض أولوية خاصة للمستشفى					
	المبدأ الثالث: المشاركة الكاملة للعاملين					
1	تعاون الإدارة والعاملين معا من أجل توفير خدمات مرضي المرضى.					
2	التحسين المستمر مسؤولية الجميع ولمختلف الإدارات.					
3	السماح للعاملين الذين لديهم أفكار متميزة بتقديمها بشكل رسمي للإدارة.					
4	العاملون مسئولون عن تطبيق الجودة وعن النتائج المتحققة للنتائج والخدمات المقدمة.					
5	تحرص إدارة المستشفى على إرضاء العاملين					
6	تشجع إدارة المستشفى العمل بروح الفرق الواحد					
	المبدأ الرابع: التحسين المستمر					
1	تنظر المستشفى إلى التحسين والتطور المستمر على أنه جزء لا يتجزأ من متطلبات المستشفى.					
2	تسعى المستشفى إلى تحمل مسؤولياتها اتجاه المرضى من خلال التحسين والتطوير المستمر للخدمات المقدمة.					
3	يتم الإعداد والتخطيط للمنتجات الجديدة بشكل دقيق لنابيه الاحتياجات وتوقعات المرضى وسوق العمل المستقبلية.					
4	يتم التواصل بين مختلف الأقسام الإدارية عند القيام بتطوير وتحسين الخدمات الحالية والمتوقعة.					
5	الحرص على تنمية وتدريب العنصر البشري باستمرار من اجل الوفاء بمتطلبات تلك المعايير التي الهدف منها ضمان القدرة على إنتاج الجودة					
6	هناك تدعيم ل البحث، والتطوير، والتشجيع على الإبداع، وتنمية المعرفة، والمهارات لدى الكفاءات البشرية في المستشفى.					
7	توفر إدارة المستشفى نظام معلومات حديث					
8	تسعى إدارة المستشفى إلى التميز دائما في تقديم الخدمات الطبية					
	المبدأ الخامس: اتخاذ القرارات والتخطيط الاستراتيجي					

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق بشدة	غير موافق
1	تستمع الإدارة لموظفيها وتشجعهم في اتخاذ القرارات.					
2	تتخذ الإدارة القرارات للتطوير والابتكار بكل ما هو جديد في عالم الرعاية الصحية لتقابل احتياجات السوق الفلسطيني.					
3	تحرص الإدارة على استثمار كافة الموارد المتاحة لديها بصورة أمثل لتحقيق أهدافها الإستراتيجية.					
4	تتخذ الإدارة القرارات لوضع خطة واضحة تحدد فيها أهدافها.					
5	تشكل جودة الخدمة الصحية إستراتيجية بالنسبة للمستشفى					
6	يتوافر لدى المستشفى خطة لتحسين مستوى أداء الخدمة الصحية المقدمة					
7	تهدف إدارة المستشفى إلى ضمان مستوى عالي من الجودة					
	المبدأ السادس: التعليم والتدريب & القيادة والإدارة					
1	يوجد لدى المستشفى خطة تدريب سنوية لتنمية وتطوير قدرات العاملين وذلك لاكتساب المهارات والمعرفة التي تخص مهارات بناء الف، رق وديناميكية الجماعة ، والاتصال وحل المشاكل					
2	يتم تدريب المشرفين على أصول تقييم الأداء ومناقشة نتائجه.					
3	تحرص الإدارة على تدريب العاملين على الأساليب الحديثة الملائمة للتطوير عن طريق الدورات والبرامج التدريبية.					
4	يتم اختيار العاملين بعناية فائقة للقيام بوظائفهم وتدريبهم لحل مشاكل الجودة.					
5	يوجد لدى المستشفى نظام المكافآت للتشجيع على الاستمرارية في العمل					
6	تدرب إدارة المستشفى العاملين على تقديم خدمة صحية متميزة					
7	تعتبر القيادة بصفة عامة هي العنصر المحوري الذي ينسق كافة العناصر الأخرى، ويتابع ويساند الأداء، ويقدم النصح، والمساعدة لتصحيح ما قد يقع من انحرافات في الأداء					
	المبدأ السابع: الإدارة الفعالة للموارد البشرية					
1	يوجد نظام يركز على فكرة العمل الجماعي والمشاركة في وضع خطط التحسن المستمر					
2	يوجد نظام يعمل على ربط المكافآت بأداء العمل					
3	التدريب والتحفيز المستمر ، وتوفير بيئة العمل الملائمة للإبداع					
4	التعاون بين جميع العاملين والتشجيع على العمل الجماعي والاتصال					

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق بشدة	غير موافق
	والاحتكاك المستمر والتعرف على احتياجات بعضها من الموارد المالية والبشرية والفنية التي تساعد على التحسين المستمر					

القسم الثاني:

يشير هذا القسم إلى ممارسات أبعاد الاستدامة في قطاع المستشفيات في فلسطين والتي تشمل (ممارسات الاستدامة الاقتصادية، الاستدامة الاجتماعية، الاستدامة البيئية).

لكل جملة من الجمل التالية يرجى اختيار درجة التأثير المناسبة حسب وجهة نظرك.

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق بشدة	غير موافق
	المحور الثاني: أبعاد الاستدامة					
	البعد الأول: الاستدامة الاقتصادية					
1	تحرص الإدارة على تخفيض تكاليف عملياتها دون المساس بالجودة.					
2	تحرص الإدارة على الاستخدام الأمثل لمواردها المختلفة والمحافظة على جودة بيئة العمل.					
3	تحرص الإدارة على إعادة تدوير المواد المستهلكة.					
4	تساهم المستشفى في التوعية المجتمعية بأهمية تدوير واستثمار الموارد المتاحة.					
5	تسعى الإدارة إلى رفع والحفاظ على الحصص السوقية وسمعة المستشفى					
6	تبحث الإدارة عن مؤهلات وخبرات فريق عمل بجودة عالية					
7	يحرص الطاقم الطبي على ضرورة ومتابعة إجراءات مكافحة العدوى					
8	يشارك الطاقم الطبي الحد من الآثار الجانبية للأدوية					
9	يلعب الطاقم الطبي دور في تخفيض رسوم المعالجة والتخلص من النفايات					
10	يسعى الطاقم الطبي إلى تقليل الهدر من استهلاك الطاقة					
11	زيادة الاهتمام بقواعد صحة وسلامة الموظفين خاصة عند استخدام المواد الخطرة والإشعاعات					

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق	غير موافق بشدة
12	تدعم الإدارة الصحة المتنقلة					
13	تدعم الإدارة التطبيب عن بعد					
14	هناك توثيق كامل ل السجلات الصحية الالكترونية					
15	تدعم الإدارة تحليلات السحابة والبيانات					
16	هناك تطبيق لمجالات الذكاء الاصطناعي					
	البعد الثاني: الاستدامة المجتمعية					
1	تتضمن خطط الإدارة أهدافا تتعلق بمسؤوليتها نحو المجتمع.					
2	تعزيز جودة رعاية المرضى من خلال توفير الأمن والسلامة الكاملين					
3	الفهم المستمر لاحتياجات المريض					
4	استخدام نظام المعلومات الصحية مثل الصحة ألالكترونية					
5	تسعى المستشفيات إلى توفير الراحة الكاملة للمريض من خلال الإضاءة الطبيعية، الراحة الحرارية، جودة الهواء والصوتيات					
6	يوجد توزيع للعناصر الوظيفية بشكل صحيح من خلال مرونة الفراغات وضوح المسارات					
7	تحرص الإدارة على توفير برامج التدريب والسلامة المهنية للموظفين.					
8	تعزيز جودة القوى العاملة المهنية في مجال الرعاية الصحية (الاستدامة المهنية، بيئة العمل الصحية)					
9	استخدام معدات ولوازم التخطيط المكاني لزيادة الرضا الوظيفي					
10	الدعم والتعاون الإداري للعاملين من خلال التعليم والتدريب بهدف الاستدامة والتحسين المستمر					
11	يوجد نظام تكافئ الفرص للعاملين الكفاء من خلال نظام مكافآت مالية					
12	توفر الإدارة فرص عمل للأشخاص من ذوي الاحتياجات الخاصة.					
13	توفر الإدارة فرص عمل لجميع الأفراد على اختلاف مستوياتهم التعليمية.					
14	تحرص الإدارة على توفير فرص تدريب لطلاب الجامعات					
15	التعامل والتواصل المستمر مع مزودي الموارد والشركاء					
16	المرونة في التعامل مع الموردين					
17	الالتزام في الوقت					
18	الالتزام ب السياسات واللوائح التابعة للمستشفى					

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق	غير موافق بشدة
19	يوجد مواكبة للتقدم التكنولوجي					
	البعد الثالث: الاستدامة البيئية					
1	تربط الإدارة برامجها وأنشطتها بخطط التنمية المتعلقة بالبيئة المحيطة بها لضمان استدامتها واستمراريتها.					
2	تقدم الإدارة برامج التوعية الصحية في البيئة المحيطة.					
3	تنفذ الإدارة برامج تدريب للعاملين عن أهمية الحفاظ على البيئة والحد من التلوث.					
4	الإدارة الفعالة لنفايات الرعاية الصحية والذي يشمل مخلفات البناء والمخلفات الطبية وإعادة تدوير النفايات					
5	التعامل السليم مع المواد الكيميائية الذي يشمل استخدام مواد كيميائية صديقة للبيئة والتخلص الآمن من المركبات السامة					
6	تقليل الانبعاثات الكربونية من خلال توفير الطاقة، تقنيات العمارة الخضراء، استخدام الطاقة البديلة والمتجددة، النقل المستدام، استخدام المواد المستدامة					
7	ترشيد استهلاك المياه من خلال إعادة تدوير المياه، جودة تركيبات الأجهزة الصحية الصديقة للبيئة					
8	نظام الصرف الصحي من خلال فصل صرف السوائل الخطرة والمعالجات الكيميائية للادوية السامة					

القسم الثالث:

يهدف هذا القسم إلى الكشف عن دور الثقافة التنظيمية كوسيط في تحسين استدامة المستشفيات (الثقافة الهرمية، ثقافة السوق).

لكل جملة من الجمل التالية يرجى اختيار درجة التأثير المناسبة حسب وجهة نظرك.

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق	غير موافق بشدة
	المحور الثالث: الثقافة التنظيمية					
	النوع الأول: الثقافة الهرمية					
1	تدعم الإدارة هذا النوع من الثقافات					
2	تمتلك المستشفى هيكل تنظيمي واضح حسب الإجراءات المعمول بها يوضح مسؤوليات ومهام كل موظف					

#	السؤال	موافق بشدة	موافق	بدون رأي	غير موافق	غير موافق بشدة
3	هناك تواصل فعال بين الموظفين ورؤساء الأقسام والمدراء					
4	تحقق الثقافة الهرمية إدارة للمخاطر والاستقرار والفعالية التشغيلية					
5	يحقق هذا النوع من الثقافة المرونة في التعامل والاستجابة لأي تغييرات خارجية					
6	هذا النوع من الثقافات يتسم بالقوة والاستبداد في المعاملة					
	النوع الثاني: ثقافة السوق					
1	تسعى الإدارة دائماً إلى الصدارة في المنافسة ومواكبة التقدم والتكنولوجيا ومواكبة كل ما هو جديد في تقديم الخدمات.					
2	تمتلك الإدارة قدرات تنافسية عالية قادرة على تقديم أفضل أداء					
3	هناك تركيز قوي على رضا العملاء					
4	تشكل ثقافة السوق ضغط وتوتر كبير على الموظفين					
5	هناك ابتكار دائم وقدرة على تقديم خدمات جديدة طوال الوقت					

أية ملاحظات تودون إضافتها:

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شكراً لتعاونكم

Appendix B

Questionnaire in English



An-Najah National University

Faculty of Graduate Studies

Engineering Management Program

The impact of total quality management practices on sustainability in Palestinian hospitals: the organizational culture as a mediator

Dear respondent

Thank you for your time answering this questionnaire. This study targets the public and private hospital sector in Palestine, with the aim of assessing the impact of total quality management practices on sustainability. The questionnaire is a means of collecting information for scientific research to complete the requirements for obtaining a master's degree in engineering management from An-Najah National University.

The questionnaire consists of two main sections: Answering the questionnaire The first section: aims to collect demographic information about the respondents.

The second section: It consists of three parts, aiming to evaluate the impact of comprehensive quality management practices on sustainability in the public and private hospital sector in Palestine: organizational culture as a mediator.

It will take 20-30 minutes to answer the questionnaire. Please read all parts carefully and choose the appropriate answer accurately and impartially, with full appreciation for your participation.

Survey jury: Dr. Yahya Al-Saleh, Ershadi Sawalha

Please accept them with great appreciation and respect

Student: Yara Sawaftah

Mobile number: 0595513976

Second section:

Part One: Practices for Total Quality Management

The practices of total quality management in the Palestinian hospital industry are discussed in this section. These practices include the following: full employee participation, customer focus, leadership and management, education and training, continuous improvement, strategic planning, and effective management of human resources.

Please select the appropriate level of influence for each of the following sentences based on your viewpoint.

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
The first principle: Top management support					
1. The administration works to verify the application of comprehensive quality principles and evaluate the progress achieved in this regard.					
2. The administration interacts with patients by listening to their opinions about the services provided to them.					
3. Management provides rewards and incentives to employees in order to encourage them to provide better quality.					
4. Management evaluates the efficiency and effectiveness of change in the organization through its application of quality principles.					
5. Availability of qualified medical personnel capable of providing the best medical services					
6. The hospital administration confirms the quality of the medical service provided					
The second principle: focus on customers					
1. The hospital develops long-term plans and strategies to identify patients' needs.					
2. The administration resorts to analyzing the collected data to estimate the needs of patients.					
3. The hospital follows up after the service is provided in order to evaluate it and determine the extent of the patient's satisfaction with it.					

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
4. The hospital uses patient complaints in order to develop the services provided.					
5. Constantly identifying the patient's current and expected needs and providing services appropriate to these needs					
6. The hospital has a council concerned with the quality of health services					
7. The hospital administration focuses its attention on the patient					
8. The hospital administration focuses on measuring the degree of patient satisfaction on a periodic basis					
9. The hospital administration works to identify and address patients' complaints					
10. Patient satisfaction is a special priority for the hospital					
The third principle: full participation of workers					
1. Management and workers cooperate together in order to provide services that satisfy patients.					
2. Continuous improvement is the responsibility of everyone and the various departments.					
3. Allow employees who have distinct ideas to formally present them to management.					
4. Employees are responsible for implementing quality and for the results achieved and the services provided.					
5. The hospital administration is keen to satisfy the employees					
6. The hospital administration encourages working as a team					
The fourth principle: continuous improvement					
1. The hospital views continuous improvement and development as an integral part of the hospital's requirements					
2. The hospital seeks to assume its responsibilities towards patients through continuous improvement and development of the services provided.					
3. New products are carefully prepared and planned to meet the needs and expectations of patients and the future labor market.					

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
4. Communication takes place between various administrative departments when developing and improving current and expected services.					
5. Ensuring continuous development and training of the human element in order to meet the requirements of those standards, the aim of which is to ensure the ability to produce quality.					
6. There is support for research and development, encouragement of creativity, and development of knowledge and skills among human competencies in the hospital.					
7. The hospital administration provides a modern information system					
8. The hospital management always strives for excellence in providing medical services					
The fifth principle: decision-making and strategic planning					
1. Management listens to its employees and encourages them to make decisions					
2. The administration makes decisions to develop and innovate with everything new in the world of health care to meet the needs of the Palestinian market					
3. Management is keen to invest all its available resources in an optimal manner to achieve its strategic objectives.					
4. Management takes decisions to develop a clear plan that defines its goals.					
5. The quality of health service constitutes a strategy for the hospital					
6. The hospital has a plan to improve the level of performance of the health service provided					
7. The hospital management aims to ensure a high level of quality					
Sixth Principle: Education, Training & Leadership and Management					
1. The hospital has an annual training plan to develop the capabilities of employees in order to acquire skills and knowledge related to team building skills, team dynamics, group dynamics, communication and problem solving					

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
2. Supervisors are trained on the principles of performance evaluation and discussion of its results.					
3. The administration is keen to train employees on modern methods appropriate for development through training courses and programmers.					
4. Workers are carefully selected to do their jobs and trained to solve quality problems.					
5. The hospital has a rewards system to encourage continuity in work					
6. The hospital administration trains employees to provide distinguished health service					
7. Leadership, in general, is considered the pivotal element that coordinates all other elements, follows up and supports performance, and provides advice and assistance to correct any deviations in performance that may occur.					
Seventh Principle: Effective management of human resources					
1. There is a system that focuses on the idea of teamwork and participation in developing continuous improvement plans					
2. There is a system that links rewards to work performance					
3. Continuous training and motivation, and providing a suitable work environment for creativity.					
4. Cooperation among all employees, encouraging teamwork, communication, continuous interaction, and identifying each other's needs for financial, human, and technical resources that help in continuous improvement					

Part 2: Dimensions of sustainability

The practices of sustainability dimensions, namely economic, social, and environmental sustainability, in the healthcare sector in Palestine are discussed in this section.

Please select the appropriate level of influence for each of the following sentences based on your viewpoint.

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
Dimensions of sustainability					
The first dimension: Economic sustainability					
1. Management is keen to reduce the costs of its operations without compromising quality.					
2. Management is keen to make optimal use of its various resources and maintain the quality of the work environment.					
3. The administration is keen to recycle spent materials.					
4. The hospital contributes to community awareness of the importance of recycling and investing available resources.					
5. The management seeks to raise and maintain the market share and reputation of the hospital					
6. The hospital administration focuses its attention on the patient The management is looking for high-quality work team qualifications and experience					
7. The medical staff is keen to follow infection control procedures					
8. Medical staff participate to reduce side effects of medications					
9. Medical staff play a role in reducing treatment and waste disposal fees					
10. The medical staff seeks to reduce waste of energy consumption					
11. Increase attention to employee health and safety rules, especially when using hazardous materials and radiation					
12. Management supports mobile health					
13. The administration supports telemedicine					

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
14. There is complete documentation for electronic health records					
15. Management supports cloud and data analytics					
16. The hospital administration is keen to satisfy the employees. There is application to the fields of artificial intelligence					
The second dimension: Social sustainability					
1. Management plans include goals related to its responsibility towards society.					
2. Enhancing the quality of patient care by providing complete security and safety					
3. Continuous understanding of the patient's needs					
4. Use of a health information system such as e-health					
5. Hospitals seek to provide complete comfort for the patient through natural lighting, thermal comfort, air quality and acoustics					
6. Correct distribution of functional elements through flexibility of spaces and clarity of paths?					
7. The administration is keen to provide training and occupational safety programs for employees.					
8. Enhancing the quality of the professional workforce in the field of health care (professional sustainability, healthy work environment).					
9. Use spatial planning equipment and supplies to increase job satisfaction					
10. Administrative support and cooperation for both years through education and training with the aim of sustainability and continuous improvement					
11. System of equal opportunities for efficient workers through a financial rewards system?					
12. The administration provides job opportunities for people with special needs.					
13. The administration provides job opportunities for all individuals of all educational levels.					
14. The administration is keen to provide training opportunities for university students					

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
15. Collaboration and continuous communication with resource providers and partners					
16. Flexibility in dealing with suppliers					
17. Time commitment					
18. Adherence to hospital policies and regulations					
19. Keeping pace with technological progress?					
The third dimension: environmental sustainability					
1. The administration links its programs and activities with development plans related to the surrounding environment to ensure their sustainability and continuity.					
2. The administration provides health awareness programs in the surrounding environment.					
3. The administration implements training programs for employees on the importance of preserving the environment and reducing pollution.					
4. Effective management of healthcare waste, which includes construction waste, medical waste, and waste recycling					
5. Proper handling of chemicals, which includes the use of environmentally friendly chemicals and the safe disposal of toxic compounds					
6. Reducing carbon emissions through energy saving, green architecture techniques, use of alternative and renewable energy, sustainable transportation, use of sustainable materials					
7. Rationalizing water consumption through water recycling, quality fixtures Environmentally friendly health devices					
8. Drainage system by separating the drainage of hazardous liquids and chemical treatments for toxic drugs					

Part 3: Organizational Culture

The purpose of this section is to provide information on how organizational culture—specifically, market and hierarchical cultures—acts as a mediator in enhancing hospital sustainability. Please select the appropriate level of influence for each of the following sentences based on your viewpoint.

The Question	Strongly agree	Agree	Neutral (don't know)	Disagree	Strongly disagree
Types of organizational culture					
The first type: Hierarchical Culture					
1. The Management support this type of culture?					
2. Hospital has a clear organizational structure according to established procedures that explains the responsibilities and tasks of each employee					
3. Effective communication between employees, department heads, and managers					
4. The hierarchical culture achieves risk management, stability and operational effectiveness?					
5. This type of culture achieve flexibility in dealing with and responding to any external changes?					
6. This type of culture is characterized by force and tyranny in treatment					
The second type: Market Culture					
1. The administration always strives to be ahead of the competition, keep pace with progress and technology, and keep up with everything new in providing services?					
2. The administration has highly competitive capabilities capable of providing the best performance?					
3. There is a strong focus on customer satisfaction					
4. Market culture places great pressure and tension on employees					
5. There is constant innovation and the ability to provide new services all the time					

Any notes

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Thank you

Appendix C

Tables

Table C.1

Number of hospitals visited and questionnaires

Region	No. of Hospitals	Name of Hospitals	No. of Bed	Private	Govern mint	No. of Questionnaires	Response
Hebron	3	Alia Hospital	278		**	6	6.6%
		Mahmoud Abbas Hospital	19		**	6	6.6%
		A Famous Hospital	10	**		5	5.5%
Bethlehem	1	Caritas Children's Hospital	74	**		5	5.5%
Salfit	1	Yasser Arafat Governmental Hospital	50		**	2	2.2%
Tubas	1	Tubas Turkish Governmental Hospital	54		**	5	5.5%
Jenin	4	Jenin Governmental Hospital	223		**	4	4.4%
		Al Razi Hospital	45	**		3	3.3%
		Al Amal Maternity Hospital	18	**		4	4.4%
		Ibn Sina Specialized Hospital	55	**		4	4.4%
Ramallah	6	Palestinian Red Crescent Society Hospital	53	**		4	4.4%
		Khaled Surgical Hospital	18	**		4	4.4%
		Walid Al-Nazer Maternity Hospital	10	**		3	3.3%
		Arab Care Hospital	43	**		3	3.3%
		The specialist Khalil Abu Raya Rehabilitation Center	27	**		4	4.4%
		Jaffa Specialized Surgical Hospital	-	**		3	3.3%
		Nablus	8	Rafidia Governmental Surgical Hospital	201		**
National Government Hospital	65				**	3	3.3%
Arab Women's Union Society Hospital	57			**		3	3.3%

Region	No. of Hospitals	Name of Hospitals	No. of Bed	Private	Govern mint	No. of Questionnaires	Response
		Arab Evangelical Hospital Nablus	48	**		4	4.4%
		Specialized Hospital AL Arabi	54	**		2	2.2%
		Specialized Hospital An-Najah	105	**		4	4.4%
		National University Hospital	104	**		3	3.3%
		Al Amal Rehabilitation Hospital	10	**		3	3.3%
Total	24					90	100%

Table C.2*Rustles of reliability and validity*

Construct	Item No.	References	Item Loading (First construct)	CR	Cronbach Alpha	AVE
TQM Practice		(Aburayya et al., 2020)				
	TMS1	(Baidoun et al., 2018)	0.712			
		(Sweis et al., 2013)				
	TMS2	(Sweis et al., 2016)	0.662			
		(Abbas, 2019)				
	TMS3	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.648	0.844	0.778	0.500
Top Management Support (TMS)	TMS4		0.721			
		(Mosadeghrad, 2013)				
	TMS5	(Sabella et al., 2015)	0.645			
	TMS6	(Hue Nguyen, 2018)	0.739			
		(Lagrosen & Lagrosen, 2019)				
Focus on patients (FOP)		(Abbas, 2019)				
	FOP1	(Baidoun et al., 2018)	0.674			
	FOP2	(Prajogo & Sohal, 2010)	0.689			
	FOP3	(Aburayya et al., 2020)	0.727			
	FOP4	(Sweis et al., 2013)	0.826			
	FOP5	(Sweis et al., 2016)	0.769	0.926	0.910	0.556
	FOP6	(Mosadeghrad, 2013)	0.641			
	FOP7	(Sabella et al., 2015)	0.820			
	FOP8	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.718			
	FOP9		0.777			
FOP10		0.793				
Full Participation of Workers (FPOW)	FPOW1	(Abbas, 2019)	Deleted			
	FPOW2	(Aburayya et al., 2020)	0.621			
	FPOW3	(Baidoun et al., 2018)	0.781	0.854	0.791	0.541
	FPOW4	(Sabella et al., 2015)	0.691			
	FPOW 5	(Sweis et al., 2013)	0.763			
	FPOW6	(Sweis et al., 2016)	0.807			

Construct	Item No.	References	Item Loading (First construct)	CR	Cronbach Alpha	AVE
		(Mosadeghrad, 2013)				
		(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)				
		(Abbas, 2019)				
		(Aburayya et al., 2020)				
Continuous Improvement (CI)	CI1	(Baidoun et al., 2018)	0.705	0.874	0.833	0.500
	CI2	(Mosadeghrad, 2013)	0.694			
	CI3	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.703			
	CI4	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.707			
	CI5	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.736			
	CI6	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.720			
	CI7	(Hue Nguyen, 2018)	Deleted			
	CI8	(Sabella et al., 2015)	0.678			
		(Sweis et al., 2013)				
		(Sweis et al., 2016)				
		(Abbas, 2019)				
		(Aburayya et al., 2020)				
Decision-Making and Strategic Planning (DMASP)	DMASP1	(Baidoun et al., 2018)	0.723	0.916	0.892	0.610
	DMASP2	(Mosadeghrad, 2013)	0.842			
	DMASP3	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.826			
	DMASP4	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.871			
	DMASP5	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.698			
	DMASP6	(Hue Nguyen, 2018)	0.765			
	DMASP7	(Sabella et al., 2015)	0.721			
		(Sweis et al., 2013)				
		(Sweis et al., 2016)				
		(Abbas, 2019)				
Education, and Training (E&T)	ET1	(Abbas, 2019)	0.784	0.892	0.855	0.579
	ET2	(Aburayya et al., 2020)	0.728			
	ET3	(Baidoun et al., 2018)	0.769			
	ET4	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.749			
	ET5	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.730			
	ET6	(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.802			

Construct	Item No.	References	Item Loading (First construct)	CR	Cronbach Alpha	AVE
	ET7	(Mosadeghrad, 2013) (Sabella et al., 2015) (Sweis et al., 2013) (Sweis et al., 2016)	Deleted			
		(Abbas, 2019) (Aburayya et al., 2020) (Baidoun et al., 2018) (Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.668			
Management of Human Resources (MOHR)	MOHR1	(Mosadeghrad, 2013)	0.741	0.829	0.725	0.548
	MOHR2	(Othman & Mousa, The impact of green human resource management practices on sustainable performance in healthcare organisations: a conceptual framework, 2019)	0.767			
	MOHR3	(Sabella et al., 2015) (Sweis et al., 2013) (Sweis et al., Total quality management practices and organisational performance in Jordanian courier services, 2016)	0.780			
	MOHR4					
Dimensions of sustainability	Eco1	(Amer, 2019)	Deleted			
	Eco2	(Longoni et al., 2018)	Deleted			
	Eco3	(Rawashdeh, 2018)	Deleted			
Economic Sustainability	Eco3	(Bottero et al., Improving Sustainability During Hospital Design and Operation, 2015)	0.760	0.876	0.834	0.505
	Eco4		0.805			
	Eco5	(Zaid et al., 2018)	Deleted			
	Eco6	(Zhu et al., 2005)	0.600			
	Eco7	(Amer, 2019)	Deleted			
	Eco8	(Longoni et al., 2018)	Deleted			
	Eco9	(Rawashdeh, 2018)	0.676			
	Eco10	(Bottero et al., Improving Sustainability During	0.719			

Construct	Item No.	References	Item Loading (First construct)	CR	Cronbach Alpha	AVE
	Eco11	Hospital Design and Operation, 2015) (Zaid et al., 2018) (Zhu et al., 2005)	Deleted			
		(Amer, 2019)				
	Eco12	(Bottero et al., Improving Sustainability During	0.718			
	Eco13	Hospital Design and Operation, 2015)	Deleted			
	Eco14	(Longoni et al., 2018)	Deleted			
	Eco15	(Rawashdeh, 2018)	Deleted			
	Eco16	(Zaid et al., 2018) (Zhu et al., 2005)	0.705			
		(Amer, 2019)				
		(Longoni et al., 2018)				
		(Rawashdeh, 2018)				
		(Zaid et al., 2018)				
		(Zhu et al., 2005)				
Social sustainability	Soc1	(Ramsaran, 2005)	0.651			
	Soc2	(Hussain M. et al., 2018)	0.674			
	Soc3	(Chang et al., Service quality, trust, and patient	0.668	0.910	0.894	0.500
	Soc4	satisfaction in interpersonal-	Deleted			
	Soc5	based medical service encounters, 2013)	0.678			
	Soc6	(Butler et al., 1996) (AlJaberi et al., 2017) (Hee Yoon et al., 2004) (Robert et al., 2019) (Ullah et al., 2021)	0.666			
	Soc7	(Amer, 2019)	0.741			
	Soc8	(AlJaberi et al., 2017)	0.761			
	Soc9	(Longoni et al., 2018)	0.739			
	Soc10	(Rawashdeh, 2018)	0.600			
	Soc11	(Hussain M. et al., 2018)	Deleted			
	Soc12	(Hee Yoon et al., 2004) (Chang et al., Service quality, trust, and patient	Deleted			

Construct	Item No.	References	Item Loading (First construct)	CR	Cronbach Alpha	AVE	
	Soc13	satisfaction in interpersonal-based medical service encounters, 2013) (Stoddard et al., 2012) (Zaid et al., 2018) (Zhu et al., 2005) (Ullah et al., 2021) (Amer, 2019) (Hussain M. et al., 2018)	Deleted				
	Soc14						
Supplier Satisfaction (SS)	Soc15		(Hussain et al., Assessing quality performance through seven total quality management practices, 2023)	0.604			
	Soc16			0.641			
	Soc17			0.600			
	Soc18		0.600				
	Soc19	(Rawashdeh, 2018) (Zaid et al., 2018)	Deleted				
Environmental Sustainability (ES)	ES1	(Amer, 2019)					
	ES2	(Al-Khatib et al., 2016)	0.712				
	ES3	(Alhaddi, 2015)	0.824				
	ES4	(Longoni et al., 2018)	0.812				
	ES5	(Rawashdeh, 2018)	Deleted	0.907	0.880	0.584	
	ES6	(Morelli, 2011)	0.659				
	ES7	(Manika, 2017)	0.767				
	ES8	(Nascimento et al., 2017) (Zaid et al., 2018) (Zhu et al., 2005)	0.743 0.815				
Organizational Culture Hierarchical Culture (HC)	HC1	(Acar & Acar, 2014)	0.690				
	HC2	(Rad, 2006)	0.803				
	HC3	(Quinn & Spreitzer, 1991)	0.720	0.876	0.822	0.586	
	HC4	(Seren & Baykal, 2007)	0.812				
	HC5	(Zhou et al., 2011)	0.795				
	HC6		Deleted				
Market Culture (MC)	MC1	(Acar & Acar, 2014)	0.906				
	MC2	(Rad, 2006)	0.854				
	MC3	(Quinn & Spreitzer, 1991)	0.861	0.909	0.865	0.714	
	MC4	(Zhou et al., 2011)	Deleted				
	MC5		0.751				

Table C.3*Assessment of formative constructs*

Construct	Item NO.	Outer weights (First construct)		Outer weights (second construct)		T value	VIF
		TMS	TMS	TMS	TQM		
TQM Practice Top Management Support (TMS)	TMS1		0.259		0.037	7.755	2.367
	TMS2		0.253		0.032		
	TMS3		0.252		0.035		
	TMS4		0.244		0.037		
	TMS5		0.230		0.026		
	TMS6		0.217		0.026		
Focus on patients (FOP)	FOP1		0.140		0.041	12.412	2.717
	FOP2		0.125		0.035		
	FOP3		0.137		0.043		
	FOP4		0.164		0.044		
	FOP5		0.142		0.041		
	FOP6		0.098		0.025		
	FOP7		0.140		0.039		
	FOP8		0.120		0.034		
	FOP9		0.132		0.033		
	FOP10		0.137		0.039		
Full Participation of Workers (FPOW)	FPOW1 (Deleted)		0.182		0.020	7.667	2.204
	FPOW2		0.283		0.032		
	FPOW3		0.217		0.024		
	FPOW4		0.313		0.040		
	FPOW5		0.343		0.041		
	FPOW6						
Continuous Improvement (CI)	CI1					12.268	3.154
	CI2		0.194		0.035		
	CI3		0.190		0.032		
	CI4		0.189		0.040		
	CI5		0.204		0.040		
	CI6		0.212		0.038		
	CI7		0.216		0.041		
	(deleted)		0.211		0.037		
CI8							

Construct	Item NO.	Outer weights (First construct)		Outer weights (second construct)		T value	VIF
		TMS	TMS	TMS	TQM		
Decision-Making and Strategic Planning (DMASP)	DMSP1		0.201		0.043	9.803	2.172
	DMSP2		0.216		0.044		
	DMSP3		0.181		0.039		
	DMSP4		0.195		0.044		
	DMSP5		0.148		0.035		
	DMSP6		0.181		0.042		
	DMSP7		0.156		0.030		
Education, Training (ET)	ET1				0.039	9.200	2.758
	ET2		0.222		0.034		
	ET3		0.191		0.037		
	ETL4		0.202		0.047		
	ET5		0.262		0.040		
	ET6		0.200		0.039		
	ET7 (Deleted)		0.237				
Management of Human Resources (EMOHR)	MOHR1		0.330		0.036	7.076	1.931
	MOHR2		0.317		0.032		
	MOHR3		0.393		0.039		
	MOHR4		0.312		0.034		



جامعة النجاح الوطنية
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الملخص

الاستدامة هي ظاهرة تنظيمية تم التركيز عليها بشكل كبير في الأدبيات الغربية. ومع ذلك، لم يتم إدراك أهميتها في البلدان النامية إلا في السنوات الأخيرة. تهدف الدراسة الحالية إلى التحقيق في تأثير إدارة الجودة الشاملة على استدامة المستشفيات من خلال الدور الوسيط للثقافة التنظيمية. تم اعتماد سبع ممارسات لإدارة الجودة الشاملة من نموذج جائزة مالكوم بالدريج الوطنية للجودة، حيث تتكون الاستدامة التنظيمية من أبعاد اجتماعية وبيئية واقتصادية، وتتكون الثقافة التنظيمية من نوعين، هما الثقافة الهيكلية وثقافة السوق.

تم بناء النموذج المفاهيمي على "نظرية المؤسسات" لشرح العلاقات بين متغيرات الدراسة. تم استخدام استبيان كأداة كمية لجمع البيانات من 90 مستجيباً من 26 مستشفى عام وخاص تعمل في الضفة الغربية - فلسطين. تم استخدام نمذجة المعادلات الهيكلية باستخدام المربعات الجزئية (PLS-SEM) للتحليل. أظهرت النتائج مستويات عالية من تنفيذ ممارسات إدارة الجودة الشاملة (4.0989) وممارسات الثقافة التنظيمية (4.2155). علاوة على ذلك، تم تحقيق الاستدامة التنظيمية للمستشفيات بمستوى عالٍ (3.938). أشارت التحليلات الهيكلية إلى تأثير إيجابي وذو دلالة على إدارة الجودة الشاملة على الاستدامة الصحية ($\beta = 0.649$ ، $T = 10.705$ ، P-value = 0.000). وهذا يدل على أن إدارة الجودة الشاملة تعزز بشكل كبير القدرات التنظيمية لتحقيق نتائج الاستدامة.

أثبتت إدارة الجودة الشاملة أيضاً أن لها تأثيراً كبيراً وإيجابياً على الثقافة التنظيمية ($\beta = 0.743$ ، $T = 13.080$ ، P-value = 0.000). علاوة على ذلك، وُجد أن تأثير الثقافة التنظيمية مشابه للصحة النفسية ($\beta = 0.235$ ، $T =$

3.512، =0.000 (P-value). أخيراً، تعتبر الثقافة التنظيمية وسيطاً جزئياً في العلاقة بين إدارة الجودة الشاملة والصحة النفسية ($\beta = 0.174$ ، $T = 3.266$ ، $P\text{-value} = 0.001$).

كشف التحليل أن إدارة الجودة الشاملة مهمة بنفس القدر لجميع المستشفيات (العامة والخاصة) لاستدامتها، على مستويات مختلفة من الثقافة التنظيمية. توفر هذه الدراسة تداعيات عملية لتحقيق استدامة قطاع المستشفيات من خلال دمج الثقافة التنظيمية مع ممارسات إدارة الجودة الشاملة، مما يقدم رؤى قيمة حول سياسات المستشفى وممارساته والأفراد الحيويين لتبادل البيانات وتنفيذ السياسات ضمن استدامة المؤسسات.

الكلمات المفتاحية: الاستدامة؛ الثقافة التنظيمية؛ إدارة الجودة الشاملة؛ المستشفيات.