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## Modeling the Best Cleanliness Practices for Qatar Healthcare Establishments

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In recent years, healthcare has become an important area of concern for both government and private healthcare establishments (HCEs) as are facing challenges in the delivery and provisioning of high quality services to satisfy their patients. However, healthcare not only means saving lives, preventing or relieving sufferings, and curing diseases and disability but providing cleanliness and impeccable hygienic ambience in and around the hospitals. With the population in Qatar increasing at a very fast rate due to a large influx of expatriate workers employed in infrastructure and other projects catering to World Cup-2022, there is considerable level of stress on healthcare establishments. Therefore, there is an urgent need to identify and understand the cleanliness practices that could benefit the healthcare managers and practitioners. Keeping in view the above issue, this paper was designed to develop a comprehensive model to identify and classify best cleanliness practices for HCEs and to study the direct and indirect effects of each practice on hygienic standards of HCEs in Qatar. The paper presents an integrated approach using Questionnaire Study and Interpretive Structural Modeling (ISM) analysis to identify and model the best cleanliness practices. Further, these practices are also modeled to find their role and mutual influence. The Interpretive Structural Model (ISM) technique is adopted to construct a hierarchical structure, and the Impact Matrix Cross-Reference Multiplication Applied to a Classification (MICMAC) approach is employed to analyze the effect and dependence among these factors. The key findings of this modeling helps to identify and classify the best practices which may be useful for HCEs practitioners and managers to employ this model for formulating strategies in order to overcome challenges of attaining high hygienic standards in Qatar HCEs. The research shows that there exists a group of enablers having a high driving power and low dependence requiring maximum attention and of strategic importance, while another group consists of those variables that have high dependence and are the resultant actions. The model reveals cleanliness practices such as "imparting training and education to staff, patients and visitors", "regulate entry for attendants and outsiders" and "immediate external environment" as

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independent practices. No practice is found to be autonomous practices. The important cleanliness practices like “hospital upkeep”, “infection control” and “waste management” are found as the linkage practices. “Improved hygienic standards”, “hygiene promotion and feedback system”, and “hospital support services” are found as the dependent practices. Healthcare establishments like Primary Health Care Corporation (PHCC) and Hamad Medical Corporation (HMC) would be the major beneficiary of this study. They can understand the difference between the independent and dependent variables and their mutual relationships. This would help them to prioritize their budget and implement suitable strategies to cater to key variables so as to develop better hygiene. It would also help to bring forth the difference between those issues that requires maximum attention and could be considered as of strategic importance and the others which in turn are affected by these important variables. The study could be helpful for physicians, healthcare managers and practitioners in maintaining good hygienic standards and improved HCEs performance.