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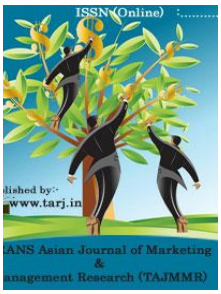


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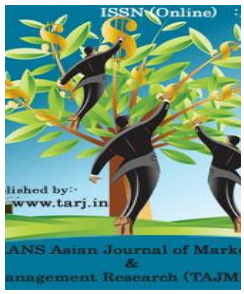


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# TOTAL QUALITY MANAGEMENT IS A JOURNEY, NOT A DESTINATION

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## ABSTRACT

*TQM (Total Quality Management) is frequently considered to be a means for achieving competitive advantage. The enchanting of quality management is a description of the culture,attitude and organization of a company that aims to provide, and continue to provide, itscustomers with products and services that satisfy their needs. The progress requires quality inall aspects of the company's operations, with things being done right first time, and defectsand waste eradicated from operations. It has a customer-first orientation. The consumer,not internal activities and constraints, comes first. Customer satisfaction is seen as thecompany's highest priority. The firm believes it will only be successful if customers aresatisfied. In the TQM perspective, `being sensitive to customer requirements' goes beyond defect anderror reduction, and merely meeting specifications or reducing customer complaints. Thenotion of requirements is expanded to take in not only product and service attributes thatmeet basic requirements, but also those that enhance and differentiate them for competitiveadvantage. Continual improvement of all operations and activities is at the heart of TQM.At the same time as recognizing the link between product quality and customer satisfaction, TQM also recognizes that product quality is theresult of process quality. Thus, there is a focus on continuous improvement of thecompany's processes. To attain customer satisfaction, the company has to respond rapidlyto customer needs. This entails short product and service introduction cycles. These can beachieved with customer-driven and process-oriented product development because theresulting simplicity and efficiency greatly reduce the time involved. The most noteworthy implication of this papers that more attention should be given to total quality management practices. In the light of this*

*background, this paper discusses the concept of TQM, PDCA cycle, principles & strategies to develop TQM along with the concept of TQP (Total Quality people).*

**KEYWORDS:** *TQM (Total Quality Management), TQP (Total Quality People), customer satisfaction, competitive & future prospective.*

## INTRODUCTION

One of the important issues that business has focused on in the last two decades is"quality". The other issues are cost and delivery. Quality has been widely considered as akey element for success in business in the present competitive market. Quality refers tomeeting the needs and expectations of customers. It is important to understand thatquality is about more than a product simply working properly.

Quality refers to certain standards and the ways and means by which thosestandards are achieved, maintained and improved. Quality is not just confined to productsand services. It is a homogeneous element of any aspect of doing things with high degreeof perfection. For example Business success depends on the quality decision making.

## QUANITIFICATION OF QUALITY

Quality can be quantified as follows

Q=P/E

Where

Q = Quality

P = Performance

E = Expectation

## DIMENSION OF QUALITY

| | | |
|---|---|---|
| 1. Performance | 2. Features | 3. Conformance |
| 4. Reliability | 5. Durability | 6. Service |
| 7. Response | 8. Aesthetics | 9. Reputation |

## TOTAL QUALITY MANAGEMENT

Total Quality Management (TQM) is an enhancement to the traditional way of doing business.

Total - Made up of the whole

Quality- Degree of excellence a product or service provides

Management- Act, Art or manner of handling, controlling, directing, etc...

TQM is an integrated organizational approach in delighting customers (bothinternal and external) by meeting their expectations on a continuous basis through everyone involved with the organization working on continuous improvement inall products, services, and processes along with proper problem solvingmethodology - INDIAN STATISTICAL INSTITUTE ( ISI )

**CHARACTERISTICS**

1. Customer Oriented

2. Long term commitment for continuous improvement of all process

3. Team work

4. Continuous involvement of top management

5. Continuous improving at all levels and all areas of responsibility

**OBJECTIVES OF STUDY**

The objectives are:

1. To summarize right attitudes in the context of effective involvement and utilization of entire work force.

2. To articulate suitable steps to establish performance measures for the processes.

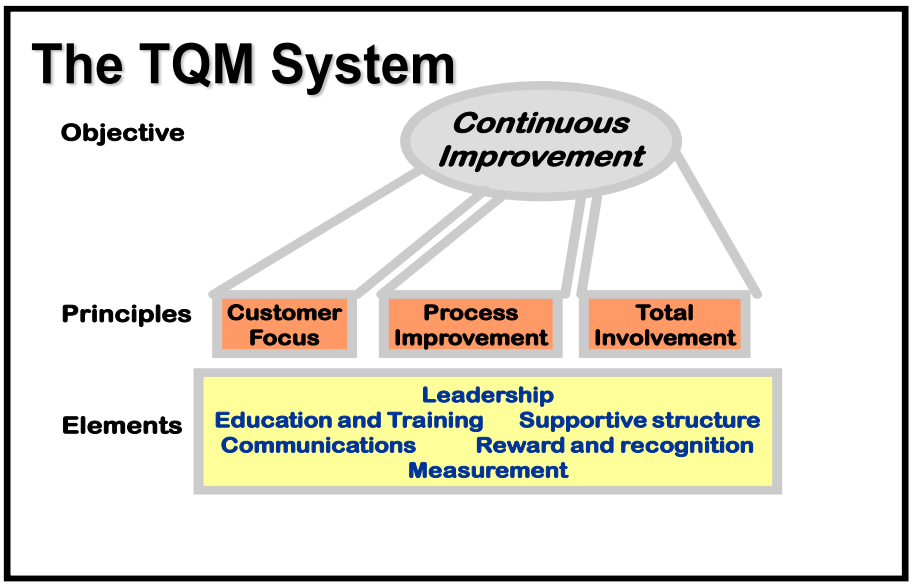
3. To highlight the principles of TQM.

4. To depict the strategies to maintain continuous improvement.

5. To bring to light the relation of TQM with Customer Satisfaction, TQM with Organizational Development & TQM with Human Resource.

**METHODOLOGY**

Information has been sourced from books, articles, various websites. This research paper is based on secondary data for finalization of views and opinions.

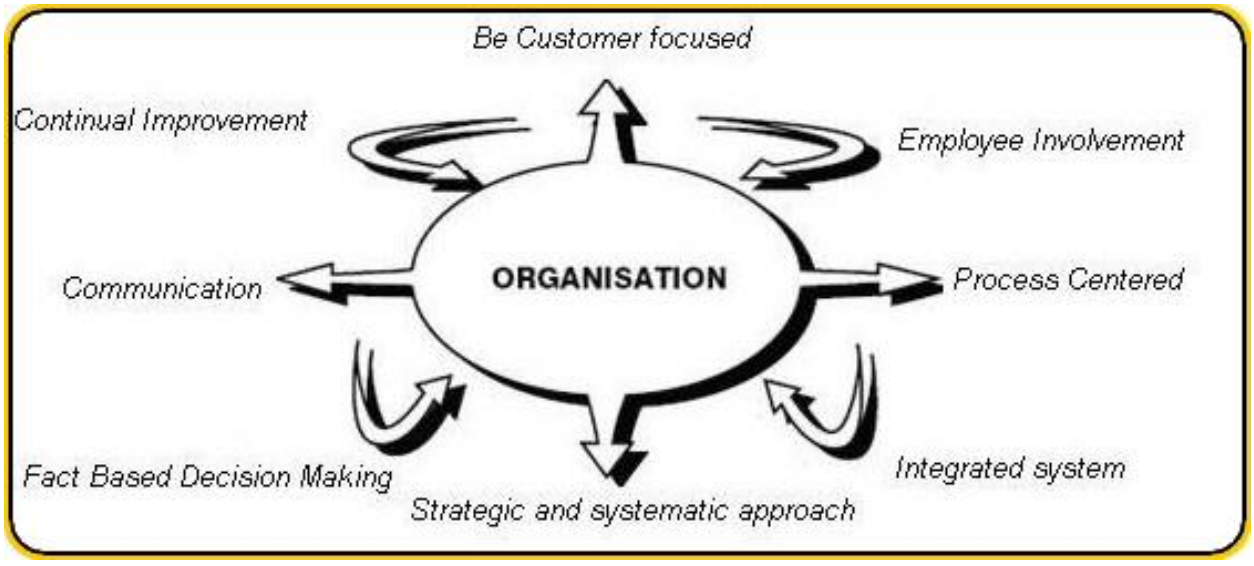



Total Quality Management

**PRINCIPLES OF TQM**

**1- CUSTOMER FOCUSED:** Whatever you do for quality improvement, remember that ONLY customers determine the level of quality. Whatever you do to foster quality improvement, training employees, integrating quality into processes management, ONLY customers determine whether your efforts were worthwhile.

**2-TOTAL EMPLOYEE INVOLVEMENT:** You must remove fear from work place, then empower employee... you provide the Proper Environment.



**3- NEED TO BE PROCESS CENTERED:** Fundamental part of TQM is to focus on process thinking.

**4- INTEGRATED SYSTEM:** All employees must know the business mission and vision. An integrated business system may be modeled by MBNQA or ISO 9000.

**5- STRATEGIC AND SYSTEMATIC APPROACH:** Strategic plan must integrate quality as core component.

**6- CONTINUAL IMPROVEMENT:** Using analytical, quality tools, and creative thinking to become more efficient and effective.

**7- FACT BASED DECISION MAKING:** Decision making must be ONLY on data, not personal or situational thinking.

**8- COMMUNICATION:** Communication strategy, method and timeliness must be well defined.

**TQM FRAME WORK**

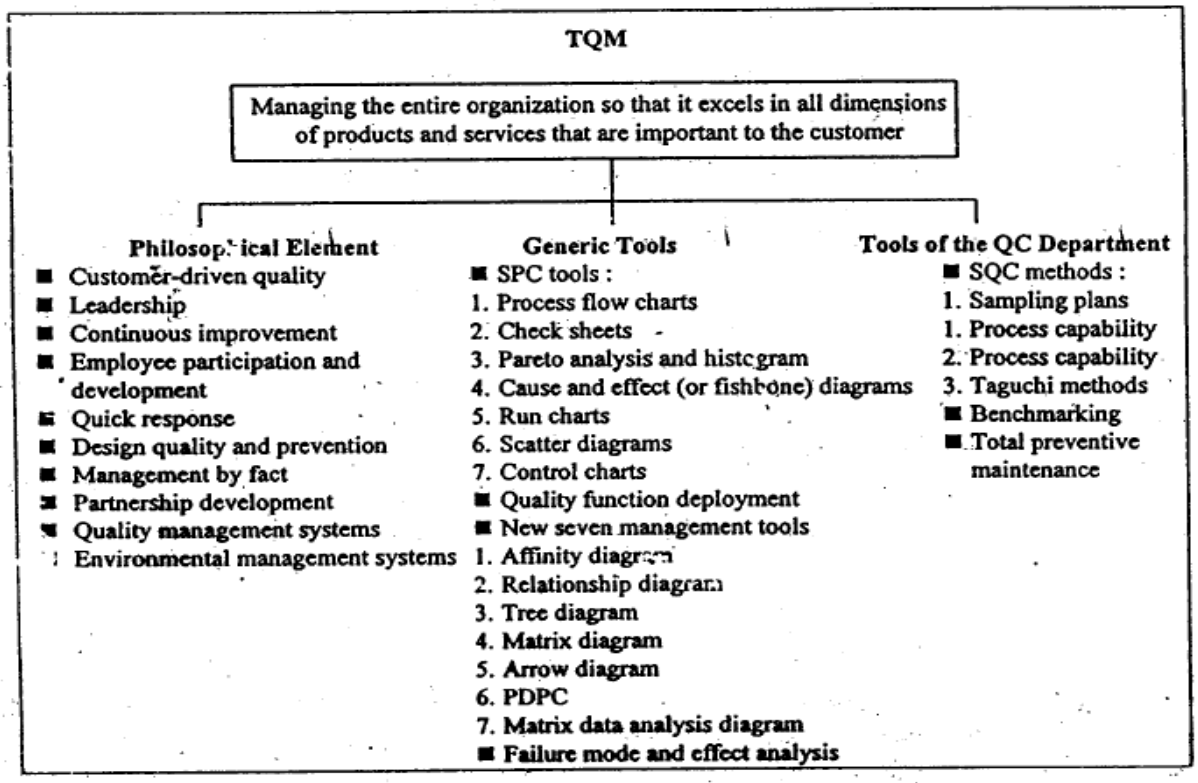



*Fig. Elements of Total Quality Management*

**PLAN-DO-CHECK-ACT (PDCA) CYCLE**

The Plan-Do-Check-Act (PDCA) cycle applies the scientific method to problem solving.

**PLAN**

· Identify the problem, plan and opportunities

· Observe and analyze

· Isolate the real causes

· Determine corrective actions


**DO**

· Prepare

· Apply

· Check application

**STUDY / CHECK**

· Check results

· Compare with goals

**ACT**· Standardize and consolidate

· Prepare next stage of planning

In the plan phase, the problem solving team analyzes data to identify possible causes for the problem and then proposes a solution.In the Do phase, an experiment is conducted. In the check phase, the results of the experiment are analyzed. And in the Act phase, if the results of the experiment are favorable, the plan is implemented. If the results of the experiment are not favorable, the team goes back to the original data and starts all over again.

Perhaps the most important feature of TQM is that "it improves productivity by encouraging the use of science in decision making and discouraging counter productive defensive behavior. Thousands of organizations have been involved in total quality management (TQM) and similar programs.

**STRATEGIES TO DEVELOP TQM**

**1.DISTRIBUTE QUALITY ON TIME ALL THE TIME**: Develop a pattern of delivering perfect products & services on time. Rate your sources by their ability to do this.

**2. BUSINESS RELATIONSHIPS BASEDON MUTUAL TRUST AND CONFIDENCE:** Providers and Suppliers build trust and confidence through quality and deliverability. Customers build it by quick payment and clear lines of communication. Reliability, Forthrightness, and Honesty are the Basis of forming Business Relations.

**3. DEVELOP INDIVIDUALS AND TEAMS TO SOLVE PROBLEMS:** Teach Problem - Solving Tools / Techniques & Teaming as the means to solve quality, safety, productivity, and deliverability problems.

**4. ENDOW EMPLOYEES TO BE RESPONSIBLE FOR QUALITY, SAFETY, PRODUCTIVITY AND DELIVERABILITY:** Empowering means giving workers responsibility for their actions affecting their work. Share governance.

**5. DEED 'OWNERSHIP' OF PROCESS TO EMPLOYEES WHO HAVE PROVEN THEIR CAPABILITY:** Reward and reinforce empowerment with Incentives, Job Security and Equity Sharing. Make employees owners of the process, not attendants.

**6. DEVICE THE NEW TECHNOLOGY:** Use modern information resources, INTERNET, databases, telecommunications, applications software, and project scheduling as tools to improve productivity. Use Statistical Process Control (SPC) to eliminate errors and defects and continually improve the system.

**7. COLLECT, MEASURE AND EVALUATE DATA BEFORE MAKING DECISIONS:**"It never hurts to turn the light on." (J. DeSimone). Make Decisions based on evidence. "If you can't measure it, you can't evaluate it."

**8. APPLY THE '80/20' PRINCIPLE:** Use this Problem-Solving Tool to put problems into 'Trivial Many' and 'Vital Few' Categories. Record the causes and frequencies of problems on a Tally Sheet. Develop this into a Pareto Chart which plots the frequencies (most- to least-important) of the problems. 20% of the causes create at least 80% of the problems.

**9. DEVELOP 'WIN-WIN' SCENARIOS:** Create solutions that will benefit all parties. Cooperation that develops synergism is the best solution.

**10. DEVELOP A MASTER PLAN:** Good Design Precedes Good Craftsmanship. A well-designed plan tracks and benchmarks an action through to its completion. "Quality begins at the Design Level." (Marty Madigan)

**11. PLAN FOR ALL CONTINGENCIES:** Prepare for all solutions by developing alternatives. If necessary, flowchart plans dealing with all possible alternatives. Apply 'If-Then-Else' type of logic to problems.

**12. MAKE ZERO DEFECTS AND ACCIDENTS YOUR GOAL:** Use the tools of TQM, SPC, and Problem-Solving to achieve these goals by detecting and eliminating the causes.

**13. QUALIFY YOUR SOURCES AND SUPPLIERS:** Use Quality and Deliverability as the basis for selecting the source of your materials and services.

**14. DELIVERABILITY:** The Right Product at the Right Place at the Right Time. In world-class Just-in-Time (JIT) delivery systems, source parts are used without delay and inspection in the process.

**15. MEET THE NEEDS OF YOUR CUSTOMERS:** Customers are anyone affected by your work: co-workers, team members, management, & especially the end-users. They are the rationale for your work. The justification for your work is to deliver products or services that meet or exceed their requirements.

**16.IMPROVE CONTINUOUSLY AND ALWAYS:** Institute continuous improvement & life-long education, principles based on the 14 Points by W. Edwards Deming.

***TQM AND CUSTOMER SATISFACTION***

Long-term benefit of total quality management relates to customer satisfaction. It aims at improving quality, and identifies the best measure of quality as matching customer expectations in terms of service, product, and experience. TQM interventions quantify problems and aim to achieve the best state defined in terms of such customer expectations.

Few examples of the application of total quality management to improve customer satisfaction include:Reduction of waiting time by changing the method of appointment scheduling or client handling. Making changes to the delivery process so that the product reaches the customer faster

Better quality products requiring no repairs improving customer loyalty.

**TQM AND ORGANIZATIONAL DEVELOPMENT**

Amongst the key benefits of total quality management is improvement in organizational development. TQM heralds a change in the work culture by educating all employees on quality and making quality the concern of everybody, not just the quality control department. The focus on quality leads to a proactive work culture aimed at preventing mistakes rather than correcting mistakes.

It focus on teamwork leads to the formation of cross-departmental teams and cross-functional knowledge sharing. Such interventions lead to many benefits such as:Improvement in communication skills of individual employees and overall organizational communication

Knowledge sharing, resulting in deepening and broadening of knowledge and skill-set of team members, and the making of a learning organizationFlexibility for the organization in deploying personnel, contributing to rightsizing, and ensuring cost competitiveness.

Additional benefit of total quality management is that TQM promotes the concept of internal customer/supplier satisfaction. For instance, the hr department considers employees as internal customers and processes their queries or requests within the specified time limit. The lab technician in a hospital processes the clinical tests required by the doctor, an internal customer in a timely and efficient manner, according to the laid down customer satisfaction norms.

**TQM AND HUMAN RESOURCES**

A main application of benefits of total quality management relate to human resource management. Application of TQM in an organization brings about the following benefits to the human resources of an organization:

It extends the ownership of the business process to each employee involved in the process by empowering them to rectify mistakes on the spot without supervisor review or action. This generates intrinsic motivation and creates an atmosphere of enthusiasm and satisfaction among the workforce.

TQM's thrust on eliminating mistakes and improving productivity contributes to accomplishment of targets faster. The resultant free time allows employees to enhance their knowledge and apply their creativity to improve existing products and develop new products.

TQM's thrust on quality leads to identifying skill-deficiencies in employees and providing training and other interventions to bridge such deficiencies. Cross-functional and cross-departmental teams allow employees to share their experience and solve issues jointly, leading to benefits such as broadening skill-sets, and improvement of existing skills.

TQM's focus on eliminating mistakes and bringing about process efficiency heralds a direct approach such as counseling and other remedial actions to solve issues such as absenteeism.

The enhanced productivity brought about by TQMtranslates to better profits for the organization, and consequently better wages.

**TQP–TOTAL QUALITY PEOPLE**

What is TQP? TQP is Total Quality People– people with character, integrity, good values, and a positive attitude.Don't get me wrong. You do need all the other programs, but they will only work when you have the right foundation, and the foundation is

Total Quality People. For example, some customer services programs teach participants to say "please," and "thank-you," give smiles and handshakes. But how long can a person keep on a fake smile if he does not have the desire to serve? Besides, people can see through him. And if the smile is not sincere, it is irritating. My point is, there has to be substance over form, not form over substance. Without a doubt, one does need to remember "please" and "thank-you," the smiles, etc.–they are very important. But keep in mind that they come a lot easier when accompanied by a desire to serve.

Somebody once approached Blaise Pascal, the famous French philosopher and said, **"If I had your brains, I would be a better person." Pascal replied, "Be a better person and you will have my brains."**

**FINDINGS**

1. *TQM is people oriented.*
2. *It requires a long term commitment for continuous improvement.*
3. *Success of TQM depends on top management continuous involvement.*
4. *Responsibility for establishment and improvement of system lies with the management of an organisation.*
5. *TQM is a strategy for continuously improving performance at all levels and in all areas of responsibility.*
6. *It eliminates the mistakes & improves the efficiency.*
7. Lack of management commitment
8. Lack of faith in and support to TQM activities among management personnel
9. Failure to appreciate TQM as a cultural revolution. In other words, inability to change organizational culture
10. Misunderstanding about the concept of TQM
11. Improper planning
12. Lack of employees commitment
13. Lack of effective communication.

## CONCLUSION

Total Quality Management is practiced by many business organizations around the world. It is a proven method for implementing a quality conscious culture across all the vertical and horizontal layers of the company.It is proved that TQM is a strategic tool industry that can employ in the quest to remain competitive.It is also discovered that for the TQM to be properly implemented, everybody in the organizationmust be involved from the management to the employees and even the customers.

Although there are many benefits, one should take the cost into the account when implementing TQM.

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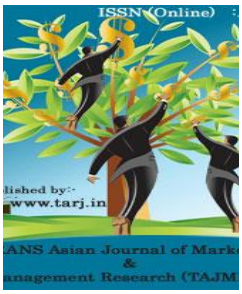


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# A STUDY ON CONSUMER PURCHASE BEHAVIOUR TOWARDS FASHION PRODUCTS

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## ABSTRACT

*The term fashion is often used to denote trends in consumerism. The notion of fashion also involves consumption behaviour that displays an individual's tastes and values to others, given that fashion styles are usually accepted by a large group of people at a particular time and signify both social identification and distinction. This term further refers to clothing and other physical and material objects put on the human body.*

## INTRODUCTION

### FASHION: A DEFINITION

The term fashion is often used to denote trends in consumerism. The notion of fashion also involves consumption behaviour that displays an individual's tastes and values to others, given that fashion styles are usually accepted by a large group of people at a particular time and signify both social identification and distinction. This term further refers to clothing and other physical and material objects put on the human body.

The fashions as embracing all the components include the entire range of visual elements that may lead to perceptions of fashion (e.g. Hairstyle, clothing, jewellery and accessories). Thus, the

term fashion can be applied to all aspects of someone's personal appearance that provide both hedonic and utilitarian value to the consumer.

## REASONS FOR CHANGE IN FASHION

Human beings are inquisitive and curious creatures, so the fashion changes are motivated by the visual need for a new image curiosity. Desire to be different, self -assertion, rebellion against convention, companionship and intimation are some of the reasons for fashion change. For many years, there has been change of fashion from season because of temperature and weather change but, now style change more frequently, largely because of our in-born desire for something new. Fashion is a governing factor both direct and indirect impact on teenage group especially the college going girls creating waves of changes.

## FASHION INDUSTRY

Fashion industry is the multibillion-dollar in global enterprise devoted to the business of making and selling clothes. Some observers distinguish between the fashion industry and the apparel industry, but by the 1970s the boundaries between them had blurred. Fashion is best defined simply as the style or styles of clothing and accessories worn at any given time by groups of people.

The fashion industry is a product of the modern age. Prior to the mid-19th century, virtually all clothing was handmade for individuals, either as home production or on order from dressmakers and tailors. By the beginning of the 20th century-with the rise of new technologies such as the sewing machine, the rise of global capitalism and the development of the factory system of production, and the proliferation of retail outlets such as department stores-clothing had increasingly come to be mass-produced in standard sizes and sold at fixed prices. Although the fashion industry developed first in Europe and America, today it is an international and highly globalized industry, with clothing often designed in one country, manufactured in another, and sold in a third. The fashion industry has long been one of the largest employers in the United States, and it remains so in the 21st century.

## REVIEW OF LITERATURE

Sari Suzan Hamed Abu Adab, (2012)presented a framework for analysing the current advertising and marketing patterns in women's consumer behaviour in Finland. Swedish clothing retailer Hennes&Mauritz (H&M) was chosen as a case study since it is considered to be well-known in Finland; in 2010 average sales were astonishingly around 243million euros (H&M 2012). This study focus on women in Finland aged 16-35 and above. This study used various research methods such as case study, interview and a survey to analyse the dissertation topic.

Swati Bisht, (2013) deals in her study that advertising is the key for building, creating and sustaining brands. Advertisements play a major role in persuading, informing and reminding both potential and existing customers towards making a brand decision. It plays a vital role in

shaping dreams and aspirations and helps customer take conscious product and brand decisions. Advertisements with endorsements create easy remembrance for the customers for the advertised brand or product as the customers associate the brand with the celebrity and can easily register the brand. Some products or brands will hold a stronger position in the mind of the customers compared to others from the same category. Position of a brand in the mind of the customer is always relative. When a brand's name is recalled before others it is called top of the mind positioning of that brand. Advertising also helps in creating Top of the Mind Awareness of a brand and aims at facilitating brand recall. The focus of this paper is to understand if TV Advertisements have an impact of youth purchase decisions.

## STATEMENT OF THE PROBLEM

The fashion products are used every day. Nowadays fashion products are gaining more attraction among the consumers for its hygienic preparation and convenient usage. The demand for fashion products is more than its supply. Apart from government owned industries, many new private industries have set their product in this field. The competition between them is increasing day by day. For the survival, each and every company is trying to be more brand loyal, to retain the customers for a long period. This behaviour of the manufactures leads to the survival, success and development of the fashion industry. In this context, consumer purchase behaviour was deemed to be important

## OBJECTIVES

To carry out the study, the following objectives are framed:

- To Study the Impact of demographic variables viz. Age, Area of residence, Parental Education, Annual Income etc., on the consumer purchase behaviour for the fashion products.

- To recapitulate the major findings of the study and to make suggestions to overcome them and to conclude.

## RESEARCH METHODOLOGY

The area covered for the study is Erode city. The stratified Random sampling technique is used by the Researcher. The size of the sample selected for the study is 250 respondents of Erode city. The chi-square analysis has been used in this study.

## LIMITATIONS OF THE STUDY

The present study is subject to the following limitations:

Figures don't speak for themselves and the conclusions obtained from these figures are affected, to a great extent, by the personal ability and knowledge of the researcher.

The study is limited to the city of Erode only and the sample size comprised of female respondents only.

The number of respondents in the study is limited to 250.

**RESULTS AND DISCUSSION (TABLE 1.1 & TABLE 1.2)**

- There is a close relationship between consumer's age and their behaviour towards purchase of fashion products on brand loyalty.
- There is a close relationship between consumer's area and their behaviour towards purchase of fashion products to verify the manufacture and expiry date**.**
- There is a close relationship between father's educational qualification and their behaviour towards purchasing price.
- There is a close relationship between father's income and their behaviour towards free offer.
- There is a close relationship between number of members of the respondents and Consumer purchase behaviour to buy the fashion products through online.
- There is no relationship between bachelor degrees of the respondents and consumer purchase behaviour in confidence level.

**TABLE 1.1 TWO WAY TABLE**

| **AGE AND CONSUMER PURCHASE BEHAVIOUR ON BRAND LOYALTY** | | | |
|---|---|---|---|
| **Age** | **Response** | | **Total** |
| | **Yes** | **No** | |
| Below 15 years | 3(1.2%) | 1(0.4%) | 4 |
| 15years-20years | 81(32.4%) | 58(23.2%) | 139 |
| 20years-25years | 9(3.6%) | 65(26%) | 74 |
| Above 25 years | 6(2.4%) | 27(10.8%) | 33 |
| Total | 99 | 151 | 250 |
| **AREA OF RESIDENCE AND VERIFICATION OF EXPIRY DATE** | | | |

| Area of residence | Response | | Total |
|---|---|---|---|
| | Yes | No | |
| Urban | 78(31.2%) | 26(10.4%) | 104 |
| Semi – Urban | 89(35.6%) | 15(6%) | 104 |
| Rural | 10(4%) | 32(12.8%) | 42 |
| Total | 177 | 73 | 250 |

**FATHER'S EDUCATIONAL QUALIFICATION AND CONSUMER PURCHASE BEHAVIOUR IN PRICE**

| Father's Educational Qualification | Response | | Total |
|---|---|---|---|
| | Yes | No | |
| Below class | 38(15.2%) | 21(8.4%) | 59 |
| HSLC | 92(36.8%) | 18(7.2%) | 110 |
| HS | 29(11.6%) | 16(6.4%) | 45 |
| Graduate | 9(3.6%) | 11(4.4%) | 20 |
| Post Graduate | 12(4.8%) | 4(1.6%) | 16 |
| Total | 180 | 70 | 250 |

**FATHER'S INCOME AND CONSUMER PURCHASE BEHAVIOUR TOWARDS FREE OFFER**

| Father's Income | Response | | Total |
|---|---|---|---|
| | | No | |
| Rs.100000 - Rs.200000 | 53(21.2%) | 36 (14.4%) | 89 |
| Rs.200001 - Rs.300000 | 12 (4.8%) | 79 (31.6%) | 91 |

| | | | |
|---|---|---|---|
| Rs.300001 - Rs.400000 | 29(11.6%) | 17 (6.8%) | 46 |
| Rs.400001-Rs.500000 | 10(4%) | 14 (5.6%) | 24 |
| Total | 104 | 146 | 250 |

**NUMBER OF MEMBERS AND CONSUMER PURCHASE BEHAVIOUR TO BUY THE FASHION PRODUCTS THROUGH ONLINE**

| **Number of members** | **Response** | | **Total** |
|---|---|---|---|
| | **Yes** | **No** | |
| 2 Members | 58(23.2%) | 2(0.8%) | 60 |
| 3 Members | 104(41.6%) | 6(2.4%) | 110 |
| 4 Members | 30(14.4%) | 20(8%) | 56 |
| More than 4 Members | 5(2) | 19(7.6%) | 24 |
| **Total** | **203** | **47** | **250** |

**BACHELOR DEGREES AND CONSUMER PURCHASE BEHAVIOUR IN CONFIDENCE LEVEL**

| **Bachelor degrees** | **Response** | | **Total** |
|---|---|---|---|
| | **Yes** | **No** | |
| Bachelor of Arts and science | 40(16%) | 40(16%) | 80 |
| Bachelor of Engineering | 25(10%) | 25(10%) | 50 |
| Bachelor of Education | 30(12%) | 30(12%) | 60 |
| Bachelor of Nursing | 28(11.2%) | 32(12.8%) | 60 |

| | | | |
|---|---|---|---|
| Total | 128 | 122 | 250 |

**TABLE 1.2: CHI – SQUARE ANALYSIS**

| **Factor** | **Table value** | **Calculated value** | **Degree of freedom** | **Significance level** |
|---|---|---|---|---|
| Age and consumer purchase behavior | 7.815 | 58.894 | 3 | 5% |
| Area and consumer purchase behaviour | 5.9915 | 56.14 | 2 | |
| Father's Educational qualification and consumer purchase behaviour | 8 | 8 | 4 | 5% |
| Father's income and consumer purchase behaviour | 7.815 | 51.184 | 3 | |
| Number of members and consumer purchase behaviour | 7.815 | 2 | 3 | 5% |
| Bachelor degrees and consumer purchase behaviour | 7.815 | 0.757 | 3 | 5% |

## SUGGESTIONS

The present study elucidates the following suggestions:

- As the respondents are very conscious about the Quality and Brand Image of the fashion products they are using, there is a very good opportunity for new players in fashion industry.
- While examining the factors influencing the consumers in the purchase of fashion products, it is found that that the most important factor is quality followed by price and

easy availability. It is suggested that the fashion industry has to take further steps in providing more varieties and styles of fashion products to catch the minds of different groups of consumers.

## CONCLUSION

This study is mainly focused on consumer purchase behaviour towards fashion products. The study was based essentially on the primary data captured through a specially designed questionnaire and was administered to total of 250 respondents. The study results from the significant relationship were observed among different age groups, residential area, educational qualification, annual income and number of members in the family.

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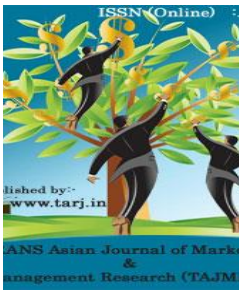


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# A STUDY ON SERVICE QUALITY ANALYSIS IN HEALTHCARESECTOR IN INDIA

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## ABSTRACT

*Healthcare industry is one of the most challenging industries in India with projected revenue of US$ 30 billion; it constitutes 5.2% of India's GDP. The Indian health industry has had a growth of over 12% p.a. in the past four years and is expected to grow at 15% per annum to US$78.6, reaching 6.1% of GDP and employing 9 million people by 2012. The private sector plays a significant role by contributing 4.3% of GDP and 80% share of healthcare provision. However, there is deficit with respect to access, affordability, efficiency, quality and effectiveness, in spite of the high spending on overall private and public health. In order to be comparable with the healthcare parameters of other developing countries, India's healthcare sector faces many challenges. For example, to reach a ratio of two beds per 1000 population by 2025, an additional 177 billion beds will be required which will need a total investment of US$86 billion. There is an acute shortage of doctors, nurses, technicians and healthcare administrators and an additional 0.7 million doctors are needed to reach a doctor population ratio of 1:1000 by 2025. This paper concentrate on*

1. *To study Need and Scope of Service Quality in Healthcare sector.*
2. *To present the Role of Government in Healthcare management.*
3. *To analyze Service Quality in Hospitals.*

## INTRODUCTION

Health is one of the fundamental human right which has been accepted in the Indian Constitution. Although Article 21 of the Constitution requires the State to ensure the health and nutritional well being of all people, the federal Government has a substantial technical and financial role in the sector.

Hospitals are the backbone of the healthcare delivery system. Hospital care in India until the early 1980s, were run by Government hospitals and those managed by charitable associations. In the mid 80's, the healthcare sector was recognized as an industry. In the year 1991 Government of India initiated economic reforms. However post liberalization, the sector attracted private capital and fresh investment that took place in setting-up hospitals and smaller nursing homes.

Large corporate groups and charitable organizations brought private finance and these resources were invested in modern equipments and technologies and in developing health infrastructure. This helped in augmenting the availability of super-specialty services across the country. Corporate groups such as Apollo Hospitals group, Care Health Foundation, Wockhardt group of hospitals, Fortis Healthcare, Max India paved the way for corporate organization structure for hospitals and have successfully developed a chain of multi-specialty private hospitals. Private sector entry in India has opened many doors for medical and paramedical manpower, medical equipment, information technology in health services, BPO, telemedicine and medical and health tourism. There is an 20% increase over the pervious year with an estimated 1,00,000 health tourists visiting India.

Govt. of India launched the National Rural Health Mission (NRHM) in 2005. Its endeavor is to provide quality healthcare for all and increase the expenditure on healthcare from 0.9% to 2-3% of GDP by 2012. The Union budget 2010–2011 has the countervailing duty of 4% on all medical equipments, with full exemption from special additional duty and Uniform/concessional basic duty of 5% for all medical appliances. This budget focus is on rural healthcare, with the fund allocations rising to a whopping Rs.22300 crore (Rs 223 billion/$4.82 billion) from Rs.19534 crore during the previous fiscal year. This rise is keeping up the growing needs of the rising healthcare industry of the country. Convergence of National Rural Employment Guarantee Act with wider Health Insurance coverage for BPL families, through Rashtriya Swasthya Bima Yojana.

Commenting on the union budget 2010-2011 Rajen Padukone, CEO of Manipal Hospital, says "Relaxation of FDI norms may see more international players coming into India in the healthcare sector. Added to it, rationalization of duties on medical equipment can make imports cheaper and can significantly lower healthcare costs in the country."

Andhra Pradesh state Government has enhanced its budget for qualitative health services keeping its focus on rapid growth in health service delivery system. A budget provision of Rs.925 crore has been made for Aarogyasri Health insurance scheme run by Govt of Andhra Pradesh for BPL families) and Rs.4295 crore allocated for Medical & Health department for the year 2010-11.

**TABLE.1 REVENUE EXPENDITURE ON HEALTH AND FAMILY WELFARE AT CENTRAL LEVEL BY GOVT. OF INDIA AND MEDICAL, PUBLIC HEALTH AND FAMILY WELFARE AT STATE LEVEL BY GOVT. OF ANDHRA PRADESH**

| **Year wise Health Budget** | **Union Budget *** | **State Budget **** |
|---|---|---|
| 2006-2007 | Actual Rs. 10,567.85 crore | Actual Rs. 1,853.93 crore |
| 2007-2008 | Actual Rs. 13,951.00 crore | Actual Rs. 2,439.06 crore |
| 2008-2009 | Actual Rs. 16505.95 crore | Actual Rs. 2,894.79 crore |
| 2009-2010 | Actual Rs. 19,554.09 crore | Actual Rs. 3,239.43 crore |
| 2010-2011 | Revised Rs. 23,300.00 crore | Revised Rs. 4,307.75 crore |
| 2011-2012 | Budget Rs. 26,897.00 corre | Budget Rs. 5,021.75 crore |

* Revenue expenditure on Health and Family welfare

**Revenue expenditure on Medical, Public health and Family welfare

**TABLE.2 SAMPLE FOR THE STUDY**

| **Sl.No.** | **Type** | **Total No.** |
|---|---|---|
| 1. | Government owned hospital having bed strength 500 and above – NTR Health University General Hospital, Vijayawada | 1 |
| 2. | Privately owned hospitals having bed strength 500 and above<br>– Pinnamaneni Siddhartha Medical College Hospital, Chinaoutapalli. | 1 |
| 3. | Government owned hospitals having bed strength 100 and above<br>- Government District Hospital, Machilipatnam. | 1 |
| 4. | Privately owned hospitals having bed strength 100 and above<br>- Dr. Ramesh Cardiac and Multispeciality Hospital, Vijayawada | 1 |
| 5. | Government owned Hospitals having bed strength 50 to 100 | 1 |

| | | |
|---|---|---|
| | - Area Hospital, Nuzvid | |
| 6 & 7. | Privately owned hospitals having bed strength 50 to 100<br>- Prasanth Hospital, Vijayawada<br>- M.J. Naidu Hospital, Vijayawada | 2 |
| 8. | Trust owned hospitals having bed strength 50 to 100<br>- Gifford Memorial Hospital, Nuzvid | 1 |
| 9. | Government owned hospitals having bed strength 30 to 50<br>- Community Health Centre (C.H.C), Jaggaiahpeta | 1 |
| 10. | Privately owned hospitals having bed strength 30 to 50<br>- Latha Super Speciality Hospital, Vijayawada | 1 |

**ROLE OF THE GOVERNMENT IN HEALTHCARE MANAGEMENT**

**TABLE.3 ESTIMATED NUMBERS OF DEATHS IN INDIA FROM CHRONIC DISEASES**

| **Cause of Death** | **2005** | **2015** |
|---|---|---|
| Diabetes | 1,75,000 | 2,36,000 |
| Chronic Respiratory Diseases | 6,74,000 | 8,64,000 |
| Cancer | 8,26,000 | 10,69,000 |
| Cardiovascular Diseases | 29,89,000 | 34,65,000 |
| Total (all causes) | 1,03,62,000 | 1,09,49,000 |

Health services in various European countries have borrowed elements of reform from one another but have maintained their basic forms; with tax funded systems in UK, Scandinavia, Spain, Italy, Portugal and Greece, Switzerland, Austria and Benelux countries. The Countries of central and south central Europe developed hybrid solutions based on a combination of employment based insurance, tax funding and private insurance. All European health systems operate with in financial limits and control the services of health providers through cost and quality defined contracts. In both tax and social insurance systems there is a division between

agencies commissioning and funding health and care and the providers of the services. Social insurance agencies have been subject to reform and competition as in the case of Netherlands and Germany. This as resulted in far fewer social insurance agencies competing on the basis of the quality and cost effectiveness of the services offered. Local health commissioning agencies in tax funded systems do not compete but offer services matched to local needs. This often involves partnerships with other agencies to tackle the poverty and social exclusion of local groups.

While governments delegate health commissioning and provision to local agencies, has gained the health suppliers to exhibit that the services they tender are useful and are sustained by proof based drug. With regard to the prioritization of these health services most of the nations tagged along Norway and Netherlands which are known for paying the highest priority to services that can be shown to the cost effective and cost efficient.

Where patients can reasonably be the expected to bear personal responsibility for services this is further reflected in co-payments ex: to a little extent it's associated to the smoking ailments and duty enhancement healing.

Most of the European health systems have challenged to lay down client charges at a stage that will give self-assurance in the majority cost effective use of services. This promotes the users to use it for telephone triage and advisory services for self care. On the other hand it persuades patients seek early discharge based on low level co-payment.

**HEALTHCARE IN INDIA**

India is a Democratic Republic consisting of 28 States and 7 Union Territories (directly administered by the Central Government). According to the Constitution of India, state governments have jurisdiction over public health, sanitation and hospitals while the Central Government is responsible for medical education. State and Central Governments have concurrent jurisdiction over food and drug administration, and family welfare. Even though health is the responsibility of the states, under the Constitution, the Central Government has been financing the national disease control, family welfare and reproductive and also the programmes that are related to child health. Each state therefore, has developed its own system of Health care delivery, independent of the Central Government.

In India, public spending on healthcare is low compared to the developed countries, having declined from 1.3% of GDP in 1990 to 0.9% of GDP in 1999. The Government, in its National Health Policy, 2002 (NHP 2002), is targeting an increase of healthcare expenditure to 6% of GDP by 2010, with 2% of GDP being funded by public health investment. Today public spending on health is a mere 1% of GDP calculated in India Budget 2011-2012. Public spending on health care as per the World Health Organization recommends should be at least 5%. The government over the last six years has not been able to move towards its own target of 3% of GDP for health. The share of the Central government in public spending for health is a mere

0.25% of GDP when as per the UPA target it should be 40% of 3% of GDP that is 1.2% of GDP or Rs. 86,400 crores at today's prices.

The official governing bodies of the health system at the national level consist of (a) The Ministry of Health and family Welfare (b) The Directorate General of Health Services and (c) The Central Council of Health and Family welfare. At the state level the healthcare administration comprises (a) State Ministry of Health (b) State Health Directorate and District Medical and Health Officer (DMHO) at District level.

**TABLE .4 PUBLIC HEALTH SYSTEMS IN INDIA**

| | | |
|---|---|---|
| | **NATIONAL LEVEL**<br>Ministry of Health and Family Welfare | |
| | **STATE & U.T.S.**<br>Department of Health Family Welfare | |
| | **Apex Hospital** | |
| | **DISTRICTS**<br>District Hospital | |

| **RURAL AREAS** | **URBAN AREAS** |
|---|---|
| Community Health Centre | Hospital |
| Primary Health Centre | Dispensary |
| Sub-centre | |
| Village Health Guides and trained Dias | |

**AT THE CENTRAL:** The Central responsibility consists mainly of policy making, planning, guiding, assisting, evaluating and coordinating the work of the State Health Ministers, so that health services cover every part of the country and know state lags behind for want of these services.

**AT THE STATE:** Historically, the first mile stone in State Health Administration was the year 1919, when the states obtained autonomy, under the Montague – Chelmsford reforms from the Central government in matters of public health. The Government of India act 1935 gave further autonomy to the states. The position has largely remained the same even after the new constitution of India came into force in 1950. The state is ultimate Authority responsible for all the health services operating within its jurisdiction. At present there are 28 states in India with

each state having its own health administration. In all the states the management sector comprises the State Ministry of Health and a Directorate of Health.

**AT THE DISTRICT:** The principal unit of administration in India is the district under a Collector. Within each district again, there are six types of administrative areas

- Sub – divisions.
- Tehsils (Talukas).
- Community Developments Blocks.
- Municipalities and Corporations.
- Villages.
- Panchayats.

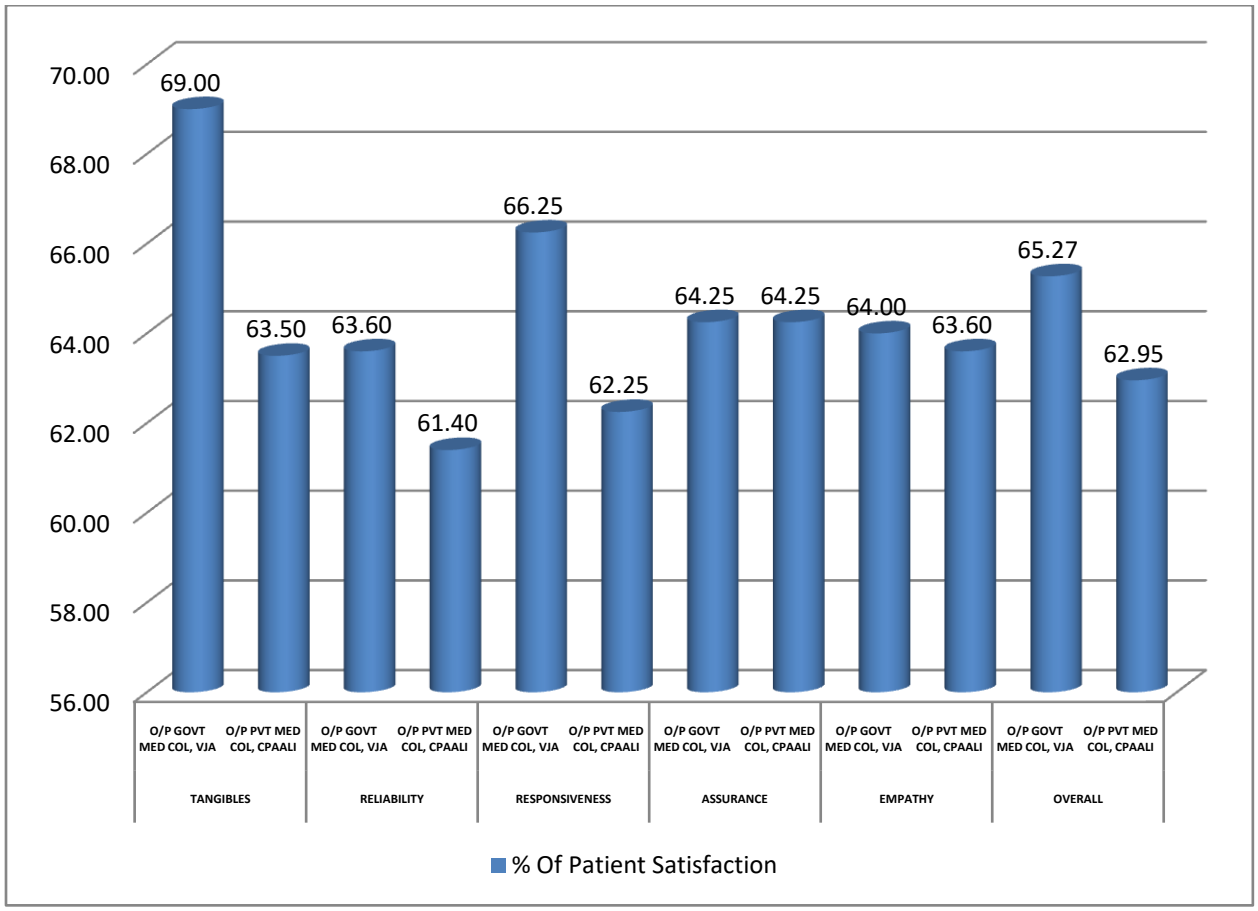
Most districts in India are divided into two or more sub-divisions, each in-charge of an Assistant Collector or Sub-Collector. Each division is again divided into tehsils (taluks), in-charge of a Tehsildar. A tehsil usually comprises from 200 to 600 villages. Community Development Block is a unit of rural planning and development, and comprises approximately 100 villages and about 80000 to 120000 population, in-charge of a Block Development Officer. Municipal Boards – in areas with population ranging between 10000 and 2 lakhs, Municipal chairman is the in-charge of Municipal Boards and Mayor is the in-charge of corporations with population above 2 lakhs and above. Finally there are the village panchayats, which are institutions of rural local self government.

**TABLE.5 OUT-PATIENTS' SATISFACTORY LEVELS TOWARDS SERVICE QUALITY – HOSPITALS HAVING BED STRENGTH 500 AND ABOVE**

| Satisfactory Levels | Tangibles | Reliability | Responsiveness | Assurance | Empathy | Overall |
|---|---|---|---|---|---|---|
| Government Hospital | 69.00 | 63.60 | 66.25 | 64.25 | 64.00 | 65.27 |
| Private Hospital | 63.50 | 61.40 | 62.25 | 64.25 | 63.60 | 62.95 |

The above details are also shown in the following graph.

**GRAPH 1 OUT-PATIENTS' SATISFACTORY LEVELS TOWARDS SERVICE QUALITY – HOSPITALS HAVING BED STRENGTH 500 AND ABOVE**




The above table and graph represent satisfactory levels of service quality of out-patients' services of NTR Health University General Hospital, Vijayawada and Private Medical College Hospital, Chinaoutapalli. Patients of NTR Health University General Hospital are more satisfied with 65.27% to 22 attributes of service quality against 62.95% in case of Private Medical College Hospital. On observation the researcher found that NTR Health University General Hospital is creating more awareness among public by displaying placards and conducting specialized medical camps with the help of private hospitals being suggested by Government. It is also found that the NTR Health University General Hospital is offering all specialized medical services including cardiology, neurology, urology, nephrology, pulmonology and gastroenterology in OPD services supported by all diagnostic services having skilled and experienced medical and paramedical staff. On the other side, Private Medical College hospital management is not showing much interest on public awareness towards health and diseases at least by displaying statements, boards, disturbing pamphlets as it wants their premises neat, clean and good looking. OPD services are offered only in mornings and evenings, as all the time specialized doctors are not available except OPD timings, due to the reason hospital does not

stand on promises to do something by certain time and in the absence of doctors concerned staff feel free and show full of activity to patients.

**TABLE .6 ANOVA BETWEEN OUT-PATIENTS' PERCEPTION TOWARDS SERVICE QUALITY – HOSPITALS HAVING BED STRENGTH 500 AND ABOVE**

| ANOVA TEST | | | | | | |
|---|---|---|---|---|---|---|
| | | **N** | **Mean** | **Std. Deviation** | **F** | **Sig.** |
| TANGIBLES | Government Hospital | 20 | 13.8000 | 4.4909 | 0.514 | 0.478 |
| | Private Hospital | 20 | 12.7000 | 5.1921 | | |
| | Total | 40 | 13.2500 | 4.8238 | | |
| RELIABILITY | Government Hospital | 20 | 15.9000 | 5.4086 | 0.087 | 0.769 |
| | Private Hospital | 20 | 15.3500 | 6.3185 | | |
| | Total | 40 | 15.6250 | 5.8120 | | |
| RESPONSIVENESS | Government Hospital | 20 | 13.2500 | 4.7114 | 0.278 | 0.601 |
| | Private Hospital | 20 | 12.4500 | 4.8826 | | |
| | Total | 40 | 12.8500 | 4.7531 | | |
| ASSURANCE | Government Hospital | 20 | 12.8500 | 4.5338 | 0.000 | 1.000 |
| | Private Hospital | 20 | 12.8500 | 4.8043 | | |
| | Total | 40 | 12.8500 | 4.6107 | | |
| EMPATHY | Government Hospital | 20 | 16.0000 | 5.5630 | 0.004 | 0.952 |
| | Private Hospital | 20 | 15.9000 | 4.8330 | | |
| | Total | 40 | 15.9500 | 5.1438 | | |
| OVERALL | Government Hospital | 20 | 71.8000 | 23.5810 | 0.107 | 0.745 |
| | Private Hospital | 20 | 69.2500 | 25.6163 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Total | 40 | 70.5250 | 24.3363 | | |

F Table value (1, 38, 0.05) = 4.08. The above ANOVA Table discloses P value is >0.05 i.e. level of significance is found to be not significant at 95 percent confidence level. This shows that there is no significant difference in service quality in the mean variance among the responses given by out-patients of NTR Health University General Hospital & Private Medical College Hospital, because the overall ANOVA value of out-patients is 0.745.

**TABLE.7 ANOVA BETWEEN IN-PATIENTS' PERCEPTION TOWARDS SERVICE QUALITY – HOSPITALS HAVING BED STRENGTH 500 AND ABOVE**

| ANOVA TEST | | | | | | |
|---|---|---|---|---|---|---|
| | | **N** | **Mean** | **Std. Deviation** | **F** | **Sig.** |
| TANGIBLES | Government Hospital | 20 | 13.7500 | 4.5983 | 0.553 | 0.462 |
| | Private Hospital | 20 | 12.6000 | 5.1647 | | |
| | Total | 40 | 13.1750 | 4.8616 | | |
| RELIABILITY | Government Hospital | 20 | 15.8000 | 5.0325 | 0.145 | 0.705 |
| | Private Hospital | 20 | 15.1000 | 6.4962 | | |
| | Total | 40 | 15.4500 | 5.7466 | | |
| RESPONSIVENESS | Government Hospital | 20 | 12.4000 | 4.2723 | 0.043 | 0.837 |
| | Private Hospital | 20 | 12.1000 | 4.8764 | | |
| | Total | 40 | 12.2500 | 4.5277 | | |
| ASSURANCE | Government Hospital | 20 | 13.6000 | 4.1600 | 0.297 | 0.589 |
| | Private Hospital | 20 | 12.8000 | 5.0845 | | |
| | Total | 40 | 13.2000 | 4.6032 | | |
| EMPATHY | Government Hospital | 20 | 16.2500 | 4.1533 | 0.238 | 0.629 |
| | Private Hospital | 20 | 15.5000 | 5.4820 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Total | 40 | 15.8750 | 4.8155 | | |
| OVERALL | Government Hospital | 20 | 71.8000 | 21.4663 | 0.232 | 0.633 |
| | Private Hospital | 20 | 68.1000 | 26.8051 | | |
| | Total | 40 | 69.9500 | 24.0426 | | |

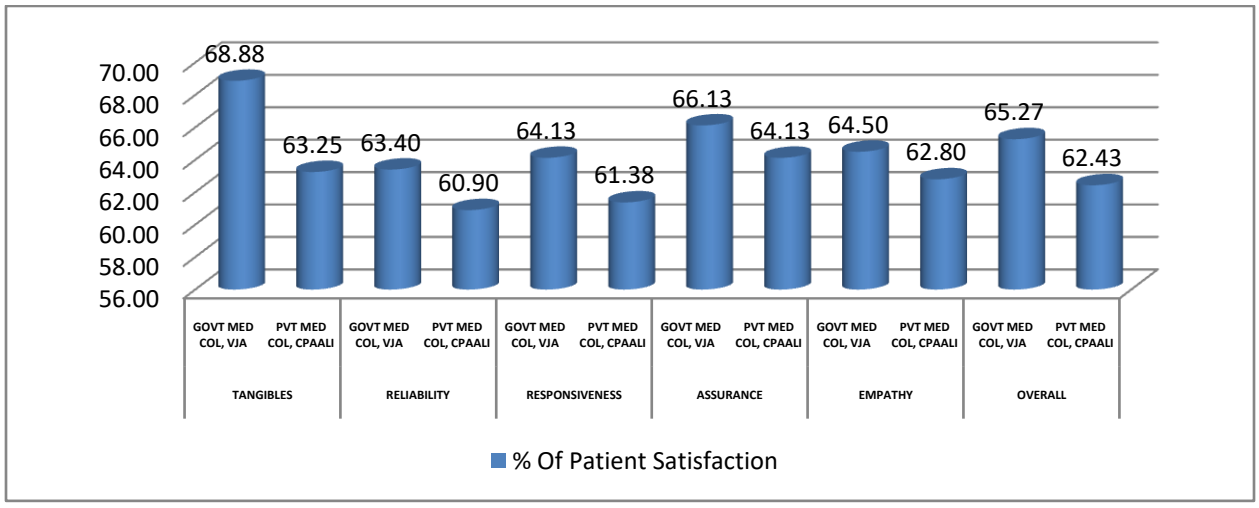
F Table value (1, 38, 0.05) = 4.08. The above ANOVA Table discloses P value is >0.05 i.e. level of significance is found to be not significant at 95 percent confidence level. This shows that there is no significant difference in service quality in the mean variance among the responses given by in-patients of NTR Health University General Hospital & Private Medical College Hospital because the overall ANOVA value of in-patients is 0.633.

**TABLE.8 OUT & IN-PATIENTS' SATISFACTORY LEVELS TOWARDS SERVICE QUALITY – HOSPITALS HAVING BED STRENGTH 500 AND ABOVE**

| Satisfactory Levels | Tangibles | Reliability | Responsiveness | Assurance | Empathy | Overall |
|---|---|---|---|---|---|---|
| Government Hospital | 68.88 | 63.40 | 64.13 | 66.13 | 64.50 | 65.27 |
| Private Hospital | 63.25 | 60.90 | 61.38 | 64.13 | 62.80 | 62.43 |

The above details are also shown in the following graph.

**GRAPH 2 OUT & IN-PATIENTS' SATISFACTORY LEVELS TOWARDS SERVICE QUALITY – HOSPITALS HAVING BED STRENGTH 500 AND ABOVE**



The above table and graph represent satisfactory levels of service quality of overall patients (O/P & I/P) of NTR Health University General Hospital, Vijayawada and Private Medical College Hospital, Chinaoutapalli. Patients of NTR Health University General Hospital are more satisfied with 65.27% to 22 service quality attributes of SERVQUAL than Private Medical College Hospital with 62.43%.

On observation researcher found that in NTR Health University General Hospital most of the consultants are available in the day time only to give treatment to OPD patients due to the result specialized procedures and diagnostic tests are conducting during day time.

Because of this reason the staff pretends full of activity not even to respond patients' requests in the day time. In absence of administrative staff and concerned doctors during night times, nursing and other staff feel free and do not show much interest to perform regular duties. In Private Medical College hospital, the management is not showing interest towards health and diseases among public, OPD services are offered in morning and evening times only and the specialist doctors are not available except OPD timings, due to which the hospital is failing to fulfill its promises and to do things by time. Available few consultants have to take care of both out-patients and in-patients due to the reason individual attention is limited to nursing staff only not by the doctors.

**SUGGESTIONS**

It is difficult to implement Hospital quality accreditations for Government hospitals but continuous improvement by regular medical audits, patients and employees satisfaction surveys and by recruiting candidates who are having academic background of Hospital Administration/Management for the post of Hospital superintendents who are liable for entire hospital administration brings quality out-put in medical services offering by the Government hospitals. Due to affordability it is suggested to private hospitals to take quality certifications from quality standard institutions offering by both national and international standards institutions to provide more standardized and quality medical services to their patients.

Service Quality gaps existed in Government hospitals in relation to personnel in the hospital pretends busy to respond patients' requests, personal attention towards patients and moreover patient attention limited to nursing staff only not by the doctors. Attractive compensation and facilities makes qualified doctors to join in Government sector and continuous monitoring by administrative staff may fulfill these service gaps in Government sector.

Creating awareness among public towards diseases, causes and effects of diseases, precautions for good health and offer preventive health care for general public are the responsibilities of every doctor and hospital not only by government but also by private doctors and hospitals. It is suggested to private hospitals along with their routine medical services, creating awareness among general public towards health by displaying placard by following modern technology to look good and pleasant.

Success of any hospital/organization depends on continuous and constant effort made by it to meet and match the needs of the patients/customers with their expectations. Enhance the levels of patients satisfaction is an essential task for every hospital to sustain in this competitive environment. Quality has emerged as a key competitive component of service organizations. Regular patient satisfaction surveys enable hospital managers to become aware of the changing levels of patients' satisfaction and operational efficiency of hospital. Logical approaches to know patient satisfaction, dissatisfaction, factors associated with these, patient expectations and service gaps are from regular feedbacks of patients by structured questionnaire and conduct patient surveys to measure service quality gaps between perceptions and expectations by modified SERVQUAL scale on regular interval basis for proper alternatives/steps to consider/identify solutions accordingly. Hence it is suggested to follow the above approaches by hospital managements/administrations to measure patient satisfactory levels.

## CONCLUSIONS

Both public and private hospitals attempt to develop their Service Quality to fulfill the needs of the patients. However, public hospitals like many public institutions suffer from low productivity and low Service Quality while the private hospitals make use of this opportunity. The present study results confirms that the demographic factors and socio economic status plays vital role in patients' satisfaction towards Service Quality.

The above philosophy was proved in the present study based on the revealed results of gaps between perceptions and expectations of service quality opined by patients of various category hospitals (i.e. Government, Private and Missionary owned hospitals) and the same philosophy was confirmed once again based on satisfactory levels of patients in respect of SERVQUAL dimensions.

The collective findings of the present study titled "A study on Service Quality measurement in Healthcare sector" highlighted the service gaps between patients' perceptions and expectations of service quality and patients satisfactory levels in different category of hospitals. This study confirms SERVQUAL scale finds short falls in the service quality being offered by the hospitals and based on the results managements may take necessary steps accordingly.

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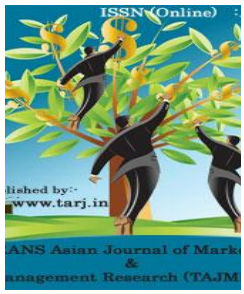


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# LEADERSHIP EFFECTIVENESS AS PERCEIVED BY WORKERS IN RR-INN

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## ABSTRACT

*The present study investigated the leadership effectiveness of workers in RR-Inn. The study aims to find out the perception of workers towards the effectiveness of leadership of their managers. Descriptive method was used to solve this problem. A sample of 200 workers responded to this study. Leadership effectiveness scale was used to collect data. The study revealed that the workers perceived moderate effectiveness of leadership of their managers. The male and the female workers significantly differ in their perception. The workers who were technically qualified significantly differ in perceiving leadership effectiveness of their managers. Needed recommendations were provided.*

**KEYWORDS:** *Leadership Effectiveness, Perception.*

## INTRODUCTION

Good leaders are made not born. If one has the desire and willpower, he can become an effective leader. Good leaders develop through a never ending process of self-study, education, training, and experience (Jago, 1982). These do not come naturally, but are acquired through continual work and study. Good leaders are continually working and studying to improve their leadership skills; they are not resting on their laurels. In the words of Northouse's (2007, p3) Leadership is a process whereby an individual influences a group of individuals to achieve a common goal. The importance of the leadership qualities of managers in the hospitality industry today can't be overestimated. The recent economic downturn has made hotel accommodations a luxury item with many travellers and its leadership that will bring guests to the door. Managers who exhibit good leadership qualities can make or break a business. The leadership qualities in hospitality

industry managers are similar to the qualities of leaders in other successful businesses. Both "people skills" and "business skills" are needed and a good manager will exhibit both.

## REVIEW OF LITERATURE

The review of related literature is a powerful instrument in the hands of an investigator hence several literature had been reviewed.

Derya Kara, Muzaffer Uysal, M.Joseph Sirgy, Gyumin Lee (2013) "The effects of leadership style on employee well-being in hospitality" The investigators conducted a study to test the notion that transformational leadership style is more effective than transactional leadership style by fostering employee well-being enhancing quality of work life and life satisfaction as well as increasing organizational commitment and decreasing employee burnout. They surveyed 443 employees at 5-star hotels in Turkey. The results provide support for the positive effect of transformational leadership in the hospitality industry, which implies that hospitality managers should be trained to use a transformational leadership style to enhance employee well-being.

Men, Linjuan Rita. and Stacks, Don (2012). "Measuring the Impact of Leadership Style and Employee Empowerment on Perceived Organizational Reputation" The current study examines the impact of organizational leadership style and employee empowerment on employees' perception of organizational reputation. The results showed that transformational leadership positively influences employees' perception of organizational reputation, not only directly but also indirectly, through empowering employees.

Meng, Juan. and Berger, Bruce.(2011) "Leadership Effectiveness Intervention: A Theoretical and Empirical Examination on Organizational Culture" An established measurement model of public relations leadership is used in this study to test the causal effect organizational culture can have on leadership effectiveness. Based on the answers from a group of senior public relations executives (n = 222), this research identified the perceived differences between "excellent" versus "perceived" organizational culture.

## SIGNIFICANCE OF THE STUDY

This study focuses on the Leadership Effectiveness of the various Departmental Managers and the General Manager of a Three Star Hotel in Tamil Nadu. For this study the investigator has chosen The Hotel RR Inn in Tirunelveli as the base of study.

Hotel RR Inn is located at the Heart of Tirunelveli city. The reason for choosing RR Inn for the present study was of both a personal and professional interests. One of the major reasons to choose this hotel was that the investigator himself a Diploma holder in Hospitality management and has working experience in hotel Industry and the investigator understands the day to day problems faced by employees in hotels due to the ineffective leadership in hotels. Another reason for choosing RR Inn as the base of study is that the investigator had a bad experience as a

customer of the same hotel and did not find an effective leadership in the hotel from a customer's (outsider's) point of view.

## OBJECTIVES

- To find out the level of leadership effectiveness of managers as perceived by the employers of hotel RR Inn.
- To find out significant difference between worker in perception of leadership effectiveness of managers in RR Inn with respect to Gender and Educational Qualification

## HYPOTHESIS

- There is no significant difference between worker in perception of leadership effectiveness of managers in RR Inn with respect to Gender and Educational Qualification

## METHODOLOGY

After reviewing the characteristics of the different methods of business research, the investigator had employed descriptive method using survey as a technique for the present study. The investigator had used census sample i.e all the employees of the concern had responded to this present survey. The sub sample was on the basis of gender, qualification and experience in the industry. The sample consists of 200 employees.. The investigator had developed and used Leadership Effectiveness Scale for collection of data. The scale has 50 items contributing 10 items each for five dimensions such as Interpersonal Relations, Intellectual Operations, Behavioural and Emotional Stability, Adequacy of Communication and Operation as a Citizen. There were five alternatives Always, Often, Occasionally, Rarely and Never which were scored 5,4,3,2,and 1 respectively for positive items and reversely scored for negative items. The collected data had been analysed using Mean, SD and 't' test.

**ANALYSIS**

**TABLE 1 DIFFERENCE BETWEEN WORKERS IN THEIR PERCEPTION OF LEADERSHIP EFFECTIVENESS OF THEIR MANAGERS IN RR INN WITH RESPECT TO THEIR GENDER**

| Variables | Categories | N | Mean | S.D | T. Value | Result |
|---|---|---|---|---|---|---|
| Interpersonal Relations | Female | 84 | 53.34 | 10.39 | 4.09 | Significant |
| | Male | 116 | 47.58 | 9.00 | | |
| Intellectual Operation | Female | 84 | 49.94 | 10.66 | 0.08 | Not Significant |
| | Male | 116 | 50.05 | 9.54 | | |
| Behavioural and Emotional Stability | Female | 84 | 50.80 | 11.33 | 0.93 | Not Significant |
| | Male | 116 | 49.42 | 8.93 | | |
| Adequacy of Communication | Female | 84 | 52.37 | 6.84 | 3.14 | Significant |
| | Male | 116 | 50.18 | 10.20 | | |
| Operation as Citizen | Female | 84 | 48.26 | 9.67 | 2.13 | Significant |
| | Male | 116 | 51.26 | 10.09 | | |
| Leadership Effectiveness | Female | 84 | 51.34 | 9.16 | 1.65 | Not Significant |
| | Male | 116 | 10.50 | 10.50 | | |

(At 5% level of significance the table value of 't' is 1.96)

The above table gives a clear picture that the calculated 't' value for leadership effectiveness is lesser than the table value at 0.05 level of significance. Therefore the formulated hypothesis is accepted. The workers significantly differ in perception of their manager's leadership effectiveness with regard to their gender. The male and female workers differ in perceiving their manager's leadership qualities such as Interpersonal Relations, Adequacy of Communication and Operation as Citizen. In all other dimensions such as Intellectual Operations and Behaviour and Emotional Stability they do not significantly differ.

**TABLE 2 DIFFERENCE BETWEEN WORKERS IN THEIR PERCEPTION OF LEADERSHIP EFFECTIVENESS OF THEIR MANAGERS IN RR INN WITH RESPECT TO THEIR QUALIFICATION**

| Variables | Categories | N | Mean | S.D | t Value | Result |
|---|---|---|---|---|---|---|
| Interpersonal Relations | School Education | 186 | 50.26 | 10.12 | 1.70 | Not Significant |
| | Technical Education | 14 | 46.52 | 7.76 | | |
| Intellectual Operation | School Education | 186 | 50.21 | 9.75 | 0.84 | Not Significant |
| | Technical Education | 14 | 47.24 | 13.02 | | |
| Behavioural and Emotional Stability | School Education | 186 | 50.85 | 9.86 | 16.82 | Significant |
| | Technical Education | 14 | 38.69 | 0.00 | | |
| Adequacy of Communication | School Education | 186 | 50.15 | 10.00 | 0.74 | Not Significant |
| | Technical Education | 14 | 48.06 | 10.18 | | |
| Operation as Citizen | School Education | 186 | 50.59 | 9.89 | 3.59 | Significant |
| | Technical Education | 14 | 42.18 | 8.32 | | |
| Leadership Effectiveness | School Education | 186 | 50.62 | 9.51 | 2.51 | Significant |
| | Technical Education | 14 | 41.83 | 12.85 | | |

(At 5% level of significance the table value of 't' is 1.96)

## DISCUSSION

The employees of RR Inn perceived their manager's leadership effectiveness as moderate. This may be due to the reason that RR Inn has been inaugurated only in 2011, and the managers are not much experienced. The needed skill and knowledge which could be acquired through experience may be lacking for these managers. This finding is further supported by the previous study undertaken by Doris B. Collin (2004) says that the managers attain substantial improvements in both knowledge and skills if sufficient front-end experience is assured that the right development is offered to the right leaders. Crucial leadership skills such as showing respect for others, demonstrating fair treatment, expressing caring and concern, listening responsively, recognizing the contributions of others, and engaging in reflective practices should be practiced, says Laura Reave (2005). Alen Cutler(2010) of his opinion that some people are,

indeed, born with certain characteristics that make them more likely to have the ability to effectively lead people. However, the extent to which they do fulfill that natural promise depends on the opportunities they are given throughout life – for example their family background, educational opportunities, the environment in which they grow up in and the encouragement they get to take up positions of responsibility.

The male and the female worker's perception differ in leadership effectiveness dimensions- Interpersonal Relations, Adequacy of Communication and Operation as Citizen. But in all other dimensions they do not significantly differ in their perception. When compare to the mean scores female workers perceived their managers have Interpersonal Relations and their communication also adequate. But the male workers report that their managers are well operative as citizens. Tulen Saner, Serife Zihni Eyupoglu (2012) studied the gender disparity in leadership in hotel industry, conclude as to whether male and female managers actually do behave differently in 5-Star hotels in North Cyprus. The present study draw the support from the above said research to explain the current finding that male and female significantly differ in perceiving leadership effectiveness.

The workers do significantly differ in perception of their manager's Leadership effectiveness and its dimension Interpersonal Relations, Behavioural and Emotional Stability and Operation as Citizenship with respect to their educational qualification. Comparing the mean scores the workers who are not technically qualified perceived their manager's behavioural and emotional stability and operation as citizen as higher than the workers who are technically qualified.

## RECOMMENDATIONS

- The workers perceived their manager's leadership as effective only at moderate level. So the managers may be given the needed skill and training.
- The hotel authorities must create a conducive environment for the managers to develop rapport with workers and further develop their interpersonal relations.
- The hotel authorities should recruit the managers who have the leadership qualities and traits which suits their property.
- The male workers perceived their manager's are not communicative adequately. So the managers need to be given training in communicative skills.
- The manager's behaviour is not up to the expectations of the workers who are technically qualified in this field. Let them be open in their discussions and briefing regarding their expectations and their performance evaluation.

## CONCLUSION

A greatest contribution a leader can make is to enable others to contribute effectively. Effective leadership brings together diverse people and helps them find common purpose and work

towards to achieve purposeful common goals. Effective Leadership inspires and empowers people to realize their fullest potential and harness their potentials to achieve common goals. Leadership is the highest level of interpersonal dynamics. Leadership inspires and influences people positively to get the job done through people. This sound more exciting and easy, but in practice it comes with challenge of its own. Perhaps that's the reason leadership must be learned in groups. One can read as many books as possible, they learn something from it, but for the real transformational learning, leadership must be learned in groups. When you work together with a group of people, you learn how the interpersonal dynamics works and draw lessons and apply those lessons in real life situations.

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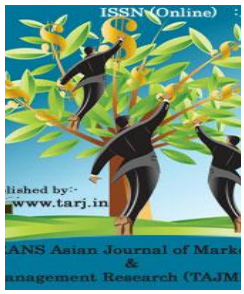


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# FINANCIAL TRANSACTIONS TAX

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## ABSTRACT

*A Financial Transaction Tax is a levy placed on a specific type of monetary transaction for a particular purpose. The concept has been most commonly associated with the financial sector, it is not usually considered to include consumption taxes paid by consumers.*

*A transaction tax is not a levy on financial institutions. It is charged only on the specific transactions that are designated as taxable. So if an institution never carries out the taxable transaction, then it will never be subject to the transaction tax. This tax is neither a financial activities tax, nor a "bank tax", for example. This clarification is important in discussions about using a financial transaction tax as a tool to selectively discourage excessive speculation without discouraging any other activity (as John Maynard Keynes originally envisioned it in 1936).*

*Transaction taxes can be raised on the sale of specific financial assets, such as stock, bonds or futures; they can be applied to currency exchange transactions; or they can be general taxes levied against a mix of different transactions. Like Securities transaction tax, Currency transaction tax, Bank transaction tax, automated payment transaction tax. The financial transaction taxes implemented around 40 countries that in operation i.e. Belgium, Colombia, Finland, France, Greece, India, Italy, Japan, Peru, Poland, Singapore, Sweden, Switzerland, Taiwan, United Kingdom, United States and others.*

*The aim of the FTT was to raise revenue to ensure the financial sector pays a 'fair share' of the cost of the crisis and to reduce the speculative trading that allows the financial sector too much power over the productive economy. TheTransaction tax reduces price instability. Such a tax*

*would have the beneficial effects of curbing instability introduced by speculation, reducing the diversion of resources into the financial sector of the economy, and lengthening the horizons of corporate managers.Transaction Tax should be different for delivery and non-delivery based purchase of shares and bonds, instead of the flat rate of all securities, "The proposed Transaction Tax will have a negative impact on traders. There should be a differential rate for delivery and non-delivery-based transactions, otherwise transaction tax to pull down the markets.*

**KEYWORDS:** *Activities tax, Bank Tax, Speculation, Financial Assets, Curbing, Diversion.*

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## INTRODUCTION

Every transaction has tax implications. Prepare yourself to reduce the risks - and potentially enhance the opportunities.

"Financial instruments" include bonds, derivatives, shares, securities and units or shares in collective investment undertakings. "Financial institutions" include banks, collective investment schemes and pension funds. The definition, however, also includes persons (ie non-financial entities) carrying out certain financial activities (such as deposit taking, lending or financial leasing) where the average annual value of their financial transactions constitutes more than 50% of their overall average net annual turnover. It is this wider limb of the definition that could bring non financial institutions such as treasury companies into the scope of FTT.

## HOW WILL FTT WORK?

Transactions will be taxed at 0.1% for shares and bonds, units of collective investment funds, money market instruments, repurchase agreements and securities lending agreements, and 0.01% for derivatives. These are proposed minimum rates and participating member states would be free to apply higher rates if they wanted.

The tax would have to be paid by each financial institution involved in the transaction. It will become chargeable for each financial transaction at the moment it occurs.

## WHEN IS IT LIKELY TO COME INTO EFFECT?

It is proposed that FTT should apply from 1 January 2014 although the participating member states must agree unanimously before FTT can be implemented. The implementation timetable suggests that the participating member states need to adopt and publish the provisions of the FTT by 30 September 2013.

**EXAMPLES OF FINANCIAL TRANSACTIONS TAXES IN PRACTICE**

- **Selected examples of countries currently using some form of a Financial Transactions Tax**

| | Equity Transactions | Derivatives | Corporate bonds | Government bonds | Currency Transactions | Consumer Account Transactions | Consumer Credit Transactions |
|---|---|---|---|---|---|---|---|
| **Argentina** | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| **Belgium** | ✓ | | ✓ | ✓ | ✓ **(1)** | | |
| **Brazil** | ✓ | | ✓ | ✓ | ✓ **(4)** | | |
| **Chile** | | | | | | ✓ **(2)** | ✓ **(2)** |
| **China** | ✓ | | | | | | |
| **France** | ✓ | | | | ✓ **(1)** | | |
| **Hong Kong** | ✓ | | | | | | |
| **India** | ✓ | | | | ✓ **(3)** | | |
| **SouthKorea** | ✓ | | ✓ | | | | |
| **United Kingdom** | ✓ | | | | | | |
| **United States** | ✓ | | | | | | |

**1) Established in legislation although only comes into effect ifall EU countries introduce a currency transactions tax.**

**2) Rate temporarily reduced to 0% for 2009.**

**3) Recently removed tax on cash withdrawals.**

**4) CPMF was not renewed in 2007**

## OBJECTIVES OF STUDY

1. Strengthen the Single Market by reducing the number of different national approaches to financial transaction taxation.
2. Ensure that the financial sector makes a fair and considerable contribution to public revenues.
3. Support regulatory measures in encouraging the financial sector to engage in more responsible activities, geared towards the real economy.
4. Harmonizing legislation concerning indirect taxation on financial institutions.
5. To create appropriate disincentives for transactions that does not enhance the efficiency of financial markets, there by complementing regulatory measures to avoid future crises.

## METHODOLOGY

**Information has been sourced from books, articles, various websites. This research paper is based on secondary data for finalization of views and opinions.**

## FINDINGS

1. A tax on financial transactions could effectively increase the cost of capital to business firms.
2. The increase in costs could reduce investment and subsequently GDP growth rate.
3. Revenue yield is the key driver behind all taxes.
4. It helps in reducing price instability.
5. Tax transaction intends to systematic regulation of nation.
6. Transaction tax reduces business profits and increase cost.
7. Transaction tax will provide large amount spending money which will add fire toinflection.
8. Indian economy will be at its knees.
9. It will create a massive black money/underground economy using hawala/ gold/ cryptocurrency.

**SUGGESTIONS**

1. Tax base should be made on both national as well as international basis.

2. Tax Transaction must be Introduced to track unaccounted money which in turn helps to trace its source and destination

3. The countries should use bank/transaction taxes for expediency which would replace them with more efficient and progressive taxes.

4. It is concluded that more frequently traded shares are stronger affected than low-turnover shares. Therefore the tax revenue capitalizes at least to some extent in lower current share prices.

5. The presence of even very small transaction costs makes continuous rebalancing infinitely expensive. Therefore, valuable information can be held back from being incorporated into prices.

6. The financial transaction tax is not an instrument that is capable of distinguishing between"desirable" short-term trading strategies and the less significant share of "undesirable" ones.

**CONCLUSION**

- It will fail to raise the revenues needed for the Government to function
- Its incidence will fall on the poorer and lower sections the economy (the rich will pay much less than they do today)
- It will reduce savings in the economy
- It will reduce investment and harm business
- It will increase prices
- It will create a massive black money/underground economy using hawala/ gold/ cryptocurrency
- It will harm India's banking system by preventing it from providing a range of innovative products
- It will bring Indian economy to its knees

There has been NO NATION IN THE WORLD which has relied solely on a bank credit tax – and for very good reason. The countries which did use bank/transaction taxes for expediency have mostly abandoned/replaced them with more efficient and progressive taxes.

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