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Developing Quality Culture – A Guideline

- excerpt -

Overview of the enclosed documents

 list_general_quality_factors.doc List of the general quality factors following the EFQM

The clip icon  in the text refers to the corresponding file in the attachment.

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Developing Quality Culture A Guideline

This article will provide answers to the following questions: What is quality culture and how can quality culture be developed?

Worksheet:

- List of the 27 general quality factors, following the EFQM

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The Dilemma of the Unforeseen

Resistance

Quality management systems (QMS) lose their effectiveness over time without the use of significant resources for employee trainings, quality assurance, evaluations and auditing. The costs and failure rates are increasing despite all efforts. Most managers and employees who are dealing with QM have encountered this in their every-day work. In the best case, employees were motivated and engaged at the moment the system was introduced. However, generally the first opposition forms right at the beginning since QMS and their representatives are frequently seen as a restriction to the individual freedom [1] [2]. An organization like a hospital is perceived to be technocratic even though empathy, creativity and attentiveness are sought. The best QMS is worthless if it is not being lived actively.

Despite the fact that nothing is as usual as the unusual, employees have to work highly reliable in a hospital [3]. It is often a matter of life and death and no patient is like another. Apart from diligent and experienced work, employees are especially

asked to show creativity, flexibility, adaptability and attentiveness [4] which often stand in direct contrast to the existing QMS.

But how can you solve the dilemma of an organization whose daily routine is shaped by the unforeseen but has the need for standardization, control and safety? How do you create a culture in which quality does not simply remain a claim by individual enthusiasts, quality managers or directors but rather becomes a matter of fact with a broad consensus? How can a vicious cycle of mistakes, new rules for mistake prevention and an emerging, continuous decrease in flexibility be prevented?

The answer is: Through the proactive, constant and company-wide development of a quality culture. However, we want to point out that the focus of developing a quality culture lies on the achievement of organizational goals rather than not on enhancing the employee satisfaction [5].

1 Learning from Failure?

Failure will occur!

Failures arise from decisions leading to an unwanted result. Either an expected event did not, or an unexpected event did occur. Failure shows us every day how little we know about the future and make us witness the inadequacies of our planning.

This is human. Nonetheless, the “zero-failure tolerance“ is declared the highest goal again and again. Those declaring such a goal should not be surprised if failures are swept under the rug, concealed or ignored. If failures “are not allowed to happen“, a climate of fear will emerge which will drive members of an organization to primarily make defensive decisions [6]. Defensive decisions are characterized by a refusal

to take the responsibility in order not to be the guilty party in the case of a failure [7].

This is fatal behavior when linked to the treatment of patients. In such cases, not the best possible treatment in the experience of doctors and nurses would be used but rather the treatment with the lowest risk of being held responsible afterwards.

A positive climate of failure helps!

Highly reliable organizations have to create a climate in which failure is recognized early and is taken seriously without having to consider a loss of face or to worry about the career. Failures are exceptional learning moments and will move the participants forward more effectively than any other previous, successful actions.

In order to transform a failure into a moment of learning, you need:

1. a positive climate of failure in which responsibility can be taken and failures are accepted as human learning moments by the upper management;
2. time and space in which all participants can openly and safely reflect what happened and what the consequences for the future might be;
3. timely, collaborative and effective implementation of the measures decided upon.

Adding a new rule does not always help!

And even though people tend to deduce new, mostly more restrictive rules for behavior, this is not always helpful. It is certainly better to sometimes eliminate a rule or to simplify regulations and to create more room for decision making. Sometimes, all that is required is simple coordination between team members in order to prevent a repetition of the same failure.

2 Quality Culture: The Heart of an Adaptive Organization

General information about quality culture

A quality culture is intrinsic and present in each organization – even though the degree of its expression can differ greatly. It is less of a condition than an attitude or a dynamic process which strives to do things well and counter chaos. But a quality culture is never an end in itself. It always serves the goals of the organization. It is, therefore, the heart of a flexible and adaptive organization.

Why should the quality culture be developed?

A quality culture should not be thought of as a status to be reached. It should rather be seen as an attitude in which the hearts and minds of all persons participating in the organization strive to do things well with regards to the organizational goals.

Therefore a quality culture cannot be manufactured. It needs to be continuously developed. If left to itself, it will disintegrate into small partial processes in which many small groups strive differently to do things well. In the course of this, “things“ and the definition of “well“ may differ vastly between various interest groups. This type of situation is critical and may result in a standstill and the loss of flexibility, creativity and adaptability of the organization.

A definition

We define quality culture and any company culture as three dimensions connected by three activity realms.

The three dimensions are

1. Artifacts
2. Values
3. Assumptions

The activity realms are

1. Dialog
2. Information
3. Participation

Artifacts We define artifacts as the tangible and physical characteristics of an organization. These could be buildings, organizational charts, management systems, dress codes and more.

Values We define values as those public declarations which are supposed to determine the framework for action within an organization. Declarations such as *“We place the well-being of the patient above our own“*, *“We respect the individual needs and characteristics of our patients“*, *“Quality management serves to provide employees and patients with perfect work and therapy conditions“* are statements which are publicly accessible for employees, patients, relatives and outsiders and which serve as the foundation for daily work and strategic decisions.

Assumptions We define assumptions as unconscious evaluations and statements which influence every-day actions. The value statement *“We place the well-being of the patient above our own“* can quickly become *“This value is not really lived because when someone’s shift finishes, they drop their pen“*. Or the statement *“We respect the individual needs and characteristics of our patients“* can become *“That is not possible in every-day work. We only have limited time for each patient. Once that time has passed, we have to move on. The individual needs have to be ignored“*. And the statement *“Quality management serves to provide employees and patients with perfect work and therapy conditions“* can become *“We put on a show for auditors and the outside world. The reality is that we*

have to document ourselves to death and have no time for the really important work“.

Consistence of the three dimensions of culture If the dimensions artifacts, values and assumptions are inconsistent, employees will experience their organization as being untrue. This sentiment will lead to frustration and evasive actions. It will finally result in a higher failure rate, more employee sick days and unhappy patients.

Dialog Dialog does not only signify a conversation between two individuals but also the exchange of arguments within a group of equals or across hierarchical boundaries. Contrary to standard opinion, dialog is not a matter of course. In dialogs, no orders are given. The point is to listen, exchange opinions and work together towards a solution.

Information We define information as the purposeful transfer of facts and decisions from one group to another which may not automatically have access to this information. Information is especially valuable if it is passed on in a timely manner, openly and within the correct context.

Participation By participating we define the involvement of organizational members into the decision making process. Especially regarding decisions that will affect them directly or indirectly. The biggest challenge however, is to find out which member expects involvement into which decision. In the case someone feels left out, decisions will be regarded as patronizing and represent a mutilation of their own freedom. The outcome is resistance and refusal.

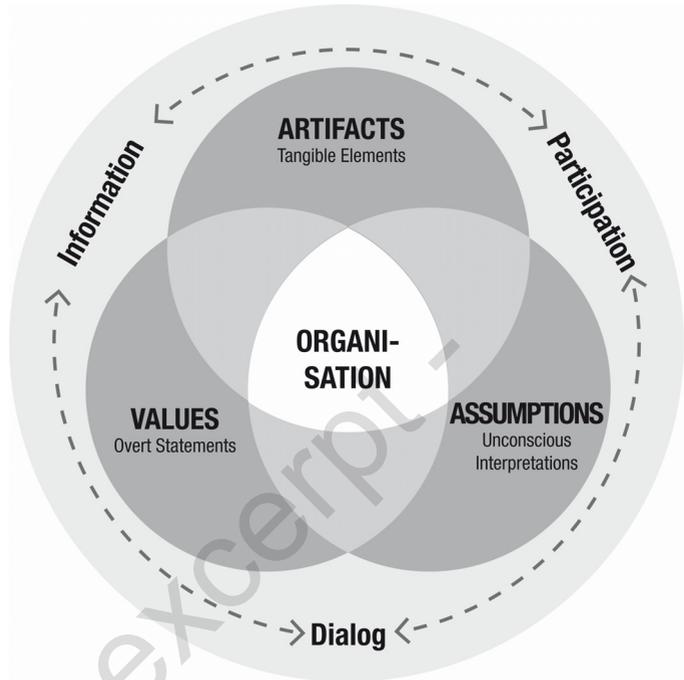


Abb. 1: Model of quality culture according to Haubold and Dokupil-Haubold [8] [9]

3 Developing Quality Culture: A Guideline

We define quality culture as the desire to do things well. But what does it mean to do things well? And what does it take to channel this desire from all parts of the organization towards the achievement of a common goal? We call the process required for this

DELIVER

DELIVER: Development of Living Excellence.

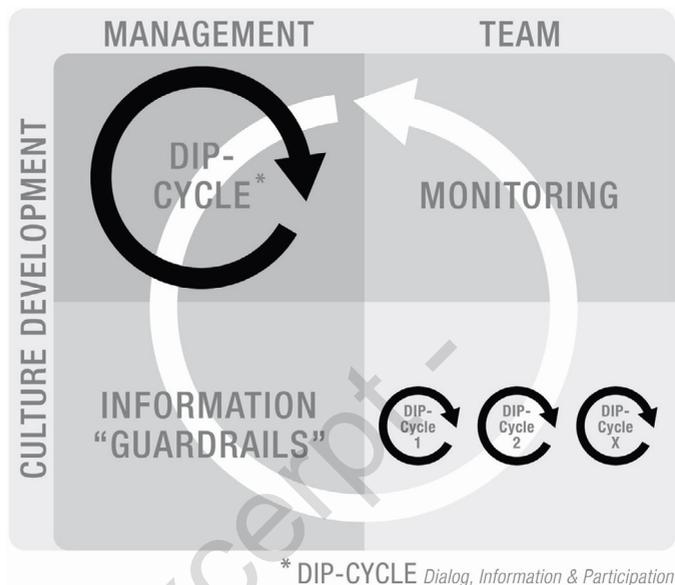


Abb. 2: The DELIVER cycle with the corresponding DIP cycles. DIP stands for Dialog, Information, Participation.

Is something done well if it helps reaching the goal?

First step is for the management of an organization to define what it means to do things well. This needs to be done in regard to the organizational and the societal framework at the time [10] [11].

Therefore the following issues should be addressed:

- Legal regulations,
- Health insurance regulations,
- Developments in medicine and pharmaceuticals,
- Developments in the care industry,