

Assessment of Organization Readiness for TQM Implementation

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Abstract

Since about four years ago, total quality management (TQM) has been informally introduced into our integrated healthcare and medical education system. With the aim of getting feedback/ learning from the experiences of the universities/schools of medical sciences in setting the ground for TQM implementation, an assessment was done. The survey results show that out of 31 universities/ schools of medical sciences, 15(48%) had 50 to 59% readiness, 8 (26%) 60 to 70%, and the remaining 8 (26%) more than 70% readiness. Another finding was that, there was a discrepancy between top management teams' understanding of TQM and their actual actions in taking steps regarding its implementation. In conclusion, although the universities/ schools of medical sciences are taking steps toward setting the stage for TQM implementation, each one with its own pace, but the top management team must take more active role than the past in preparation for and implementation of TQM.

Keywords: *TQM, Organization readiness, Universities/ Schools of medical sciences, Iran*

Introduction

Islamic Republic of Iran's healthcare system is completely integrated into its medical education system. Every university/school of medical sciences (USMS) is responsible for providing both education and healthcare services, and each university/school of medical sciences is governed by a management team of 5 to 8 people. Since about four years ago, total quality management (TQM) has been informally introduced into the Islamic Republic of Iran's healthcare system. The long term aim was to provide the necessary conditions for implementing TQM. For this end, a national committee for quality improvement (NCQI) was established. The NCQI was supposed to provide support, training and advice regarding quality improvement initiatives. It is important to say that, although the NCQI has prepared a framework for implementation and necessary

training courses and materials, but a "blueprint/roadmap" for implementation was not developed, nor a "prescriptive/compulsory" way of doing the task was imposed. NCQI has acted as a trigger of change and the universities/schools of medical sciences were free to adopt or not adopt the TQM. In addition, they were totally independent in planning for their own quality improvement efforts, even without any input from NCQI.

Clearly, different USMSs, have started their journey with different understanding of TQM philosophy, have chosen different ways for moving towards it, and have moved forward with their own pace. Nonetheless, they certainly have more or less, benefited from the framework provided by the NCQI.

According to the implementation phases proposed by NCQI (Appendix- A), the first two phases, i.e. awareness and knowledge & ex-

perience, were designed for making the USMS ready for implementing TQM. The expected outputs of these two phases were:

Comprehension of quality, quality Improvement and TQM.

Top management team commitment to TQM.

Creating an organizational culture consistent with values of TQM.

Achieving organizational readiness for implementing TQM.

Based on what was told, it is expected that the current picture of readiness for TQM implementation, will be different among different USMSs. As a means of feedback/learning from what has happened, and as a driving force for the USMSs, it was decided to assess the readiness of the USMSs for TQM implementation.

Materials and Methods

This was a cross-sectional study. A questionnaire containing twenty questions (Appendix-B) was developed based on TQM principles, implementation frameworks and available models (1-9), piloted and distributed among the 34 USMSs. Since the top management team is responsible for organizational readiness and providing leadership and role model for TQM implementation, so they were designated for filling the questionnaires.

Microsoft Excel was used for data entry and analysis. Mean score for each question and a total score for the whole questionnaire was calculated. The latter represents the percent of readiness of the each USMS for TQM implementation (Fig. 1 and 2).

Results

Out of 244 questionnaires distributed to 34 USMSs, 218 questionnaires were filled and returned with response rate of about 90%. A minimum of five questionnaires for each

USMS was considered to be sufficient for analysis. Data for 31 of them were analyzed.

Fig. 1 shows that fifteen (48%) of the USMS had 50 to 59 percent of readiness, eight (26%) 60 to 70 %, and the remaining eight (26%) more than 70%. Review of Fig. 2 shows that the four questions having the highest scores, are questions 8, 14, 4 and 3, respectively; and the four questions having the lowest scores are questions number 7, 6, 12 and 13, respectively (see Appendix-B).

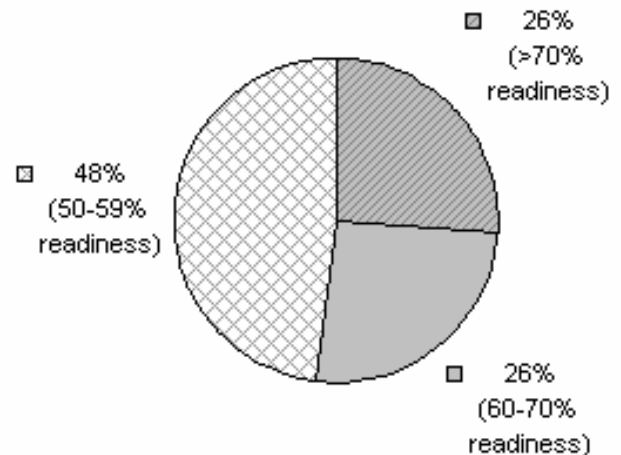


Fig. 1: Comparison of the percent of readiness of the universities/schools of medical sciences

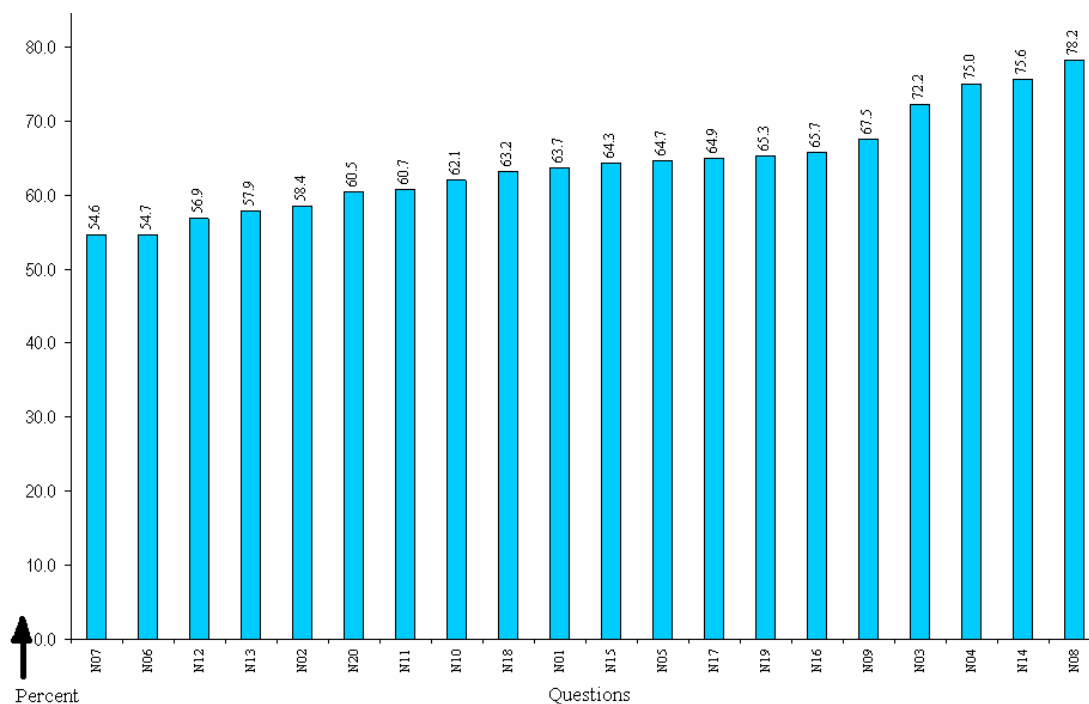


Fig. 2: Comparison of the score of each question in all of the universities/schools of medical sciences

Appendix A

Implementation phases and their expected outputs *

Implementation stage	Output
1. Awareness	<ul style="list-style-type: none"> • Comprehension of quality, quality improvement & TQM • Top management team commitments • Adoption of TQM as a management philosophy • Organizational readiness for implementation.
2. Knowledge & experience	<ul style="list-style-type: none"> • Managers and employees learn and get insight into concepts, principles and methods of TQM by active involvement in process improvement. • A consistent organizational culture is created.
3. Strategic planning based on quality	<ul style="list-style-type: none"> • A 3 to 5 year quality- based strategic plan is established. • Vision, mission and strategic goals of the organization are linked to new philosophy.
4. Strategic implementation	<ul style="list-style-type: none"> • Further learning by doing • TQM becomes a way of doing things
5. Evaluation and continuous improvement	<ul style="list-style-type: none"> • Learning from positive & negative experiences • Review, adoption and/or replanning

*Adapted from Gaucher EJ, Coffey RJ. Total Quality in Health Care: from Theory to Practice, San Francisco: Jossy-Bass Publishers, 1993

Appendix – B

Assessment of Organizational Readiness for Total Quality Management (TQM) Implementation

For each of the 20 statements, rate your organization from 1 to 5 (strongly disagree to strongly agree), indicating how true the statement is about your organization. Please circle only one number in each column.

Question	Strongly disagree				Strongly agree
	1	2	3	4	5
I have received adequate training on TQM.					
I have invested a significant portion of my time in learning about TQM.					
I have clearly understood the span of changes brought with TQM.					
I believe that TQM is applicable in our organization. *					
I have personally selected TQM and proposed its implementation in our organization.					
I have been actively involved in the introduction of TQM into the organization.					
TQM related issues are frequently discussed in the meetings of the board of directors of our organization.					
I am committed to the implementation of TQM.					
A supportive structure such as quality council/committee is coordinating quality improvement efforts in our organization.					
I am one of the members of the above-mentioned supportive structure.					
An organization-wide training program has been planned and is being implemented in this organization.					
There is a common language about concepts, principles and methods of TQM in our organization.					
For building readiness for TQM implementation, I have devoted necessary resources.					
Being customer-focused is promoted and emphasized by the top management team of our organization					
A culture supportive of TQM is being promoted in this organization.					
Our organization culture promotes total involvement of employees in quality improvement efforts.					
Cross-functional teamwork is highly valued in this organization.					
Process improvement is widely practiced in this organization.					
Teams and individual employees are rewarded and recognized here, for their improvement efforts.					
There are obvious champions surfacing from all levels of the organization in supporting TQM.					

* Organization in this questionnaire refers to the university/school of medical sciences

Discussion

There is no one best way to implement TQM (10). There is no one best way...which suits all organizations and cultures (2). Our organizations and their culture are all different ... therefore, the implementation plan that worked well for one [organization] will never fit exactly with needs of another [organization] (11). You may understand the “what” and the “why” of TQM, but the more difficult question is, “How” do you implement a TQM effort? (12). From the start, organizations must accept that TQM is a long and arduous journey, which has no end (2). All of the above quotations show that implementation of TQM is difficult; there is no one best way for it’s implementation; it needs a long term view; and every organization must have a tailor-made approach to implementing TQM, which is suited to the needs of the organization. There has been emphasis on phased and step by step introduction of TQM into the organizations (2, 4, 7, 8, 10, 11, 13).

In the beginning of this evolutionary implementation process, achieving deep understanding of TQM, capturing top management commitment, adoption of TQM as a change strategy, providing a common language, offering a vision of the future, taking actions for cultural change, rather than taking actions directly related to TQM implementation and creating organizational readiness for TQM implementation, are highly important. These are “signposts” of appropriate orientation of the organizations toward TQM (3, 5, 11, 14, 15).

not been created yet; and not enough resources have been devoted to Based on what was told, our USMSs have a long way to go to implementing TQM. Findings of this assessment show that all of them have moved forward and the observed differences are somehow natural and represent their unique situations. Every USMS, by using the implementation framework offered by NAQC, has chosen its own starting point and course of actions at a pace which suits its own situation and available resources.

One interesting point was that the top management teams have stated that they were committed to TQM; being customer-focused was promoted; TQM was applicable in their USMS; and they understood the span of changes brought with TQM (Fig. 2). In contrast, they have also stated that TQM was not frequently included in the agenda of their meetings; they have not been very actively involved in introduction of TQM to their organization; a common language has the movement. This shows a discrepancy between top management teams’ understanding and action and it must be remedied, otherwise it may endanger the whole idea of TQM implementation.

Although implementation of TQM actually starts with strategic planning (12), however fertile soil for its implementation must be prepared through preliminary steps, which are absolutely dependent on right understanding of TQM and appropriate start of it (2). This study shows that the top management teams must take more active role than the past, for setting the ground for TQM implementation (2, 3, 10-13).

The result of this assessment will be distributed among the USMSs. We are sure it will be used as a means of learning from each other. Moreover, we believe that the questionnaire can be used as a means of self- assessment, which will make them able to enhance their preliminary (readiness) implementation efforts.

It is the right time for the MOH & ME to adopt TQM philosophy formally, and support the implementation efforts throughout the entire system.

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References

1. Cameron KS, Barnett CK (2000). *Organizational quality as a cultural variable: An Empirical Investigation of Quality Culture, Processes and Outcomes*. In: *The quality movement & organization theory*. Eds, Cole RE, Scott WR. Sage Publication, Inc., Thousand Oaks, pp: 290-91.
2. Dale BG (1999). *Managing quality*. 3rd ed. Blackwell Business, Oxford, pp: 30-31, 37, 42-43, 84, 91-2.
3. Hardison CD (1998). Readiness, action and resolve for change: How do Health Care Leaders Have What it takes? *Quality Management in Health care*, 6: 44-51.
4. Jackson S (2001). Successfully Implementing total quality management tools within healthcare: What is the key Action? *International Journal of Health Care Quality Assurance*, 14:157-63.
5. Johnson JJ (2001). *Differences in Superior and Non- superior Perceptions of Quality Culture and Organizational Climate*. In: *The quality yearbook*. Eds, Cortada JW, Woods JA McGraw- Hill. New York, pp: 148-58.
6. Mears P (1995). *Quality Improvement Tools & Techniques*. McGraw- Hill Inc. New York, pp: 259- 62.
7. Motwani J, Sower VE, Brashier LW (1996). Implementing TQM in the health care sector. *Health care manage Rev*, 21:73-82.
8. Ovretveit J (2000). Total quality management in European healthcare. *International journal of health care quality assurance*, 13: 74-9.
9. Soim SS (1998). *Total quality essentials: using quality tools and systems to improve and manage your business*. 2nd ed. McGraw- Hill, New York, pp: 255-59, 263, 268, 272.
10. Gaucher EJ, Coffey RJ (1993). Total quality in healthcare: from theory to practice. Jossy-Bass Publishers, San Francisco, p: 115.
11. Goetch DL, Davis SB (2000). *Quality management: Introduction to total quality management for production, processing and services*. 3rd ed. Prentice- Hall. New Jersey, p: 733.
12. Biech E (1994). *TQM for training*. McGraw- Hill Inc, New York, USA. pp: 2 & 7.
13. Evans JR, Lindsay WM (1999). *The management and control of quality*. 4th ed. South-Western College Publishing, Ohio, p: 318.
14. Sheridan JH (1998). *Culture change lessons*. In: *The quality yearbook*. Eds, Cortada JW, Woods JA. McGraw- Hill, New York, pp: 261-73.
15. Spitzer D (1996). *How motivating is your organization?* In: *team & organization development sourcebook*. Eds, Silberman M, Auerbach C. McGraw-Hill, New York, pp: 84-87.