

## **Will the Transition from Standards to The Total Quality Management Occur in the Turkish Health Sector? A Case Review**

**Neslihan DERİN<sup>1</sup>**

### **Abstract**

In recent years, significant quality studies have been carried out through standards in health services. When the historical development of quality is considered, it is seen to consist of four stages, which are “examination, quality control, quality assurance and total quality management”. The quality assurance stage is the stage during which the compliance with the determined standards is achieved, in other words, it is the stage during which documentation is performed, and it is also a step within the total quality management. There are many hospitals in Turkey both receiving ISO 9000 Quality Management System Certificates and achieving the compliance with the Service Quality Standards created by the Ministry of Health. However, the presence of the elements of the Total Quality Management (TQM) in these hospitals and, as a result, the presence of a cultural change in the field cannot be clearly stated.

In the light of the above-mentioned information, the problem statement of our study is “To what extent the quality assurance stage is a mediation stage in the transition to the total quality management?” In order to find out the answer to this question in the field, the perceptions regarding the implementation level of the

1 Doç. Dr. Inonu University, e-mail: neslihan.derin@inonu.edu.tr

total quality management elements of the staff at a university hospital which has been within the certification process since 2008, which has various ISO Management System Certificates and which has also been making efforts to comply with the standards determined by the Ministry of Health were questioned. According to the findings obtained, the perceptions of the implementation levels of the total quality management elements of the staff were concluded to be at a moderate level in line with the results of this study and the observations made at the Turkish healthcare institutions, despite the high level of compliance with the standards in the Turkish Healthcare Sector why the implementation level of the TQM elements has not developed in this direction and why critical success factors regarding TQM have not been achieved have been discussed.

**Key Words:** Total Quality Management, Quality Assurance, Health Sector

### **Introduction**

Competition has been ignored in the health sector for many years. However, competition has gained momentum for last 30-40 years, and as a result of this development, operation costs and patient expectations have also increased (Chow-Chua, 1999). The institutions in the health sector have understood the importance of producing more quality goods and services and establishing the quality approach in management more with each passing day in order to be more efficient, flexible and competitive under the changing environmental conditions and in the environment of intensive competition (Erdil et al., 2003). Thus, the efforts to improve quality are a rapidly ongoing process in all communities that monitor the world and understand it well. Organizations operating in the health sector in Turkey aim to raise the quality of their services by being engaged in various initiatives (Yağcı and Duman, 2006).

Upon examining the historical development of quality, the matter can be grouped under four headings. These are examination, quality

control, quality assurance, and Total Quality Management (TQM). While the quality assurance expresses the stage at which standards are determined and implemented, the total quality means that all employees of the organization learn, implement the quality control methods and participate in the relevant studies (Taşkın and Ekici, 2011). Studies on enabling health services to gain standards of ISO series is the beginning and they activate significant changes (Baltaş, 2004). However, what is important is to put the Total Quality Management system, which is a human-oriented management approach and is different from the quality assurance system in terms of the scope, into operation.

In order to improve the quality of health care delivery in Turkey and have this service licensed, hospital managements receive Management System Certificates, particularly TS-EN ISO 9000 Quality Management System Certificate, from the Turkish Standards Institution. At the same time, the Health Service Quality Standards that were created as a result of great efforts of the Ministry of Health since 2007 make a great contribution to ensuring quality assurance in the health sector. However, the observations made at the Turkish healthcare institutions for quality studies showed that although quality assurance systems, in other words, standards were given enough importance, the transition to TQM, being the following step, was not very successful.

Accordingly, taking into consideration both the general observations made in the Turkish healthcare institutions and the applications performed at a hospital, the purpose of the present study was determined as “to determine why the implementation level of the TQM elements has not been developed in the above-mentioned direction and why critical success factors regarding TQM have not been achieved despite the high level of compliance with the standards in the Turkish Health Sector”.

## **1. Review of Scientific literature**

When the historical development of quality is considered, it is seen to consist of four stages, which are “examination, quality control, quality assurance and total quality management”.

**A-Examination:** In the past, examination was considered to be the only way to ensure quality. Examination that meant distinguishing the bad and faulty products from good products was performed by specially-trained examiners (Wiele et al., 1997).

**B-Quality Control:** In this period, which was in the 1920s, examination process was expanded from final controls towards interlude controls and initiative control. In 1924, Dr. Walter Stewhart, a mathematician, introduced the “Statistical Quality Control” concept. Following World War II, the concept of the “Statistical Process Control” started to develop because the fact that manufacture processes became complex necessitated the creation of a coordination and feedback mechanism between examiners and decision makers. As a result, the term of “quality assurance” emerged (Taşkın and Ekici, 2006).

**C- Quality Assurance:** Quality assurance activities are the activities carried out in order to prevent nonconformities from occurrence or repeating; these activities are interrelated with each other within the framework of determined plans (Küçük, 2011).

Quality assurance is related to the prevention of quality problems, and quality control is related to the identification of quality problems. Quality assurance is a system setting and maintaining the pre-determined product quality standards. The quality assurance system includes both internal and external factors that significantly affect quality (Ören, 2002).

**D- Total Quality Management:** Experts contributing to the development of quality control and statistical techniques in the USA aimed the mentioned techniques to be applied to all activities of enterprises and the responsibilities regarding quality to be undertaken by all departments of the enterprises. In this context, the concept of the Total Quality Control (TQC) which was first used by Dr. Armand Vallin Feigenbaum in the 1950s includes the integration of the activities of all groups in a systematic and the most economical way in order to meet the needs of the customers and to reach the quality targets in the production system. The TQC concept was reflected on the entire business

culture and became the vision of all employees, primarily the management. This was improved and started to be called the “Total Quality Management” (Taşkın and Ekici, 2006).

The emergence of TQM became one of the most important advances in management practice (Prajogo and Sohal, 2001: 539). TQM has been attracting growing interest in the last decades as a management reference system and it enables organizations to demonstrate a high performance as a strategic supporting element for the organizations in their efforts to gain a sustainable competitive advantage (Calvo-Mora et al., 2014). As a general term, TQM includes a large collection of tools, concepts, methods and philosophy used worldwide in relation to quality management (Valmohammadi and Roshanzamir, 2015). Accordingly, it has been implemented in many economic, cultural, and scientific institutions all over the world (Naghshbandi et al., 2012).

TQM is a concept which coordinates and directs all activities of the organization to optimize its commercial, financial, technical and human resources and which is capable of presenting the highest level of quality assurance to customers in a most cost-effective way within a participatory and supportive management approach (Tavmergen, 2002). The Total Quality Management is a comprehensive management philosophy including both customers and suppliers in addition to all employees (Abrunhosa and Moura E Sa: 2008). The main objective of TQM is the satisfaction of those who provide service and those who receive service. The Total Quality Management includes some elements to be implemented in the field. These are as follows:

**Quality Culture:** TQM is a philosophy aiming at meeting the needs and requests of both domestic and foreign customers by creating an organizational culture in which everybody is aware of the strategic importance of quality not only at the product creation stage but also at each level of the management (Naktiyok and Küçük, 2003). Quality culture covering both the active quality leadership of all executives and the encouragement of employees is the most important element of the total quality idea. The reason for this is the fact that cultural change, which is

very hard and time-consuming, is related to the minds, the way of thinking and behavior of people (Naktiyok and Küçük, 2003).

**Quality Leadership:** The manager actively taking part in the management is requested to have a vision for quality and the mission of the organization (the common value shared by all executives and employees) and show the consistency of purpose, for any changes to start in an organization can only be achieved under the leadership and responsibility of the management. The most important responsibility in the transition to and implementation of TQM belongs to the leader (Tufan et al., 2009). The leader should be considered as the most important coordinator in the system since the person ensuring the construction and strategically directing of the system enabling to achieve extraordinary results is the leader (Calvo-Mora et al., 2014). Leaders will have realized the overall participation and open communication only when they manage to reduce the distance with employees in the organization. In this way, they will help cultural change in organizations to happen both internally and externally (Ölçüm Çetin, 2004).

**Participatory Management and Communication:** Communication is to share the information with employees sincerely and frequently. If employees fully understand why the organization does something, they will accept it more easily (Balay, 2000).

The process of exchanging the ideas, knowledge, and feelings among individuals during the decision-making and in team works in the participatory management implementation is an important implementation of the corporate communication. The effective communication environment created in the organization as a result of such implementations significantly contributes to enabling the objectives and targets of the organizations to be easily understood by employees and to motivating them to spend efforts sincerely in order to achieve these objectives and targets (Yatkın and Yatkın, 2007).

**Continuous improvement:** The philosophy of TQM is to meet the customer expectations or exceed them through the continuous improvement of goods and services (Weiner et al., 2006). Improvements in

quality management can only be achieved by giving importance to certain processes and changing for better. All employees and departments are responsible for quality. The improvements in individual processes will lead to improvements across the organization. It will strengthen the organization's ability to respond to customers' changing demands (Agus and Hasan, 2011). At the same time, the feedback from customers in the service sector is an effective tool to improve the service (Voss, 2004).

The purpose of the continuous improvement is to get better products at a less cost. To achieve this, a good supervision of production processes and corrective and preventive actions should be realized (Sarp, 2014). Continuous improvement, which is an element of TQM, should be supported with process management practices such as statistical process control and Pareto analysis (Valmohammadi and Roshanzamir, 2015).

**Team Spirit:** That working as a team is the most important factor in reaching the common goals in TQM is a well-known fact (Sarp, 2014). The key to success depends on forming the team players from conscious, participatory, adopting and undertaking individuals (Esin, 2004).

The study performed by Hilgermann (1998) showed that teamwork and sharing the targets enabled the members of self-managing teams to experience higher satisfaction (Gülner, 2009). Systems to achieve TQM can only be possible through teamwork and team spirit. Teamwork will contribute to the development of mutual trust, respect, dependence, frankness, patience and loyalty within the organization (Taskov and Mitreva, 2015).

**Managing using Targets and Data:** One of the requirements of TQM is to obtain the healthy numeric data. The infrastructure of the institution should be established in a manner to obtain accurate data, and at the same time, corporate executives must have abilities to analyze data for accurate plans, the correct allocation of resources and correct decisions (Çalışkan et al., 2015). Targets should be determined with healthy data obtained, and deviation from the targets should be identified using the healthy data obtained from the field and precautions should be taken.

**Solving the Problems at Source:** The problems in organizations must be solved within the quality circles to be established by employees who are familiar with problem-solving techniques.

If problem-solving techniques are widely used, basic statistics and decision-making techniques are sufficient to solve the majority of problems experienced in organizations. The studies performed reveal that very advanced techniques are rarely required. Same techniques are used to develop the system, however, it is the responsibility of the executives to teach these techniques to all employees and have them implemented (Özeroğlu, 2015).

**Training of Employees:** In TQM, training is not a part of the system but it is the system itself. Training is performed at every stage of management (Yalçın, 2007). Ishikawa, a Japanese quality expert, said: "Quality starts and ends with training". In TQM, training is expected to cover all individuals in the company, from the top management to lower levels. It is required to train employees regarding their professions to enable them to develop themselves. Knowledge will increase self-confidence and potential of the individual to contribute to the company's development (Tufan et al., 2009).

Training not only in the profession but also in TQM should be provided to employees. It is not possible to strengthen and motivate employees unless training both in their professions and TQM is given to them (Benavides-Chicón and Ortega, 2014).

## 2. Research Methodology

Quality is the *sine qua non*, particularly for healthcare institutions. During observations made, it was determined that although healthcare institutions gave enough importance to quality assurance systems, in other words, standards, in their quality studies, they were not very successful in the transition to TQM which is the next stage. The purpose of this study is to find out to what extent a healthcare institution that has an ISO quality management system certificate and is implementing the



service quality standards set by the Ministry of Health implements the elements of the total quality management.

The data for the study were collected using a questionnaire form developed for this purpose. The questionnaire form mainly consists of 2 parts. Demographic characteristics of the participants were presented in the first part, and the basic TQM elements in the literature were presented in the second part in order to determine the degree of the perception of the total quality management elements by employees. The reliability value of the survey on the TQM elements (the Cronbach's alpha) is 0,904. A total of 200 questionnaires were distributed but only 120 of them could be processed. The data obtained through the survey were classified and analyzed with SPSS 21 program. Frequency tables, medians, t-test and ANOVA test were used in the analyses.

The main hypothesis of the study was generated as follows. "According to the perceptions of the employees of a healthcare institution that has a quality management system certificate, the implementation degree of the TQM elements by the institution is high."

### **3. Findings**

Demographic characteristics of the employees included in our study can be summarized as follows: 54,5% of the employees are female, 45,5% are male; 62,8% are between 26 and 35 years of age; 42,1% have bachelor's degree; 68,6% have the experience of 1-10 years; 48,8% have been working at the current workplace for 1-5 years; and 34,7% of the participants are nurses.

#### **Arithmetic Means and Standard Deviation Related to the Variables**

The scale was created as an interval scale from Likert-type metric expressions (in the form of 1=totally disagree 5= totally agree), and the interval between each category was considered to be equal. The arithmetic means of the responses given to all propositions were calculated by coding the data of five-grade answers mentioned above for each

participantas 1, 2, 3, 4, 5. The following intervals are taken into account in the interpretation of the arithmetic means (Özdamar,2003):

$1,00 \leq \text{arithmetic mean} \leq 2,60$ : Low

$2,60 < \text{arithmetic mean} \leq 3,40$ : Average

$3,40 < \text{arithmetic mean} \leq 5,00$ : High

**Table1:** The Table of Mean and Standard Deviation Values Related to the Variables

Variables Related to the Total Quality Management Elements	Mean	sd
1- Respect and Courtesy Culture is dominant at the institution	3,0579	1,34349
2- There are leaders to realize the quality change at the institution	3,0826	1,36374
3- Employees of the institution can participate in decision-making by developing proposals related to their jobs	3,1074	1,32163
4- Continuous improvement is carried out in every aspect at the institution	3,1074	1,26360
5- Team spirit is dominant in the working teams at the institution	3,1901	1,23365
6- Targets of the institution are determined based on some data	3,3388	1,15148
7- Problems at the institution are solved at the source	2,9669	1,30342
8- Training of employees is given importance at the institution	3,1653	1,33758
9- General average	3,1262	,99970

When the table is examined in general, the means are observed to vary between 2,60 -3,40. As a result, it can be said that the perception level of the employees at the university hospital, being the subject of our study, of the presence of the implementations for the TQM elements is at a moderate level. Thus, the main hypothesis which was “According to the perceptions of the employees of a healthcare institution that has a quality management system certificate, the implementation degree of the TQM elements by the institution is high” was rejected.

The t-test and ANOVA test were used to compare the means of the perception levels of TQM elements with the variables related to socio-demographic characteristics of employees.

**Table 2:** Comparison of the variables related to socio-demographic characteristics of employees with the means of the variables related to the TQM elements

					t-Test	
Demographic Characteristics	Group	N	Mean	Standard Deviation	t	Significance
Gender	Female	66	2,9776	1,04221	1,808	0,310
	Male	55	3,3045	,92414		
					Variance	Test
		N	Mean	Standard Deviation	F	Significance
Age	25 and below	15	3,1667	0,77584	0,883	0,452
	Between 26-35	76	3,0891	1,08936		
	Between 36-45	27	3,1065	,84260		
Education	Between 46-55	3	4,0417	,83229	8,084	0,000
	Elementary	6	4,1875	,42390		
	High school	34	3,4522	,85448		
	Associate degree	14	3,4375	1,04324		
Time in the profession	Bachelor's degree	51	2,6156	,92321	0,995	0,398
	Master degree	16	3,3906	,89545		
	5 years and below	47	3,2527	,93123		
	Between 6-10 years	36	2,9276	1,14519		
Time spent at the workplace	Between 10-15 years	26	3,2548	,93707	0,454	0,715
	Between 16-20 years	12	2,9479	,91462		
	5 years and below	59	3,1550	,91812		
	Between 6-10 years	32	3,1406	1,21265		
Profession	Between 10-15 years	23	3,1630	,91269	1,145	0,341
	Between 16-20 years	7	2,6964	,97856		
	Doctor	5	2,9250	,80331		
	Nurse	42	2,8661	1,11475		
	Technician	18	3,4306	1,08907		
	Civil servant	13	3,0096	,98618		
Caregiver	27	3,3896	,82640			
Cleaner	5	3,1500	,64590			
Other	11	3,1932	,91235			

At the significance level of  $P < 0.05$

According to Table 2, as a result of the t-test and ANOVA test performed, no significant difference was observed among the average perception levels of the groups according to gender, age, time spent in the

profession, time spent at the current workplace and profession variables of the implementations of TQM elements.

According to Table 2, there was a significant difference only between the participants' average perception levels of the implementations of TQM elements by the education variable ( $F= 8,084, p=0,000$ ). Using the Scheffe's test that makes a comparison between groups, this difference was determined to present between those who had bachelor's degree and those who had elementary and high school degree. The average perception level of the TQM elements' implementation of those who had bachelor's degree was significantly lower than that of those who had elementary and high school degree.

#### 4. Result and Discussions

As a result of the observations made in the Turkish health sector and the research carried out at a licensed university hospital, although the level of compliance of healthcare institutions in Turkey to quality assurance systems, in other words, standards, is high it cannot be said that they are very successful in implementing TQM elements. The main reason for this is considered to be the lack of some critical success factors for TQM mentioned below.

Critical success factors for TQM (Küçük, 2011: 143)

- Support and commitment of the top management
- Continuous training and development
- Managerial leadership
- Changing organizational culture
- Appropriate organizational structure
- Participation of the employees from all levels
- Creation of identification and reward systems

**Shortcomings in Support and commitment of the top management:** That quality development is perceived as an ordinary matter brought

into the agenda by the management of the institution as a slogan from time to time and that is not followed later is an indicator of the fact that there is not enough commitment to quality policy and responsibility (Ertuğrul, 2006). The lack of the awareness regarding the transition to TQM and the lack of the desire to change in the top management cause having a certificate and compliance to the standards to be considered as an image perception.

**Lack of Managerial Leadership:** For a successful implementation of TQM, leader managers are needed who are aware of their responsibilities and have the capability of giving priority to the subjects they will deal with by utilizing the current resources and determining the needs and requests of the community they will serve (Sarp, 2014). Although executives are generally physicians and have superior knowledge in their branches, they cannot show competence regarding the TQM leadership.

**Shortcomings in Continuous Training and Improvement:** That the training provided by consulting companies across the organization without a desire and need in the certification process and that the training activities are not associated with the daily practices cause training activities to be perceived as unnecessary. The insufficient training on the fundamental philosophy of TQM and the tools used not only prevents the belief in training but also never realizes the behavior changes expected from training. As a result, it is concluded that training has no effect and accordingly training activities are interrupted (Ertuğrul, 2006). At the end, no necessary awareness is able to be created in the executives and employees at the healthcare institution, and the lack of awareness leads to the failure of TQM efforts.

In order to realize the transition to the TQM system, behavior of the members of the organization should be changed with the training given (Tufan et al., 2009). The quality of the relationship between the healthcare employee who provides professional healthcare service and the patient who is in need of healthcare service contributes to the treatment of the disease (Kathleen and Boggs, 2003) and has a great effect on the patient satisfaction. In order to satisfy the patient, it is necessary

to evaluate events from the patient's perspective, show tolerance to the patient, listen to him/her carefully, inform he/her, inquire about his/her expectations and shortly, an increase should be achieved in the perception of the value given to patients (Mayer, 1999). Therefore, the healthcare professional should be an individual who is well-trained, polite, courteous, skillful, professional, responsible, willing to do his/her job, informative, has the working discipline (Andaleeb, 2001), reliable, flexible, respectful to beliefs and has high communication skills (Duggirala, 2008). Healthcare professionals need to be supported with continuous training to enable them to gain these characteristics.

**Difficulties and Failures Experienced During the Corporate Culture Change:** One of the reasons for the failure of TQM implementations is the fact that TQM is totally a transforming activity and the need for a special cultural environment is not realized as required (Ertuğrul, 2006). Corporate culture is a series of shared values and beliefs within the organization. Furthermore, it is the name of a set of common values which enable employees to understand how the organization works and show them the norms of behavior within the organization. Corporate culture is influenced by everything in the organization and it affects everything. Changes in the management style or total quality techniques lead to the changes in corporate culture (Yamak, 2015). Culture change is fundamental to the success of TQM implementation (Valmohammadi and Roshanzamir, 2015). The main function of TQM implementations is to create a quality culture in organizations where the application is performed. The adoption of a quality culture requires changing the people's perception of the organization's values, works, and customers (Çetin, 2010). However, it is a painful process to keep up with the change and make the necessary changes (Yamak, 2015). This painful process requires the healthcare executives to become professional transformation managers to successfully manage this process.

**Failure in Creation of an Appropriate Organizational Structure:** Organizational structure, systems, and transactions of the organization and corporate culture form the capability of an organization. Within

this formation, the type of the organization, relations between departments, the nature of organizational processes, shared values, and specialization directly affect capacity and motivation (Çapraz, 2014).

TQM requires organizational structures that are less stratified (horizontal organization), less prescriptive (flexible organization), more participatory (having more quality control circles, face-to-face and multi-lateral relations), formed by the people believing in a certain vision and that have a certain mission (Ertuğrul, 2006). However, the dual authority structure (matrix structure) and the high number of vertical steps between these structures, more formalism, low participation, that the human resources in healthcare sector consist of professional individuals and these individuals give more importance to their personal targets than corporate targets attract attention at the Turkish Healthcare Institutions.

The management should try to ensure flexibility by creating organizational structures based on the humanist management approach by creating a coherent organizational structure and bringing individuals from different segments together (Özdoğan, 2015).

**Lack of the Participation of All Employees at All Levels:** Due to the fact that all employees including the top management do not sufficiently understand TQM implementations and as a result, do not participate in them as required, healthcare employees perceive quality studies within the documentation process in the Quality Assurance Systems as bureaucracy, and they also perceive the implementation of the standards as a directive. Accordingly, employees consider quality studies as bureaucracy and as an element reducing their flexibility and they prefer not to participate in the studies as required and not to create proposals.

Participation requires awareness at the beginning. It is futile to explain participation to individuals who are not interested in the efforts around it and not a part of these efforts. People remain spectators when they do not believe that they can make a contribution. The fundamental conditions for all employees to contribute to the efforts are as follows: a) they should know the meaning of quality studies and towards what the organization proceeds, and b) they should be aware of the changes

in the institution. Besides, it should be ensured that employees are aware of the importance of their activities and care for achieving quality targets and how their activities contribute to it (Esin, 2004).

**Failure in the Creation of an Adequate Recognition and Reward System:** The reward system embodies the tools revealing the behaviors that the management would like to reinforce in an organization (Şimşek, 2000). Employees are disappointed and demotivated when they are not rewarded for their contribution to the quality (Şimşek, 2000). The fact that neither ISO 9000 Quality Systems nor Service Quality Standards of the Ministry of Health include reward system reduces the motivation and enthusiasm of employees regarding the quality within the process.

Enthusiasm and motivation factors play an important role in the success and behavior of people. The motivation of employees starts when they realize what their duties to be performed are and how these duties support all activities. Motivation plays a major role in creating an enthusiastic environment. Motivation forms the driving factor in employees for the participation, acceptance, and undertaking. Enthusiasm identifies the productive lifetime of the quality system. The indicator of enthusiasm is that the team never gives up in front of problems. The top management can create the desired enthusiastic environment with slogans, speeches, rewards, campaigns, etc. at the beginning (Esin, 2004). At the following stage, a serious rewarding system should be created particularly especially for proposals. Based on the structure of the organization, this reward may be either material or moral that will provide respect and credibility to the individual.

## 5. Conclusion

The concept of quality in the traditional sense is defined as “compliance with standards”. However, nowadays, the quality concept has been taken out of narrow definitions and placed into a flexible and dynamic framework. In addition to the traditional definition of quality, quality can be defined as “compliance with the needs of the customer” (Şimşek, 2000; Özeroğlu, 2015). Even this change in the quality concept is



an indicator of the fact that quality can never be achieved only through a number of standards.

In some studies, carried out on the transition process from ISO 9000 Standards to TQM, ISO 9000 quality standards were considered as a step to be followed by TQM. Both of them were stated to use the process management, information and analysis and some statistical methods (Punnakitikashem et al., 2010). It was stated that a quality system designed in accordance with ISO 9000 system would form an appropriate basis for TQM (Taşkın and Ekici, 2011). In some other studies, it was pointed out that although ISO 9000 quality standards could form an appropriate basis for TQM, it also contained a serious risk. It was stated that ISO 9000 quality standards include basic requirements for TQM and the strong commitment of the institutions to these minimum requirements within the ongoing process would prevent the determination of the wide conceptual framework of TQM (Askey and Dale, 1994) and its implementation in an administrative manner. At the same time, it was also stated that the excessive bureaucracy and the elements of ISO 9000 systems reducing flexibility were contradictory to the philosophy of TQM and could prevent institutions from implementing continuous improvement (Punnakitikashem et al., 2010: 1025). According to Juran, ISO 9000 certificate or a strong adherence to it does not guarantee the quality leadership of an institution (Yamak, 2015). Indeed, it was revealed by many studies performed that the certificates obtained by paying some material and moral prices could neither provide the expected increase in the performance nor create a customer-focused culture being in the quest for continuous improvement (Sun et al., 2004).

In order to realize a successful transition to TQM implementations, institutions must go far beyond ISO 9000 standards that provide some fundamental requirements for customers, employees and organization (Sun et al., 2004: 132; Ho, 1994). The quality assurance system is not a purpose but a tool; the requests and expectations of the institutions and individuals applying to the organization should be the most important data, and these data should be transformed into knowledge. It

should never be forgotten that although the quality assurance system aims to achieve and maintain the pre-determined standards, TQM is an approach requiring continuous improvement activities, investigating the emergence reasons of the problems within the process and aiming to present fault-free service. TQM is not only about the quality of products and services; it is also today's modern management approach and philosophy. However, it can be consistent, successful and durable only if it is adopted and implemented with all of its elements (Özçelik, 2016).

As a result of the observations performed at the Turkish healthcare institutions and the research carried out at a university hospital having various ISO management system certificates, (that the data were collected from a single healthcare institution is an important limitation of the study) suggests that Quality Assurance Standards are not as effective as expected in the transition to TQM. In the Turkish healthcare sector, executives of the institution may consider the certification as a matter of prestige and employees may perceive it as a formality. Both employees and managers are reluctant to adopt the TQM philosophy. The main reason behind this is the reluctance to change. The production of really quality services in healthcare sector will be possible when the top management and employees adopt the TQM philosophy and realize the appropriate behavioral changes within the quality concept, which is the cultural change.

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## **Türk Sağlık Sektöründe Standartlardan Toplam Kalite Yönetimine Geçilebilecek mi? Bir Örnek Durum Değerlendirmesi**

### **Özet**

Son yıllarda sağlık hizmetlerinde standartlar aracılığıyla önemli kalite çalışmaları gerçekleştirilmektedir. Kalitenin tarihsel gelişimine bakıldığında “muayene, kalite kontrol, kalite güvencesi ve toplam kalite yönetimi” gibi dört aşamadan oluştuğu görülmektedir. Kalite güvencesi aşaması; belirlenmiş standartlara uyumun sağlandığı yani belgelendirmelerin olduğu aşamadır ve toplam kalite yönetiminin bir basamağıdır. Türkiye’de gerek ISO 9000 Kalite Yönetim Sistem belgeleri alan gerekse de Sağlık Bakanlığı’nın oluşturduğu Hizmet Kalite Standartlarına uyumu gerçekleştiren çok sayıda hastane vardır. Ancak bu hastanelerde Toplam Kalite Yönetimine (TKY) ilişkin unsurların varlığı ve neticede sahada bir kültür değişiminin olduğu net olarak söylenememektedir.

Yukarıda ki bilgiler ışığında araştırmamızın problem cümlesi “sağlık sektöründe kalite güvence basamağı, toplam kalite yönetimine geçişte ne derece aracı olmaktadır? Bu sorunun cevabını sahada aramak için 2008 yılından beri belgelendirme çalışmaları içerisinde olan ve çeşitli ISO Yönetim Sistem Belgeleri olan ve ayrıyeten Sağlık Bakanlığı’nın belirlemiş olduğu standartlara uymaya çalışan bir üniversite hastanesinin çalışanlarına toplam kalite yönetimi unsurlarının uygulanma düzeyine yönelik algıları soruldu. Elde edilen bulgulara göre, çalışanların, toplam kalite yönetimi unsurlarının uygulanma düzeylerine ilişkin algılarının orta düzeyde olduğu sonucuna ulaşıldı. Bu araştırma sonuçları ve Türk Sağlık Kuruluşlarında yapılan gözlemler doğrultusunda Türkiye’de sağlık sektöründe standartlara uyumun yüksek olmasına rağmen TKY unsurlarının uygulanma düzeyinin neden bu doğrultuda gelişmediği ve TKY’ye ilişkin kritik başarı faktörlerinin neden gerçekleştirilemediği tartışılmıştır.

**Anahtar Kelimeler:** Toplam Kalite Yönetimi, Kalite Güvencesi, Sağlık Sektörü