www.saglikakademisyenleridergisi.com

Arașterma | Research Article_



Kalite yönetim sisteminin sağlık kurumlarına etkisi

Impact of quality management system on health institutions

Gulay Tamer, Handan Çetinkaya

ÔZET

İstanbul Gelisim Universty, İstanbul, Turkey

Anahtar Kelimeler: Kalite, Sağlık Hizmetlerinde Kalite, Sağlık Kurumları, Kalite Yönetim Sistemi

Key Words: Quality, Quality in Healthcare Services, Health Institutions, Quality Management System

Yazışma Adresi/Address for correspondence: Gulay Tamer, İstanbul Gelisim Universty, İstanbul, Turkey, gtamer@gelisim.edu.tr

Gönderme Tarihi/Received Date: 02.05.2018

Kabul Tarihi/Accepted Date: 07.05.2018

Yayımlanma Tarihi/Published Online: 30.06.2018

DOI: 10.5455/sad.13-1525267367

Sağlık kuruluşları, sağlık hizmetinden yararlanan müşterilerin ihtiyaç, beklenti ve isteklerini karşılama, sunulan sağlık hizmetlerinin kalitesini arttırma, bunların yanında maliyetleri azaltma ve sürdürülebilirliği sağlama amaçlarına yönelik bir yönetim felsefesinin arayışına girmiştir. Kişilerin yaşam kalitesini etkileyen, hata kabul etmeyen, doğrudan insan hayatıyla ilgili olan sağlık hizmetlerinde bu yönetim felsefesini sağlamanın temel koşulunun; kurumların kurumsal performanslarını iyileştirme yönünde çaba sarf etmesi, müşterilerin ihtiyaç, istek ve beklentilerine uygun olarak kaliteli ürün ve hizmet üretimiyle olabileceği kanısına varılmıştır. Bu yoldan hareketle kalite yönetim sistemi hem sağlık kurumlarının hem de ulusal sağlık politikalarının bir parçası haline gelmiştir. Amaç: Bu çalışmanın amacı sağlık kurumlarında kalite yönetim sistemi alanında yaşanan gelişmeleri kısaca tanıtmak ve yakın gelecekte sağlık kurumlarında hangi ölçüde yer alabileceği sorusuna cevap verebilmektir. Bu çalışma sağlık kurumlarında kalite yönetim sistemine yönelik yaklaşımların değerlendirilmesi ve yorumlanmasını içeren bir literatür taraması çalışmasıdır. Yöntem: Bu çalışmada, taranan ve kapsam dâhiline alınan makalelerden elde edilen ikincil verilerden faydalanılmıştır. Veri toplama aracı olarak ise nitel araştırmalarda doküman incelemesi yöntemi kullanılmıştır. 15.02.2018-30.03.2018 tarihleri arasında Ebsco Host, Science Direct, Google Akademik, Emeraldinsight, Dergipark Akademik arama motorları kullanılarak 2010-2017 yılları arasında sağlık hizmetlerinde kalite yönetim sistemi ve sağlık kurumlarında kalite alt konularında yayımlanan ulusal ve uluslararası bilimsel makaleler taranmıştır. Taranan makalelerden sağlık hizmetlerinde yapılmış bir araştırma olup olmamasına göre bir elemeye tabi tutulmuştur. Belirlenen veri tabanlarında taranan anahtar kelimeler sonucunda toplamda 159.522 makaleye ulaşılmıştır ve bunların içinden istenilen kriterlere uygunluk gösteren 48 adet makale değerlendirmeye alınmıştır. Bulgular: 2010-2017 yılları arasında incelenen 48 makalenin 41'inin ulusal literatüre ve 7'sinin uluslararası literatüre ait olduğu görülmüştür. En fazla makale (11 makale) 2017 yılında yayımlanmıştır ve bunlardan 9'u ulusal makaledir. Sonuç: Kalite yönetim sisteminin sağlık kurumlarında uygulanmasıyla, hizmet kalitesinde, personel ve hasta memnuniyetinde artışa, kaynakların etkin ve sağlık harcamalarının daha verimli kullanılmasına yardımcı olacağı ön görülmektedir. Çalışmaların sonucunda, uygulanmak istenen bu sistemin, sağlık alanında hedeflenen yaklaşımlara katkı sağlayacağı açısından değerli sonuçlar sunmaktadır.

ABSTRACT

Introduction: Health institutions have started to seek for a management philosophy which aims to meet the needs, expectations and demands of customers who use healthcare services, and to improve the quality of the healthcare services offered, besides reducing costs and ensuring sustainability. The fundamental condition for providing this management philosophy in the healthcare services which affect the quality of life of the people, not tolerant to any fault and are directly related to human life; it is concluded that the efforts of institutions to improve their corporate performance can be ensured by generating quality products and services in line with the needs, expectations and demands of the customers. Thus, the quality management system has become a part of both healthcare institutions and national health policies. Purpose: The purpose of this study is to explain the developments in the field of quality management system in health institutions in summary, and to answer the question of to what extent they can be implemented in the health institutions in the near future. This study is a literature review which includes evaluation and interpretation of approaches for quality management system in health institutions. Method: In this study, secondary data obtained from articles scanned and included to the scope was used. As a data collection tool, document analysis as a qualitative research method was used. By using search engines EbscoHost, Science Direct, Google Academic, Emeraldinsight and Dergipark Akademik between the dates of 15.02.2018-30.03.2018, national and international scientific articles published in subtopics of quality management system in healthcare services and quality in health institutions between years 2010 and 2017 were searched. The scanned articles were eliminated depending on if it was a research on healthcare services or not. A total of 159,522 articles were found as a result of the key words scanned in specified databases, and 48 articles out of them complying with the desired criteria have been taken into consideration. Results: 41 out of 48 articles reviewed for years 2010 and 2017 are from national literature while 7 of them are from international literature. The highest number of articles (11 articles) was published in 2017, of which 9 are national. Conclusion: By implementation of quality management system in health institutions, it is predicted that service quality, staff and patient satisfaction will increase, resources will be used effectively, and it will be helpful in making health expenditures more efficiently. As a result of the studies, this system which is desired to be implemented offers valuable results in terms of contributing to the targeted approaches in the health field.

INTRODUCTION

Nowadays, the factors such as technological developments in the field of health, higher level of education of people, increased living standards and high quality expectations of individuals in the field of health have caused emergence of total quality management as a critical concept in the health sector.

In this study, the concepts related to Quality in Health Institutions, the Quality Management System understanding which has been started to implement in the health sector and the impact of it on healthcare services have been addressed.

QUALITY CONCEPT

It has been suggested that the first known findings on the concept of quality date back to 2000 BC, and the different dimensions of it have been emphasized by different people and institutions for centuries. (1,2)

The European Quality Organization (EOQ) defines quality as "the degree of conformance of a product or service with the consumer demand." According to the American Society for Quality Control (ASQC), quality is: the characteristics of a product or service that bear on its ability to satisfy needs at a certain level. (3)

Donabedian defined quality as "the service provided to maximize the patient's well-being." (4)

Quality is a systematic approach that produces a product or service at the lowest cost, seeking for a flawless and satisfactory production that anticipates and meets both actual and future needs of the consumer. (5,6,7)

Acting as a key for businesses, quality is as important as price and has become one of the major means providing competitive edge for businesses. (8).

Although quality is a quite old concept that we use very often today, there is no single definition for quality. This is because multidimensionality of the quality. In 1984, Garvin defined eight dimensions of quality perceived by consumers as follows. (9,10, 11,12)

- 1. Performance: These are the primary characteristics of a product or service which are measurable and describe basic functioning of the product or service.
- 2. Features: These are the characteristics of a product which supplement the basic functioning of the product and make it more appealing for the user.
- 3. Reliability: It is related to the continuity of performance characteristics of a product within its lifetime. From another point of view, it is the ability of a product to fulfill its functions.

- 4. Conformance: It is the degree to which a product or service conforms to pre- established standards.
- 5. Durability: It is a quality dimension related to lifetime of a product.
- 6. Serviceability: The sixth dimension of quality is defined as promptness of maintenance service, and ease in repair.
- 7. Aesthetics: These are the product features appeal to five senses of the customer such as color, packaging, shape, and reflect preference of people directly affecting the product performance.
- Perceived Quality: This is the history of the product as well as the value of the product's brand and model. In other words it is the impression of a product or service in the consumer's perception.

QUALITY CONCEPT IN HEALTHCARE

Because healthcare services is a field of service which is not tolerant to any fault and which is directly related to human life, it is unavoidable to ensure quality in health institutions. (13,14)

There are many definitions for quality in healthcare services. (15) In the broadest sense, the service quality in health institutions is defined as "the level of conformance or excellence of different aspects of healthcare services system." (16)

Donabedian defined healthcare service quality as "maximum healing expectation achieved through judgement of the balance of benefits over risks generated by institutional units in the course of healthcare service provision." (17,18)

The American Medical Association, in 1984, defined quality in healthcare services as "a service that has consistently contributed to the improvement or sustainability of the quality and / or length of life." (19)

The American Medical Institute defined the healthcare quality as "to what degree the healthcare services offered to individuals and the public increase the desired health outcomes and to what degree they are consistent with current professional knowledge" (20,21)

To increase the quality of healthcare services; the factors such as accessibility to service, technical competence, equality, efficiency, productivity, continuity, reliability, interpersonal relations and facilities need to be taken into account (22)

FACTORS AFFECTING QUALITY IN HEALTHCARE SERVICES

Variables that should be taken into consideration in determining the quality of services provided in health

institutions differ according to different authors. However, the followings can be accepted as basic characteristics. (23, 24).

- 1. Efficiency; refers to maximum improvement in the patient's condition can be achieved in the shortest possible time within the framework of available scientific information.
- 2. Effectiveness; refers to measurement of services provided in comparison to the ideal service based on the change achieved through these services in the health status of the individual or in the course of disease. A healthcare service can be said to be effective if it causes any change in the health status of the patient.
- 3. Productivity; refers to production of an effective service at the lowest cost, thus ensuring recovery of the patient in the most optimal time besides prevention of an inappropriate treatment.
- 4. Optimization; refers to establishing optimum balance between benefits and costs of healthcare services.
- 5. Acceptability; means conformance of healthcare services provided with the values, demands and expectations of the patients or their relatives.
- 6. Legality; refers to acceptance of offered healthcare services by the public.
- 7. Equality; means to treat fairly all patients receiving health care services, not to discriminate against individuals, and refers to benefits to be enjoyed equally by individuals,
- 8. Continuity; refers to ensuring regular and adequate keeping of medical records of the patient, and therefore, making it easier to evaluate his/her condition when a patient goes to another health institution,
- 9. Timely service delivery; refers to giving services on time, early diagnosis and treatment, and not to delay for various reasons,
- 10. Participation; refers to enabling conscious participation of the patient in the care process by cooperating with him/her,
- 11. Accessibility; means that the individuals can get the health services they need.

QUALITY MANAGEMENT SYSTEMS IN HEALTHCARE SERVICES

Total quality management (TQM); is a philosophical understanding give prominence to people, and it is defined as a team work which is based on continuous development, attaches importance to satisfaction of both internal customers in the team and the external customers, and that all employees are allowed to state their ideas, including decision making stage. (25)

TQM was originated in the manufacturing industries in the 1980s for the first time, and afterwards the service sector also embraced it, and from the 1990s, it was included to the provision of healthcare services and revitalized the sector. (26, 3)

The use of TQM has started in the health sector due to reasons such as increased importance given by the public to health issues, increase of their needs and expectations day by day, increased demand of individuals for high quality care in this sector, and competition among healthcare facilities. (27,28,29)

In TQM applications, the measurement of patients' feedback related to healthcare services has gained importance, and "patient satisfaction" has been considered as an important quality dimension in provision of healthcare services. (30)

In the literature; it is anticipated that provision of healthcare services when patient wishes with minimum cost and in the desired quality will be ensured by a quality management system, and thus, patient satisfaction will increase.

The efforts for implementation of quality management systems based on TQM in health institutions of our country will enable efficient and effective use of resources and control of costs. (31)

No fault is tolerable in the services provided in health sector. Since the main objective of TQM is "zero-error", the implementation of quality management systems that support total quality management in hospitals will improve service quality, besides increasing the resource use efficiency. (31)

IMPACT OF QUALITY MANAGEMENT SYSTEMS ON HEALTHCARE SERVICES

The positive influence of implementation of TQM in healthcare services can be listed as given below. (32)

- The understanding that patient needs are not taken into consideration transforms into a patient-centered management mentality attaching importance to patient satisfaction.
- Management understanding of crisis management is substituted with continuous development.
- Team work, total quality and synergistic management, consensus decision-making approaches gain importance instead of holding a single person responsible for a task.

- The understanding of zero-error production which refers to taking precautionary measures, finding and preventing problems in the source will supersede the mentality which seeks solutions after the problem arise.
- Well-educated personnel are employed in institutions where education is institutionalized and continuous education is important, instead of being contented with employees having minimum level of education and occupational knowledge.
- Continuous development of human resources is emphasized.
- Continuous inspections and checks leave their place to total process control. The employee utilizes self-check.
- Health managers make their decisions on the basis of available data by using TQM techniques and tools (such as benchmarking, brainstorming), rather than making decisions in the direction of their wishes and desires.
- A system based on powers, discipline, orders and instructions, in addition to an understanding of management expecting obedience, transform into a leadership understanding which brings cooperation, support and assistance between managers and employees.
- Professional expertise is emphasized instead of formal power stemming from hierarchy.
- In case of organization structure, vertical organization is not applied, instead of it horizontal organization is applied and responsibilities are distributed among teams in various units.
- Quality substitutes public interest priority.
- Instead of a promotion understanding based on seniority and personal record where favoritism has dominance, an understanding based on the merit system where recruitment and promotion criteria are clear and fair becomes dominant.
- Unclear and unspecified values and principles become clear and consistent visions, missions and values. The personnel of the institution share the vision, mission and values of the institution.
- Routine programs leave their place to strategic planning.
- A wage policy based on qualifications and performance of the person is applied instead of the wage policies based on equal pay for equal work, or determined according to position or seniority.
- From a management mentality has no awards other than salary and overtime pay, an understanding that success and high performance are rewarded

gains prominence.

- Flexible employment policy substitutes rigid employment policy.
- A management understanding based on fear and punishment, where orders and instructions are given, is replaced by a management mentality based on delegation of authority, trust, and mutual cooperation.
- Instead of waiting for instruction from their superiors, the subordinates internalizes to step forward in solving problems and pay attention to cooperate with their superiors.

CONCLUSION

In healthcare services, it is crucial to provide the right treatment each time, avoid unnecessary treatment, and optimize patient expectations and demands.

Tengilimoğlu has pointed out that people no longer assess the quality of healthcare services just by looking at number of beds, technology and specialists of the hospital, but they consider the capacity of the hospital to fulfill the patients' needs in the most favorable conditions and the satisfaction level of patients from the services they received. (33)

Quality Management Systems are extremely important for prevention of serious consequences in health institutions which may be arisen due to errors, besides application of early diagnosis and treatment, and ensuring productivity and patient satisfaction.

In this study, it can be said that the Quality Management Systems have a positive impact on more efficient use of resources by increasing the quality of services provided in health institutions, and thus, on increasing the patient satisfaction.

REFERENCES

- Karaca, E. (2008). Eğitimde Kalite Arayışları ve Eğitim Fakültelerinin Yeniden Yapılandırılması, Dumlupınar Üniversitesi Sosyal Bilimler Dergisi, (21): 61-80
- Özdemir, S. (2007). Öğretim Süreçlerinde Toplam Kalite İlkelerinin Uygulanmasının Öğrencilerin Tutumlarına ve Başarılarına Etkisi, Kastamonu Eğitim Dergisi, 15(2): 521-536.
- Marşap, A. (2014). Sağlık İşletmelerinde Kalite-Sağlıkta Kaliteşim Sistemi ve Sağlıkta Mükemmellikte Süreklilik. 1. Baskı. İstanbul: Beta Basım Yayım Dağıtım A.Ş
- 4. Donabedian, A (1995), The Quality of Care: How Can It Be Assessed, Health Administration Press, Michigan.
- İncesu, E. Yorulmaz, M., Sağlık Hizmetlerinde Kalite Kavramı ve Toplam Kalite Yönetimi, Konya, 2011
- Meraler, S., ve Adıgüzel, A. (2012). Eğitim Fakültesi Öğrencilerinin Yükseköğretimdeki Kaliteye İlişkin Görüşlerinin Belirlenmesi, Adıyaman Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, (9): 123-144.
- Öztürk, Ahmet, Kalite Yönetim ve Planlaması, Ekin Yayınları, 2.B., Ekin Yayın, Bursa, 2013:8
- Kassem, Amer Al, In'airat, Mohammad, Al Bakri, Anas. (2013). "Evaluation Tools Of Total Quality Management İn Business Organizations" European Journal of Business and Management, Vol. 5, pp. 41.
- D. A. Garvin; Managing Quality, The Free Press, New York, 1998, s.217.
- Muluk, Zehra, Burcu, Esra, Danacioğlu, Nazan, Türkiye'de Kalite Olgusunun Gelişimi, Kalder Yayınları, No:30, Ankara, 2000
- 11. Tütüncü, Ö. (2009). Ağırlama hizmetlerinde kalite sistemleri. Ankara: Detay Yayıncılık, 63-66
- Bumin, B., & Erkutlu, H. (2002). Topam Kalite Yönetimi ve Kıyaslama (Benchmarking) İlişkileri, Gazi Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi, (1): 83-100.
- Yüksel, F., Sadaklıoğlu, H. (2007). "Sağlık Hizmetlerinde Kalite ve Yerel Yönetimler", Uluslararası Sağlık ve Hastane Yönetimi Kongresi, 01-03 Haziran 2007 Yakın Doğu Üniversitesi Lefkoşa Kıbrıs.
- Devebakan N. (2006). "Sağlık İşletmelerinde Teknik ve Algılanan Kalite", Dokuz Eylül Üniversitesi Sosyal Bilimler Dergisi. Cilt:8 Sayı:1
- Eriş,H Havlioğlu, S, Doni, N, "Kalite Sistemi ve Bilgi Güvenliği Sistemlerinin Hasta Güvenliği Üzerine Etkisi: Bir Üniversite Hastanesi Uygulaması", Sağlık Akademisyenleri Dergisi, 2017 4(3)
- Zerenler M ve Öğüt A. Sağlık Sektöründe Algılanan Hizmet Kalitesi ve Hastane Tercih Nedenleri Araştırması: Konya Örneği. Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi 2007;18:501-519
- Donabedian, Avedis; Exploration in Quality Assessment and Monitoring, Ann Arbor, Michigan, Health Administration Press, 1980.
- Kaya, S. (2012). Sağlık Hizmetlerinde Kalite Kavramı. S. Kaya (Ed.). Sağlık Kurumlarında Kalite Yönetimi (s. 2 – 29). Eskişehir: T.C. Anadolu Üniversitesi Yayını, No:2864.
- The American Medical Association's Council on Medical Service (1987). "Quality of Care", Quality Progress, May: 22.
- Lhor KN. Institute of Medicine; Committee to Design a Strategy for Quality Review and Assurance in Medicare. In: Lohr KN (ed.), Medicare: A Strategy for Quality Assurance. Volume 1. Washington, DC: National Academy Press; 1990
- Committee on Quality of Health Care in America, Institute of Medicine, (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D. C.: National Academy Press.
- Offei, A.K., Bannerman, C. ve Kyeremeh, K. (2004). Healthcare Quality Assurance Manual for Sub-Districts in Ghana, Ghana Health Service.

- Kaya, S. (2005), Sağlık Hizmetlerinde Sürekli Kalite İyileştirme, Pelikan Yayınları, Ankara
- Kavuncubaşı, S. (2000), Hastane ve Sağlık Kurumları Yönetimi, Siyasal Kitapevi, Ankara.
- Bakan, İ. (2004). Çağdaş yönetim yaklaşımları ilkeler, kavramlar ve yaklaşımlar. Beta Basım Yayım Dağıtım AS, İstanbul, 541s.
- Yang, Ching-Chow, (2003), "The establishment of a TQM system for the health care industry", The TQM Magazine, Volume:15, Number: 2, s.93-98.
 İbrahim Erdogan, "Saglık Hizmetlerinde Toplam
- İbrahim Erdogan, "Saglık Hizmetlerinde Toplam Kalite Uygulamaları", http://www.atam.gov.tr/index. php?Page=Dergilcer ik&lcerikNo=737 19.11.2007, s. 1,2
- Çoruh, M., (1994) Sağlık Sektöründe Toplam Kalite Yönetiminin Yeri, Ankara: Haberal Eğitim Vakfı, 1994
- Konca, Gül Esin; İlhan, Mustafa N.; Bumin, Mehmet Ali, (2006), "Yatarak Tedavi Gören Hastaların Hastane Çalışanları ve Hastane Hizmetlerinden Beklentileri ve Beklentilerine İlişkin Memnuniyet Durumlarının Değerlendirilmesi", Gazi Tıp Dergisi / Gazi Medical Journal, Cilt: 17, Sayı: 3, s.160-170
- Zerenler, Muammer; Öğüt, Adem, (2007), "Sağlık Sektöründe Algılanan Hizmet Kalitesi ve Hastane Tercih Nedenleri Araştırması: Konya Örneği", Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, Sayı: 18, s.501-519.
- Sayım.Ferhat., Çıraklı.Zeynep., "Hastanelerdeki Sağlık Hizmetlerinde Kalite Yönetim Sistemlerinin Maliyet Fayda, Maliyet Etkililik Analizi Göstergelerinin İncelenmesi", Uluslar arası Sağlıkta Kalite ve Performans Kongresi, 19-21 Mart 2009, Antalya, 21.03.2009, 20. Oturum, Salon 2
- 32. Gökbunar, R., Kayalı, C. Kamu Yönetiminde Toplam Kalite Uygulamasının Olanakları, 2004
- Tengilimoğlu, D., Sağlık Kuruluşlarında Halkla İlişkiler, Ankara, 2001