

Critical Assessment of the Introduction of Quality Management Systems in Institutions for Adults with Disabilities

Michele Mainardi, Alberto Gandolfi, Camilla Parini, Chiara Balerna
SUPSI, University of Applied Sciences and Arts of Southern Switzerland
Manno, Switzerland
michele.mainardi@supsi.ch

Abstract—The research collects and analyzes data from the first ten years of the employment of quality management systems (QMS) concerning the whole of recognized and subsidized adult institutions of Canton Ticino (Switzerland), based on the standard UFAS / AI 2000 issued by Federal Office of Social Assurance.

The research aims to observe and analyze the emerging perceptions of the major stakeholders following the introduction of quality management systems, and in particular to note perceptions as to the impact of QMS on the setting up and management of work activities in institutions.

The raw data collected involve 29 accountable institutions, among which are housing facilities and employment and daycare centres of 82 service units.

The survey provides, at a national level, the first qualitative evaluation report consequent to the introduction in Switzerland of QMS in the socio-educational sphere considered.

The impact examination, shows that the introduction of QMS, for most of the actors considered, involves a significant internal review of service to individuals, roles and responsibilities, and operational processes. The relevance of the model is recognized especially for linear processes and standardization of service, while it is clearly questioned for complex processes such as those which are characterized by individual user intervention.

Unlike our previous studies, we have limited ourselves to the opinions of professional actors, taking for granted the verification of other stakeholders, and in particular the people to whom the service is specifically oriented (Mainardi & Solcà, 2004a; Mainardi, 2008).

Keywords: *quality, management, institutions, mental retardation, management systems*

I. INTRODUCTION – QUALITY MANAGEMENT SYSTEMS IN THE SOCIO-EDUCATIONAL-HEALTH SPHERE

Over the past two decades a gradual adoption has been observed, on the part of social and health sectors, of managements concepts and tools (both at a regulatory/strategic level and at an operative level), originally conceived and developed for the private business sector (Flock, 2003).

The idea that management approaches born in the industrial and service sectors can be successfully applied in

health services has been widely circulated: for example, certification of the quality systems on the basis of the ISO 9001 standard (or similar reference models), the European model EFQM developed by the European Foundation for Quality Management, the Balanced Scorecard and the monitoring of “customer satisfaction”. Equally, there is an awareness of the fact that the direct and uncritical transfer of concepts and management tools into the health sector is to be avoided in favor of a focused and critical adaptation of these concepts and tools for the specific situation. That said, systems management and monitoring have been gradually imposed upon the social sphere without necessarily generating agreement on appropriateness of choice or implications for the actual quality of service to individuals (Schubert & Zink, 2001; Petitpierre & Doucet, 2002; Schalock, 2004; De Waele & al., 2005; Schalock & al. 2007, 2008).

A. Institutional Aspects

In the region where the study took place, since 2002 the service facilities for the sector of persons with disabilities has required the adoption of a quality management system (QMS) and a cost accounting system in order to adequately identify the costs and revenues associated with the various services provided by the institution. In June 2003, at the cantonal level, all institutions in the field attested to the successful certification of the management system implemented and could be recognized and funded on the basis of federal regulations in force (rules UFAS / AI 2000).

II. OBJECTIVES AND RESEARCH METHODOLOGY

The research is carried out eight years after the introduction of regulatory management systems within institutions for adults in Canton Ticino, the Italian-speaking region of Switzerland, which consists of about 320,000 inhabitants. This involves the responsible cantonal authorities of the subsidizing institutions, the directors of the institutions and quality agents of 29 institutions in charge of 82 service units, including housing and employment facilities and day care centers.

In the advanced stage, the research involved a further important group of stakeholders (administrators, social workers, nurses and other staff, as well as user representatives and members of family associations). The sector of persons with development and adaptation disabilities was also examined (12 institutions for 60

structures). The primary user opinion is not obtained in this investigation.

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In total, on the basis of established indications of significance, the opinions of the following 203 people were obtained (through semi-directive interviews and focus groups): the three main cantonal persons responsible for the subsidizing institutions, all 29 directors of subsidized facilities, 35 quality staff, 108 operators (15 administrative operators, 72 socio-educational operatives, six health professionals and nurses, 15 technical operators), 23 family members or other user representatives, and five people responsible for unsubsidized structures.

III. OUTLOOK - REFLECTIONS RESULTING FROM RESEARCH AND POLICY DIRECTIONS

The findings from our research lead us to formulate some thoughts and policy indications, which we consider important for future decisions in this area.

The overall picture that emerges from our survey is better than we might have expected, both in terms of assessments of the directors and quality agents and in assessments of workers, despite the debate which was aroused in the sector during this time. Judgments of the impact of the system or of its various aspects are essentially positive, but most importantly it is interesting to note that there is no shortage of criticisms of the system, its components, and its implementation. We note, however, that this is not generic, superficial criticism, but rather analytical thinking, targeted and relevant to the dimensions and specific aspects of the QMS. In particular, what was pointed out or criticized was that which was deemed not appropriate or not coherent to reality and to the specificities of the sector of social work services to individuals. The results indicate that resistance and distrust of the concept of the QMS decreased rapidly, to the benefit of a critical appropriation of the tool or parts of it.

1. The process-oriented management model, implemented by most institutions, derives directly from the standard ISO 9001 and continues its management philosophy. The professionals, on the whole, are concerned about the fact that the quality management system primarily deals with the formal dimension of the quality (documentation, formalization, etc.), while little emphasis is given to the dimension of content, or to the quality of key processes. In other words, the perception is that the QMS is limited to defining and formalizing *its organization*, neglecting or only superficially addressing *the substance of the ensured services* within the institution.

2. The current approach to management and quality control introduces strict limits of appropriateness in the management of key processes in the industry. The research has enabled us to arrive at a conclusion which we consider extremely important to the success of quality management systems in the social sector, (though not only within this

sphere). In the process map of an institution for people with disabilities, two categories of processes may be distinguished: *complicated processes* and *complex processes*.

The *complicated processes* involve sequences (often linear) of a number of activities which must be conducted in a fair and standardized manner. They have a low level of variability, and often the output and the working conditions are strongly bound by rules and laws. This is essentially the process of resource management (accounting, admission and discharge of a patient, safety management, information technology management, purchasing management, etc.).

The *complex processes* are often characterized by a strong component of human relationships among the actors involved; outputs and working conditions are not unambiguous, are difficult to standardize, and are highly dependent on contingent aspects, emotional aspects and qualities of character. These are the management processes and the key processes (strategic planning, relationships with users, listening and communication, setting up an education plan, care, accompaniment, individualization, subjective qualification of parameters of well-being, etc.).

We believe that so far the models of management and quality management have not taken into account the tension between standardization and customization. In fact, the models of quality management (both ISO 9001 and Agogis INSOS-UFAS AI/2000 BSV) deal with all processes with the same logic and the same management approach. However, what is observed in practice is that while the regulatory system is adequate to handle the *complicated-linear processes*, it is not very suitable for managing *complex-non-linear processes*.

3. The implementation phase has produced intense activities of exchange, discussion and feedback from professionals, who were unanimous in their recognition of the important professional values: sharing and (re)definition of intents, explicitness and visibility of such intents (i.e. institutionally coherent and cohesive) and their operational implementation.

4. The survey of the satisfaction of key stakeholders can be developed further with the aim of its becoming a monitoring instrument of the quality of the performance system, in particular of processes and outcomes. Procedures designed to detect the views of users (or, in the case of severe limitation of the intellectual faculties, structured observation of their behavioral manifestations in the situation) and of people very close to them (family and/or legal representatives) as to the services and general outcome, or of those directly concerned with the quality of processes (internal operators and networks) allow the arrangement of timely and accurate feedback in order to confirm quality (Mainardi & al., 2009). These procedures allow the use of a more or less refined series of "control lights" on the management's desktop which attend to the monitoring and development of the management system, especially in close relation with the quality of services and processes.

5. From the research, it further appears that each institution claims to have dealt with the phase of adoption and

implementation of the system in almost a solitary way, resulting in a waste of time and energy, and with obvious redundancies. Implementation having taken place, the stated interest in the experience of others and a greater exchange between institutions is clearly expressed by the responsible authorities of subsidized organizations, i.e. directors and quality agents, in particular with proposed updates and comparisons among institutions, cross auditing and meetings on the QMS, with priority given to contents and not to the costs to be submitted to the governing association.

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