APPLICATION OF "DOUBLE PYRAMID OF THE LEADERSHIP" AND "QUALITY CIRCLES" IN HEALTH CARE FACILITIES

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ABSTRACT

Around 2500 of our companies and institutions applies standard quality systems i.e. ISO management and decision-making systems. For safer and long-term future only those unmodified systems are not enough but are the good basis for the gradual introduction of modified system of total quality management

JEL clasiffication: I11, I18

Keywords: quality, double pyramid, consensus, teamwork.

In this daily changes that are happening around us and only those companies and institutions will survive that are able to adapt quickly to changes. C. Darwin wrote: *"In the struggle for survival, the fittest win out at the expense of their rivals because they succeed in adapting themselves best to their environment."*

If it wants to stay competitive and have a safer future institution (company) must many things comply with changes. For example it can be:

- segmenting the market,
- appearance and performance techniques on the market,
- choice in this case, services,
- reliability and quality of services,
- the activities after the given service,
- management of changes in human resources, etc.

All too often the change of human resources has been neglected, and therefore the question why many of the changes are not successful. For change it can be said

that it is managed completion of the old way of behavior and adoption of the new one.

In discussions about models of leadership in an institution or company in most cases the conclusion is that the type of model of leaderships is autocratic and that most decisions are made by an individual. That of course creates consequences not only for the company but also for the wider community.

In order for the institution (company) be able to achieve the requirements of the selected "modified" model, a very thorough knowledge and experience of the continuous improvement of business in which nearly all employees participate is necessary. The knowledge and experience in the field of quality and frequently used tools of quality control, decision making and management significantly contribute to it.

Many of these managers do not know or will not recognize the advice and suggestions of changes of their closest associates (medical but also non medical), especially if these change are positive because they are not used to or have learned to work in a team, that is, to respect other people's attitudes and opinions.

J. G. Leithauser says: „For most people it is hard understanding the usefulness of some of the things while they are still new. General law of nature laziness, rules also in the human mind: they often adhere to believes of their fathers and grandfathers. New, no matter how good it is, does not seam as valuable as the old, no matter how bad the old one is. „

People often resist change because they fear of the unknown i.e. uncertainty, because they don't have the right information about possible changes, they are unsure in their knowledge and themselves, do not feel the need for change, have no interest ....

In general, there are foundations for such human thinking and it is in fact of the structure inertia i.e. in institutions and companies organization where they employ people who fit into such structure, and then limitation of the scope of some units within the system, the group inertia where an individual could accept the change in work and style of thinking, but in that case would jeopardize some of the individuals in the institution (the company), then the profession would be also threaten which till the time change worked in one way and with the emerging changes would likely be compromised. Next the threat to power system where the emerging changes in redistribution of decision management jeopardize existing

power relationships in the core structure of the institution and the vulnerability of existing sources of funding where the unity or the individual would be left without sources of funding or with a reduced budget.

W. Churchill says: "There is nothing wrong with change if it is in the right direction. To improve is to *change*; to be perfect is to *change* often".

Again, on the other side we have institutions (companies) in which part of the medical and non medical management is for one solution and the second part for the other. In these institutions a confrontation arises between two main forces of opposite directions, which in turn creates a bad working atmosphere and working destruction of those whose solution is not accepted (Figure No.1).
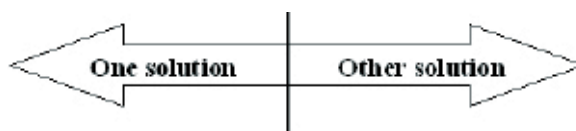

Figure No. 1

This motivated us to develop "double-pyramid model of the leadership" in total quality because we believe that the application of quality system with upgrade of the previous stated model creates the postulate for success, both in financial as well as in medical business and develops a team spirit in the collective, in this case the hospital Magdalena from Krapinske Toplice (Figure No.2) and it is also applicable in the other systems.
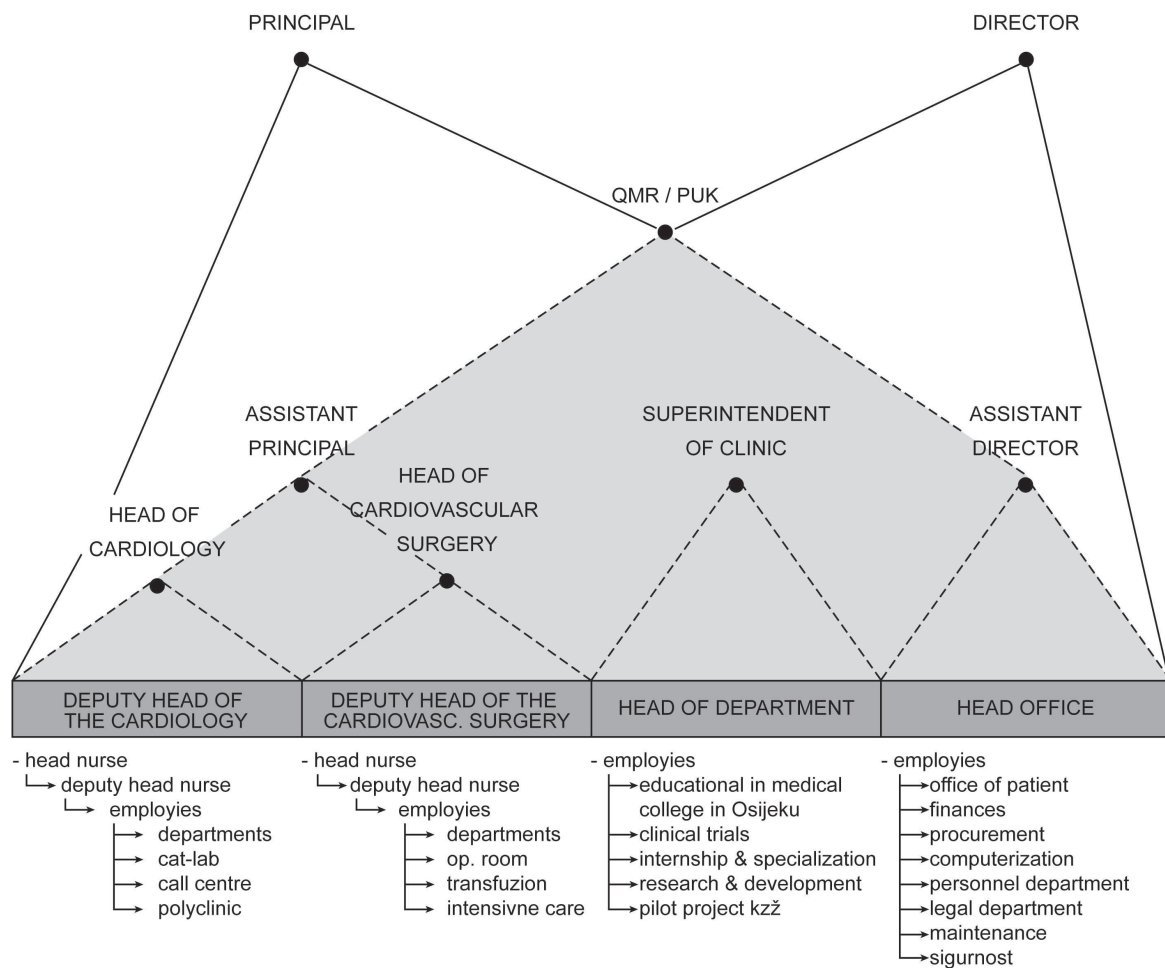
Figure No. 2

Model **" Double pyramid of the leadership"** (Figure No. 3.) represents the teams which made decisions jointly or by **consensus**. The above model consists of four (A, B, CD) and possibly several more levels of decision making namely several smaller or larger teams (manager team, quality team, professional / medical issues team, team for educational issues, general affairs team) to make decisions in the hierarchy of facility business:

• Decision-making level A - The manager team

• Decision-making level B - The quality team

• Decision-making level C - teams for Medical issues, Educational issues, General affairs issues

• Decision-making level D - individual decision

A	TEAM MANAGER principal – director QMR		**A**
B	TEAM QUALITY - QMR - Head of the Clinic - assistant director for Teaching - assistant principal - professional consultant		**B**

	MEDICAL ISSUES TEAM	EDUCATIONAL ISSUES TEAM	GENERAL AFFAIRS TEAM	
C	- assistant principal - deputy head of - head of cardiology the cardiology - head of cardiovascular - deputy head of the surgery cardiovascular surgery	- head of the Clinic for Teaching - head of the clinical trials - head of research & development - head of the areas of project - head of research area	- assistant director - head of personnel department - head of finance - maintenance manager - procurement Manager - head of the areas of security - head of computerization - head office for patients - head of legal department	**C**

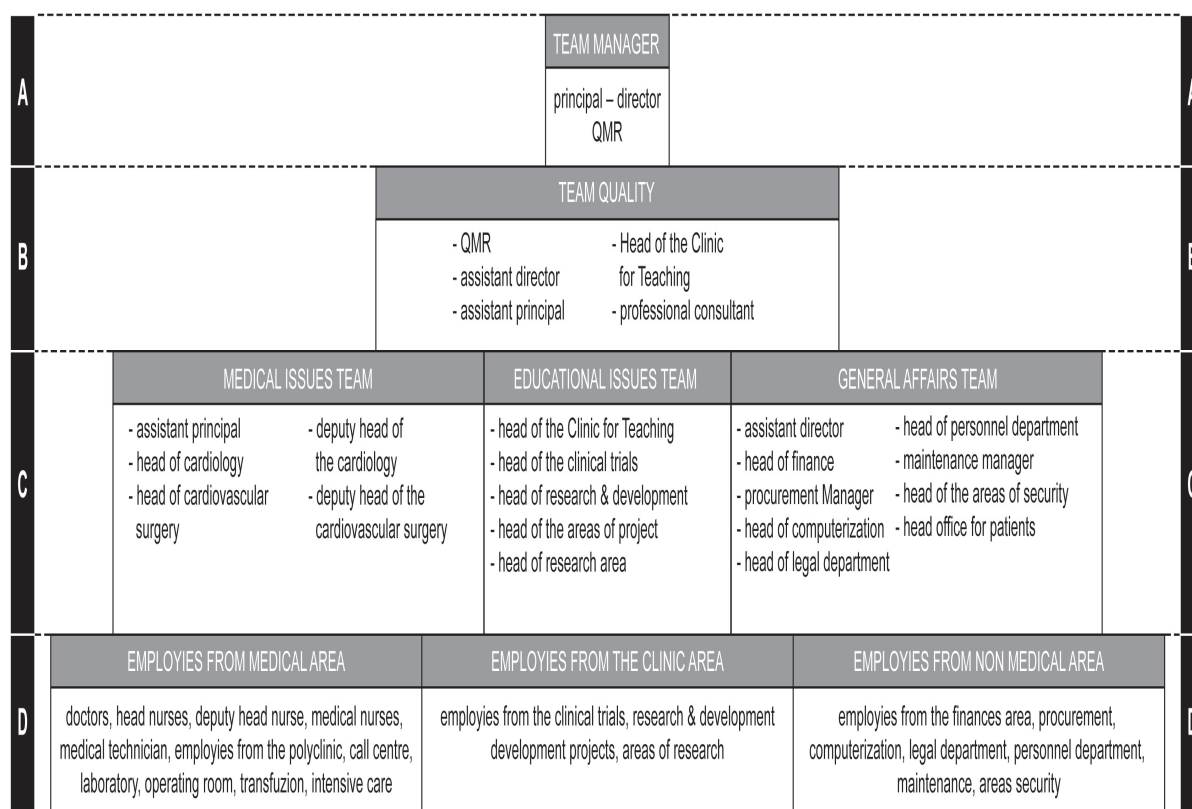|	EMPLOYIES FROM MEDICAL AREA	EMPLOYIES FROM THE CLINIC AREA	EMPLOYIES FROM NON MEDICAL AREA	
D	doctors, head nurses, deputy head nurse, medical nurses, medical technician, employies from the polyclinic, call centre, laboratory, operating room, transfuzion, intensive care	employies from the clinical trials, research & development development projects, areas of research	employies from the finances area, procurement, computerization, legal department, personnel department, maintenance, areas security	**D**

Figure No. 3.

Simply said "**Double pyramid of the leadership**" in total quality consists of a number of teams which with their joint action makes pyramid.

To Create a balanced manager team (a roof team for decision making) in the "Double leadership of the pyramid" means ensuring that people who are selected have the skills necessary to perform the task but also to have different enough education that they can form a strong group dynamics:

- QMR - conforms the director and the manager arguments and together with them make decisions based on facts - the consensus that quality team prepared for them.

- Director - takes care of a medical professional and all medical aspects

- Manager - takes care of professional non medical staff and all aspects of the institutions that are non medical

Manager team brings strategic decisions for each situation and for every problem that they quality team has reported and for which things that are in manager's line of work.

Also, the general affairs, medical and teaching issues team its "problems" and "situation" resolves independently or by consensus if there is no need for forwarding it to quality team.

One of the goals of teams is certainly increase of the efficiency of the meetings itself, which may not have adequate effect without good preparation (previously defined agenda, clearly defined priorities, earlier communication by e-mail, previously defined meeting duration, the presence of other team members and some other individuals).

Diversity in age, skills, culture, lifestyle and work experience provides different views of team work and decision making. This reflects the high level of efficiency and innovation, because team members are been educated to look at personal differences as something very valuable, and not as a potential threat to its own personality.

All the problems and situations that are forwarded by the general affairs team, medical issues team and educational issues team on base of the individual criteria, to the quality team, they prepare it according to the individual (the interest of the service, department or even individual) and general criteria (global interest of the institution) and forward it to the manager team.

It is important to note that the quality team does not make decisions, but on base of individual criteria, services and departments, with the application of additional i.e. general criteria, provides possible solutions to the manager team, who must verify or stop them, of course, by consensus, and return them to the above teams for the refinement, i.e. the re-examination.

Achieving consensus requires that the problems are talked openly and long trough teams, to consider various solutions and all the available options, to try to take into account the opinions and attitudes of those who disagree with something and to find solutions together that will suit everyone. I think that "double pyramid of the leadership" includes these segments, where decisions are made based on the facts at different levels.

Very important thing in the above model are criteria which already exist i.e. they are the starting point for discussion on a possible solution because without criteria at all levels of decision making in the institution, model does not have its effect and these criteria must exist in all parts of institution i.e. system (from human resources

staff, to team leaders elections up making strategic decisions for the company i.e. institution).

In order to be members of the manager team, and other teams as well within the leadership pyramid, its members must meet some of the constituent elements:

- get the maximum of positive energy from their managers to raise their morale
- to visit subordinate at their workplace and learn together with them about their problems
- to be good listeners and not to admire his speeches and monologues
- humble and open to everyone, regardless of the status and position in the hierarchy
- Do not run away from problems and does not force others to carry out your duties
- Persistent but also tolerant, willing to accept different opinion, not impose by force your own view
- submit the facts to members of the manager team on which strategic decisions are made
- do not suffer from the formal authority
- have the ability to simplify problems
- honesty and principle, especially under pressure (very often)
- Remove unnecessary control and be ready to solve conflicts face to face, not through any third person or in writing without any explanation
- devoted to the institution goals and the willingness to sacrifice her welfare,
  - reluctance to manipulate people
- respect the people with the creation and encourage them to constant innovation, etc.

Members of various teams:

- Manager team
- Quality team,
- Medical issues team,
- Educational issues team,
- General affairs team

can be encouraged to work together effectively in a way to implement team building during the team development, especially during the stages of rush and nomination.

Created quality team of the leadership pyramid means that the mentioned team must prepare absolutely all of the individual problems and situations of these teams, who were forwarded to them and are an integral part of institutions business. Together with all team members adjoin the preparation of possible solutions given by the general criteria, according to previous experiences, the facts, according to the mathematical and statistical methods that are used as a monitoring method etc. and submit them to the manager team who makes the final decisions based on their knowledge, experience, facts …

The above model is comparable to "quality circles" or to say some experience are used for the development of "double pyramid of the leadership"

"Quality circles" in principle are groups of a dozen employees who worked on similar jobs, and met together occasionally in their leisure time to resolve quality problems of its areas of activity i.e. work.

According to K. Ishikawa quality circles leaders must be competent for a good use of eight tools of problem analysis, while in the "double pyramid of the leadership" team leader must also be person of high quality both personal and professional.

It is very important to mention that aggressive style of performance and autocracy seriously impairs the functioning of the above model than assertive style. It is the style which in this model has suitable soil and its development is encouraged.

With quality and clearly defined internal and external communication in certain system, quality gets its dimensions i.e. we begin to control it, as the quality guru W. Edwards Deming said:

"Total quality control helps to find problems easier to express themselves clearly and inventive and to solve them. It offers a plan, the road map that leads to better competitive position. "

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