New trends in quality and management – need for a paradigm shift?

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Sub-title: The illusion of quality management in social services.

In daily life human beings encounter many illusions. An illusion is a distortion of the senses, revealing how the brain normally organizes and interprets sensory stimulation. While illusions distort reality, most people generally share them. An optical illusion is always characterized by visually perceived images that, at least in common sense terms, are deceptive or misleading. Therefore, the information gathered by the eye is processed by the brain to give, on the face of it, a percept that does not tally with a physical measurement of the stimulus source. A conventional assumption is that there are physiological illusions that occur naturally and cognitive illusions that can be demonstrated by specific visual tricks that say something more basic about how human perceptual systems work. The human brain constructs a world inside our head based on what it samples from the surrounding environment. However sometimes it tries to organise this information it thinks best while other times it fills in the gaps. This way in which our brain works is the basis of an illusion.

It seems that we sometimes perceive objects and events in a different way, as it seems to be. Sometimes illusions are perceived even though we know what is really going on. These illusions are driven by so called "object-specific knowledge": knowledge about object, which is stored in our brains. Our brains are trained and specialized to perceive the object in a specific way. An example is 'the human face'. According to this account, our brains expect that faces are profiled and not hollow. Looking at hollow faces of masks will cause a distortion with the result that we will see faces profiled and not hollow. This process of 'seeing what we expect to see' is called: "top-down" and this "top-down" expectation is so strong that it over-rides the "bottom-up" data of our eyes. Therefore in many cases we see what we expect to see.

The illusion for those who manage quality may be the following: manager and quality manager are educated in the established discipline of quality management and quality management systems. Based on collected information and individual perception and interpretation they evaluate the performance of services. They have expectations to identify organizational performance based on their knowledge. The observed performances however might be not real, because their knowledge about Quality Management Systems over-rides the 'bottom-up" information of their eyes.

The key question behind this illusion is: what is the impact of the established quality management approaches on the perceived quality of social services?

Introduction

In many member states of the European Union social services are currently undergoing transformation as a consequence of political, economic and social redirection. As results of the modernisation of the social sector, the social sector is developing into a more open and competitive market. In a market which is diverse and which has a large variety in offered services, the service users have an increasing need to know which the best offers are and which organisation assures quality and value for money. The public financial bodies are interested in the efficiency and the effectiveness of public expenditure in social service programmes while entrepreneurs and professionals are seeking for indications of efficiency. The same mechanism can be identified with the private funders. The performances of the social service provider are more and more evaluated on costs, relevance, effectiveness and efficiency.

The creation of a market economy structure in and between the member states of the European Union implies a variety of quality requirements for service providers in the social sector. In the most of cases the quality requirements have been formulated at national level. In some of the cases the requirements for quality are formulated at the European context. At the national level service providers are mostly obliged to comply with quality standards that cover different aspects of the service. At the European level the quality requirements for social services are non-compulsory and will be more considered as guidelines. The extended number and the large variety of quality standards and quality systems make it complicated and complex for a service provider to fulfil all these requirements. In many cases social service providers will choose for traditional and established quality management approaches, which are derived from approaches, and successfully implemented in a manufacturing environment.

Compliance with quality management standards is often shown by accreditation and certification. Stakeholders express the expectation that the social service provider will give proof of quality by accreditation and certification. In some cases stakeholders include accreditation and quality certification as a requirement for being eligible for providing social service and for receiving sustainable funding. For many social service providers the requirement for quality certification is considered as a hygienic factor: quality certification is needed to assure that funders and major stakeholders in the sector are not dissatisfied. Quality development is not an integral and essential part of the organisation core business processes but is seen as an additional element to the core activities of the social service provider. Therefore the processes for (re)certification are often organised with the specific aim to achieve the 'proof of quality', which is expressed in the certificate.

This paper gives answers on the following two questions:

1. What are the fundamental differences between products and social services?

2. What are the consequences of these differences for managing quality and quality management systems in social services?

3. What is the role of professional in providing quality services ?

Product and social services: different entities – different concepts

The European Commission defined social services as "essential services directly delivered to a person". When talking about quality in social services it would be wise to have a full understanding between the conceptual differences of a product and a social service.

There are obvious differences between products and social services. A product is a tangible object used either once or in many occasions. You can buy cars and cell phones as a tangible product. A social service however is intangible. A social service is an *intangible* process that cannot be weighed or measured, whereas a product is a tangible output of a process that has physical dimensions.. Social service intangibility also presents a challenge for customers since, unlike with a physical product, they cannot try it out and test it before purchase. The differentiator of tangibility indicates the ability to touch, to smell, to taste products and to see that this is not present in social services.

The ownership between products and social services is also different. In the case of products, the ownership of the product is transferable from sellers to buyers. In services there is no such ownership involved. This distinction has important implications since a social service innovation, unlike a product innovation, cannot be patented. Thus, a social service provider with a new concept must expand rapidly before competitors copy its procedures. One cannot own a social service. One may own the rights of providing the social service but the service itself cannot be owned.

Where the product is much more standardized, the social service may be tailor-made. Customers like their products to be standardized. Customers like services to be customized to their needs. Therefore companies differentiate in offering products and social services, but the variations between similar products of different producers are less prominent than the variations between social services. The quality that expect from a product is mostly embedded in the product itself at the time of its manufacturing process and depends in turn on the quality of the materials used and the setting of the machines. Both materials and machines, being inanimate, can be standardized. On the other hand the quality that people expect from a service is quite different: customization and variation is appreciated in service and this depends a lot on the experience, skill and motivation of the service-giver on the spot. A product is the result of a manufacturing or production process while a social service is the result of an interaction or intervention between persons: an interaction between professionals and clients.

Products can be counted. One can count products in the same way as one can count money. There is more and there is less. A social service is not countable. A social service is "levelled": Better than the best social service is not possible. There is also a limit in what a social service can offer to a person.

Another key distinction is perishability of social services and the non-perishability of goods. Goods will have a long storage life and are mostly non-perishable. Whereas services are delivered at that moment and do not have a long life or cannot be stored for repeat use. Social services do not have a shelf life as in the case of goods. In services the 'production' and consumption take place simultaneously and this difference has consequences for managing the process of delivery.

This brings us to one of the essential of these differences: the most crucial difference between a product and a social service is that a social service is based on a relationship and an interaction between the person who delivers the service and the person who receive the service. This interaction may be brief, but it must exist for the service to be complete. Where face-to-face service is required, the service facility must be designed to handle the customer's presence. Goods, on the other hand, are generally produced in a facility separate from the customer. They can be made according to a production schedule that is efficient for the company.

Quality Management systems in Social services

Knowing the fundamental differences of products and social services, one may ask the question: What are the consequences of these differences for managing quality and quality management systems in social services?

In 2005, the Court of Justice of the European Union considers social services as an economical activity. Therefore social services must be treated in all cases as any other economical activity: in its management approach, in its business approach and in its quality approach. The European Court of Justice did not take into account the fundamental differences between products and social services. The court did not take into account that these differences may affects the way quality in social services is managed and the impact on the core characteristics of quality management systems in social services. The essential differences between products and services have consequences for managing quality and for quality management systems in the social sector. Traditional quality management approaches, applied in production and manufacturing environment, are emphasising clarity and transparency in roles and responsibilities of management, process control, efficient use of resources and meeting fixed measurable standardised outcomes based on the demands of the customer so that in the delivery the expectations of customers and other suppliers can be met and assured. This traditional way of managing quality could be considered as the paradigm of quality management and is reflected in many national and international quality standards. Therefore the core question is, do traditional quality management systems, which originally are applied in a manufacturing environment, also contribute to the quality of the service? Or do these systems contribute to the illusion of those who are responsible for managing quality and managing the service and is it time for a paradigm shift.

The analysis between products and services highlights the importance of the interaction between professional and service users in the provision of quality services. The contribution of the professional to the interaction with its client in the provision of services seems to be the most decisive factor for quality of these services. Service quality is achieved by the efforts and the quality of the professionals. Recent research by McKinsey confirms this thesis. In the McKinsey report of 2007 about the quality of education[1], one of the major conclusions is that the quality of the education cannot exceed the quality of its teachers. Quality management in social services should therefore be strongly linked with the development, management and involvement of human resources, so they can apply their skills and competence in their relationship with service users.

The role of professionals in providing quality.

This brings me to the third and last question: What is the role of professional in providing quality services?

In the provision of social services professionals play a crucial role. Quality in social service provision can only be provided by professionals trough their knowledge, skills and competences and the ability to interact in the relationship with his/her client. Quality of social services therefore is the result of a human effort. This important difference in thinking about quality in social services compared with

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[1] http://mckinseyonsociety.com/how-the-worlds-best-performing-schools-come-out-on-top/

products will have the result that the traditional Quality Management systems may not be as effective as expected in social services.

Key dimensions for successful implementing of the quality in social services are:

a. the **structure of a quality system**

b. the **quality awareness** of those who contribute the quality of the service

c. the **individual behaviour** of the professionals contributing to the quality of the service

d. the **culture** of the organization of the VET provider.

In many organisations for social services, much attention is paid to the creation and the implementation of a solid structure of a quality system so the social service provider may have a system in place to manage and to verify into what extent it acts according the requirements set out in the quality framework. Once a system and a structure are established, the performance of the social service provider may be assessed by peer review and/or independent external assessment. Frequent independent external assessments shows that many social service providers face the challenge to maintain the internal quality structure on a daily basis. In other words: they have the challenge to assure the sustainable implementation of quality requirements in their internal quality systems and in the provision of quality services.

Therefore, quality systems in social services should pay explicit attention to motivation, education and training, development and behaviour of professionals trough its Human Resource-strategy, Human Resource-Management and developing required attitude and competences of its professionals. Quality system in social services should also appal to the current culture of the organisation and to the desired direction the organisation will develop itself.

The realization of sustainable quality is about the relationship between: the human aspect (the quality awareness and behavior of professionals and the quality culture of the organization) and system aspects (the quality system which is used). On the one hand this requires attention to content (social matters, systems and structures), and on the other hand attention to the intentions of individual professionals and the culture of multi-disciplinary teams. Sustainable quality development requires quality awareness and quality behavior in both professionals and their management. The two key factors are:

a. Involvement: professional ins social services work with an inner drive, and are involved with each other, their clients and their management. They get the freedom to put their quality awareness to use. As a team, in a multi disciplinary setting, they create a quality culture. Involvement of professionals materializes by means of mutual trust between staff and management.

b. Leadership: Managers link their personal intentions to those of the organization and spread the message. They manage to inspire and provide direction. This is the essential leverage needed to realize quality culture and quality awareness. Exemplary conduct, the role model leaders play, has a decisive influence on the culture of an organization. It is the leverage needed to strengthen mutual trust.

The biggest illusion of quality managers might be that, by applying the traditional quality management systems, these systems substantial contribute to the quality of the service. Traditional quality systems are too much focussed on so-called system-quality: description of processes, standardisation of

procedures, task and responsibilities and formal activities in the margin of the actual delivery of service quality. Because professionals mainly contribute to the quality in social services, one may conclude that traditional quality managers may have less influence on the perceived quality than expected. Nevertheless they may play a crucial role as facilitator and planner. Quality managers should act in the margin of the activities of the professionals in order to facilitate professionals in doing their professional activities by applying their competences. Quality management in social services should therefore pay much more attention to the development of knowledge, skills, competences and professional behaviour of the professionals so they can perform according the expectations of the persons they serve. Traditional Quality management approaches in social service and social care may question their contribution and efforts to process management and process control because their efforts may not contribute directly to the quality of the service.

Conclusion:

If quality management systems intend to contribute to the quality of the service, the essential differences between products and social services must have consequences for the management of quality and quality management systems, which will be applied in the social sector social. Traditional quality management approaches may be well accepted but they may be not 'fit-for use' in their contribution to the quality of the services.

Service quality in the social health care sector is achieved by the efforts and the quality of the professionals. Therefore the quality of the service cannot and will not exceed the quality of its professionals. This also emphasis the responsibility of each professional to provide quality services for his/her person served. Because of that quality management systems should be linked to systems that promote and enhance the development of competences and performances of professionals.

Sustainable quality development and implementation should take four key aspects into account: the quality awareness and quality behaviour of the professionals, the quality culture of the organisation and the quality system, which provide a structure for all quality measures. The four aspects are interdependent and strongly related to each other.