

Treatment of Organizations-The New Focus of Quality Practitioners

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Abstract

This paper argues that organizations that compete in conditions of a complex economy in turmoil believe that quality remains an important aspect of competitiveness. The key issue still remains as to how quality management is implemented and continually organized, rather than just delving in just quality issues only. Although respective literature points out that quality be the responsibility of management, the question still remains as to how this responsibility is organized and executed and what the roles of the quality managers are. There has been reports that quality, as a profession and the corresponding role and respect for the quality manager is somewhat contradictory. One school of thought is that the quality manager is the most important person in the management of quality and the other thought is that every other manager is responsible for quality with the quality manager just an adviser. Either way, quality managers must have in-depth and up to date knowledge, education, skills and tools to be effective and efficient in the quality field. Does management recognize this issue or take for granted that the quality manager is always competent to do the job? The report seeks to demonstrate the importance of this question by drawing an analogy with the job of medical doctors and the importance of correct diagnoses, treatment, after-treatment, cure and prevention-similar work done by quality managers on organizational systems and processes. Hospital management ensures that doctors are competent, but businesses managers and quality managers do not seem to care, hence the question "Are we killing our organizations?" The presentation also reports on research conducted as a pilot study on South African organizations to further interrogate this question.

Keywords: Quality management, quality manager, organizational quality, quality manager job review.

1. Introduction

There has been some confusion in the future of quality managers. Juran (1994) warned that competitive strategies based on quality might not be possible in the future. He believed that, in the future, extraordinary levels of quality will be met across the board and will be regarded as a given. He also concluded that such a business environment would result in a decline in the need for quality managers as quality will be managed by all departments. On the other side of the coin, Gershon (1996) adopted an optimistic view of the future of quality managers where he suggested that although quality will be integrated into all departments of the organization the total elimination of the quality managers will not occur. Such a belief stems from the increasing dependence on technology and complexity of product and services. As society becomes increasingly dependent on technological support systems to maintain daily activities, there will be an increasing need for the services of quality managers to match the increasing dependence on the quality of products and services. Waddel and Mallen (2001) predicted that the role of the quality manager will be more companywide and Addey (2004) identified roles for quality managers as salesman, teacher, psychoanalyst, doctor, consultant, detective, social worker, researcher, designer, strategist, lawyer, customer and statistician.

The quality manager's role as a doctor is based on their job of diagnosing organizational problems and offering treatment of these problems just as a doctor does to humans. Defeo and Barnard (2004) described organizations in terms of 'entropy' which is the living tendency of all living things (including organizations) to head towards their own extinction. Negative entropy consists of countermeasures that living systems take on in order to keep away from extinction. Organisms, for example are replacing aging cells, healing wounds and fighting diseases. Similarly organizations build up reserves of energy by acquiring more energy (more sales and resources) and fight competition. Defeo and Barnard (2004) also point out that eventually living organisms will lose the race and die, and so will organizations if they don't heal wounds and keep out diseases (continually improve). Hence as medical doctors are seen to assist in the identification and curing problems in humans, quality professionals are doing a similar function in organizations. Comparatively, medical doctors are well educated, trained and committed to their profession; however are the quality professionals (organizational doctors) similarly committed to their professions likewise? If not, then they are not encouraging the "negative entropy" required and organizations may soon die.

2. Quality Professionals and Challenges

Quality has evolved from quality control (1960's) to quality assurance (1970's) to quality management (1980's) to total quality management (1990's and beyond) (Mangelsdorf, 1999) and now including a series of ISO standards. The first challenge facing quality managers is their misfortune of becoming victims of redundancy (Hoerl 1998). A probable reason for this is the notion of "every employee is responsible for the quality of their outputs", and that a quality department and/or a quality manager is no longer required. The targeting of quality managers when cost cutting exercises are carried out shows that they are treated as non-value adding employees by their employers, or the evolution shows that management of quality is getting easier. This is complicated by the confusion of knowing who is actually responsible for quality? Is it the top management, is it the quality department, is it the quality manager, is it the financial departmentthe list goes on.

The introduction of tools such as lean systems, just in time methodology, business process reengineering and six – sigma are business process management improvement tools, and not necessarily quality improvement tools and hence the drive for business excellence. A thought is that quality managers should move towards business management or should they move into financial management as organizations are seen to be measured on financial results and not on quality of processes?

Some quality managers have postgraduate qualifications and have acquired additional quality knowledge by attending either formal education programs or informal ones provided by various training providers. In South Africa, there is only one formal university program on a postgraduate level in quality management. After completion of this program one can progress with a master's level program followed by a doctorate level research type program. The content of these programs is very academic and most of them are lectured by academics who may not have the relevant industry based quality management experience. The informal programs are normally offered over a few days as part of a full time class and presented to by trainers who have had the relevant quality management experience and may lack academic exposure. Quality managers only attend the informal programs if motivated by their respective employers. The challenge for the quality managers is to ensure that they have the correct academic qualifications and in addition acquire training from credible presenters and training organizations.

There are many government controlled and voluntary associations, societies, and professional bodies for various professions in South Africa. Unfortunately, there are basically two private South African professional associations for quality practitioners. One is a quality society and the other an association for management systems auditors. Both these bodies are self funded by means of fees, workshops, conferences and kind donations from industry. They also strive to convince quality managers to join as this is deemed as voluntary. The challenge for quality managers is to join associations to build up their professional development otherwise they will not be updated with new quality tools, new ISO standards and new technologies.

Quality managers are at crossroads and even further they need to give their roles a careful thought. Are they “killing” or curing their organizations?

3. Quality Professional and Medical Doctor Comparison

A small study was conducted to test and evaluate the similarities between the job of a medical doctor and the quality manager so as to set the justification and foundation for a larger scale research project to establish the job and profile of a quality manager in the South African business context. The literature for the job of a medical doctor was taken from two websites, two university websites and interviews with four medical doctors. The literature for the quality managers was collected at a conference presentation with an audience of forty South African delegates. These comprised of quality managers, senior managers and consultants. The conclusions from this exercise are as follows:

1. Doctors monitor and provide general care to humans and quality managers monitor and provide general care to systems and processes.
2. Doctors may admit patients requiring special care followed by investigations and treatment and quality managers may isolate inefficient processes followed by investigations and corrective actions.
3. Doctors will talk to patients to diagnose their medical conditions and quality managers will talk to those involved with the process, such as operators, controllers, etc.
4. Doctors are expected to evaluate symptoms and run tests to determine what is wrong with a patient. If the doctor does not know off hand what the diagnosis should be, it is their responsibility to do the necessary research. Quality managers are expected to evaluate indications of quality problems (such as customer complaints) and diagnose the actual causes with the various quality tools. If the cause or solutions cannot be determined then necessary research must be conducted.
5. Writing a prescription is a major part of doctors' jobs. They must know how much medicine to prescribe based on patient history; they also need to know how different drugs can interact with one another. Prescribing and implementing of a quality solution is a major part of a quality manager's job. They must know how the different tools of quality and different technologies interact with one another.
6. A doctor needs to know not only how to treat current conditions, but also how to advise the patient on how to prevent another occurrence. A quality manager needs to know not only how to implement corrective actions under the current conditions, but also how to advise and implement preventative action.
7. A doctor carries out specific medical procedures such as performing operations and specialist investigations; a quality manager carries out specific procedures with the use of the various tools of quality

8. A doctor makes notes, both as a legal record of treatment and for the benefit of other healthcare professionals; a quality manager makes notes, both as a corrective action record and for the benefit of other stakeholders.
9. A doctor works with other doctors as part of a team, either in the same department or within other specialties; a quality manager works with other quality staff as part of a team, either in the same department or within other departments and/or functions.
10. A doctor liaises with other medical and non-medical staff in the hospital to ensure quality treatment; a quality manager liaises with staff in the organization to ensure quality improvement
11. A doctor promotes health education; a quality manager promotes quality education
12. A doctor undertakes managerial responsibilities such as planning the workload and staffing of the department, especially at more senior levels; a quality manager undertakes managerial responsibilities such as planning the workload and staffing of the department, especially at more senior levels.
13. A doctor teaches and mentors junior doctors and medical students, as well as auditing and research; a quality manager teaches and mentors junior professionals, as well as management systems auditing and research
14. A good doctor knows how to listen, as well as how to explain complicated conditions or procedures to someone with no medical background; a quality manager knows how to listen, as well as how to explain complicated problems and solutions to someone with no quality background.

All the members of this focus group agreed that the job of a quality manager should be similar to that of a medical doctor and agreed that this should form the foundation to scope the job and profile for a quality manager in a South African business context with further research. This full scale research is supported by National Research Fund (NRF) in South Africa.

The following was also presented to the same group and the general conclusion was that there is great concern on the issues raised and that it should also be part of the research.

1. The doctor has come through a well structured university level program; there is no well structured university level program for the quality manager.
2. The doctor has been developed with a national “in service training program”; there is no such program for the quality manager.
3. The doctor has to undergo a final competency based assessment before practicing; there is no such requirement for the quality manager.
4. The doctor is required by law to register to professional body and participate in continual professional development programs; there is no such requirement for the quality manager.

5. The doctor is accepted by the patient as competent and trustworthy; the quality manager is accepted by the stakeholders as competent and trustworthy (are quality managers really competent like the medical doctors?)

4. Conclusion

The intention of this article was to report on the preliminary work conducted to build a foundation for a larger scale research based study to draw a framework for the job of a quality manager in a South African business context. This work showed that the thought of using the job of the medical doctor as an analogy to the quality manager is justified. If organisations and quality managers do not take the quality profession seriously, then quality managers could be wrongly diagnosing problems and administering wrong solutions hence killing the organisations. It is also hoped that the broader international community may have some interest in the project and collaborate with the researcher.

References

- [1] D Mangelsdorf (1999), Evolution from quality management to an integrative management system based on TQM and its
- [2] impact on the profession of quality managers in industry, *Total Quality Management*, **9**, 4&5, pp. 164 – 166
- [3] D Waddel and D Mallen (2001), Quality Managers beyond 2000, *Total Quality Management*, **12**, 3, pp. 373 – 384
- [4] R Hoerl (1998), Six Sigma and the future of the quality professional, *Quality Progress*, **31**, 6, pp. 35 - 38
- [5] J Juran (1994), The upcoming century of quality, *Quality Progress*, **27**, 8, pp. 29 - 37
- [6] J A De Feo and W W Barnard (2004), *Juran Institute's Six Sigma Breakthrough and Beyond*, McGraw Hill, USA
- [7] J Addey (2004), The modern quality manager, *Total Quality Management*, **15**, 5, pp. 879 – 889
- [8] M Gershon (1996), A look at the past to predict the future, *Quality Progress*, **29**, 7, pp. 29 - 31