

# The Implementation of a Quality System in the Care Sector for Elderly and Handicapped People: A Swedish Case Study

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## Abstract

This paper presents the empirical research results conducted in a Swedish care organization for elderly and handicapped. The objective of the research was to empirically assess the implementation and practices of a quality system (ISO 9000) from an organizational change and development perspective.

The empirical data were collected through multiple methods; interviews were carried out with key-persons and leadership in the organisation and surveys were conducted to all employees. Interactive methods have been applied to various groups in the organisations e.g., directors, supervisors, and the leadership of the quality project and the local politicians.

The empirical findings indicate, among others, that the implementation processes were received and perceived differently in the different parts of the care organisation due to different leadership strategies and employee involvement policies. Other critical factors such as acceptance, resistance, motivation, commitment, the role of leadership, learning possibility, etc. have also been investigated, analysed and discussed. Finally some recommendations on how to approach organisational change as well as strategies for implementing a quality system in the care sector are presented.

## 1. Introduction

Many Swedish health care organisations have during the last several years initiated to implement quality systems in order to meet the requirement of the Swedish social service and health care sector laws. The Swedish law demands that all employees in the Social and Healthcare sectors should work systematically and document their daily quality work.

The Municipality of Åtvidaberg started its implementation of a quality system within the care sector for Elderly and handicapped people in 1999. The project was called 'The quality

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system - the right tread'. One of the aims with the project was to establish an overall quality system for increasing employee as well as customers/user influences. Another aim with the project was to provide a handbook with documentation of overall work routines and objectives for elderly and handicapped people in the municipality. Although it did not adopt all details from the ISO 9000 model, the project was inspired by the ISO quality system at the overall level along with some ideas from general quality management principles. The ISO quality system was adopted as an overall framework for the organisational transformation project because it was considered to help organisations in establishing a quality management system serving to satisfy their customers' requirements.

However as is well documented in the literature, many organisations fail to implement quality management systems, because implementation requires a huge effort and investment in every respect. There are rich amounts of research, which focus on the various aspects of implementation such as identification of motives, barriers and critical success factors. Some of the main factors for failure in implementation of quality management have been identified, among others, insufficient support and lack of management commitment (Benson *et al.*, 1991; Lagrosen *et al.* 2004), lack of knowledge and consistency of purpose (Dobbins, 1995; Feinberg, 1995), lack of people involvement and commitment (Mandel *et al.*, 1998; Dahlgaard-Park, 1999; Dahlgaard-Park, 2003), mismatching infra structure and organizational culture (Shin *et al.*, 1998; Dahlgaard and Dahlgaard-Park, 2003-a; 2003-b).

In this research, we will focus on the various strategies adopted in implementing the quality system in the same organisation in order to investigate and identify the effects derived from different strategies and different processes of implementation. This kind of case study, which enlightens the effects of different strategies taken in the same organisational context, has not been a common research objective.

The paper is organised as follows. First we review and develop in section 2 the theory, followed by section 3 that describes the quality project adopted in different groups within the care sector for Elderly and handicapped people at the Municipality of Åtvidaberg. Section 4 then gives a brief presentation of the research design followed by the results of the data analyses. The final section contains discussions, reflections as well as concluding thoughts.

## **2. Theoretical Framework**

As many organisations recognise the importance of quality management, the ISO 9000 Quality Management System is considered to be a good stepping stone to embark on the process of organisational improvements. Some of the reasons are firstly that the ISO quality system is considered to be quite a systematic and comprehensive approach for organisational

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change. Secondly it provides a consistent framework for procedures, including designing, evaluating, implementing, specifying and certifying a quality assurance system (Besterfield *et al.*, 1995; Subba *et al.*, 1997). The quality assurance is referred specifically to the formalisation/standardisation and documentation requirements of the ISO 9000 system (Beattie and Sohal, 1999). Thirdly these frameworks are considered to be generic which may be applied to any organisation regardless various contingency factors such as size, sectors etc. (ISO, 2000; Besterfield *et al.*, 1995) in a similar way as TQM and other quality improvement programmes. Due to these factors, many organisations adopt quality systems or other related quality management programmes such as TQM as a systematic and generic framework for implementing organisational change or culture change. This may also be a reason why organisational theorists often categorise quality management as a change management theory (Daft, 2001; Shafritz and Ott, 2001).

In this section we will review briefly the main principles of the ISO quality management system along with conceptual framework of TQM. The section will finally end with a short overview of the related research areas seen from an implementation perspective.

## 2.1 ISO 9000:2000

ISO consists of a number of families, the most renowned being ISO 9000 (quality management standards) and ISO 14000 (environmental management). The ISO system is designed to manage and improve organisation processes as processes are seen to be the fundamental building blocks of any organisation. Influenced by system thinking, the ISO quality system views an organisation as a system of interrelated process.

### 2.1.1 Quality Management Principles

According to the ISO guideline, eight quality management principles have been identified to facilitate the achievement of quality objectives. The eight quality management principles are defined in ISO 9000:2000, *Quality management systems Fundamentals and vocabulary*, and in ISO 9004:2000, *Quality management systems Guidelines for performance improvements*.

1. **Customer focus:** Organisations depend on their customers and therefore should understand current and future customer needs, should meet customer requirements and strive to exceed customer expectations in order to achieve, among others, increased revenues and market share, increased effectiveness in the use of the organisation's resources to enhance customer satisfaction, and improved customer loyalty leading to repeat business.
2. **Leadership:** Leaders establish unity of purpose and direction of the organisation. They should create and maintain the internal environment in which people can become fully involved in achieving the organisation's objectives. This will enhance 1) Employee un-

derstanding and motivation towards the organisation's goals and objectives and 2) Improved communication between all levels in organisations.

3. **Involvement of people:** People at all levels are the essence of an organisation and their full involvement enables their abilities to be used for the organisation's benefit. Key benefits are 1) Motivated, committed and involved people, 2) Innovation and creativity in furthering the organisation's objectives, 3) People being accountable for their own performance, 4) People eager to participate in and contribute to continual improvement.
4. **Process approach:** A desired result is achieved more efficiently when activities and related resources are managed as a process. This will enhance 1) Lower costs and shorter cycle times through effective use of resources, 2) Improved, consistent and predictable results, 3) Focused and prioritised improvement opportunities.
5. **System approach to management:** Identifying, understanding and managing interrelated processes as a system contributes to the organisation's effectiveness and efficiency in achieving its objectives. Key benefits are 1) Integration and alignment of the processes that will best achieve the desired results, 2) Ability to focus effort on the key processes, 3) Providing confidence to interested parties as to the consistency, effectiveness and efficiency of the organisation.
6. **Continual improvement:** Continual improvement of the organisation's overall performance should be a permanent objective of the organisation. Key benefits are 1) Performance advantage through improved organisational capabilities 2) Alignment of improvement activities at all levels to an organisation's strategic intent 3) Flexibility to react quickly to opportunities.
7. **Factual approach to decision making:** Effective decisions are based on the analysis of data and information. Key benefits are 1) Informed decisions, 2) An increased ability to demonstrate the effectiveness of past decisions through reference to factual records, 3) Increased ability to review, challenge and change opinions and decisions, 4) taking action based on factual analysis, balanced with experience and intuition.
8. **Mutually beneficial supplier relationships:** An organisation and its suppliers are interdependent and a mutually beneficial relationship enhances the ability of both to create value. Key benefits are 1) Increased ability to create value for parties, 2) Flexibility and speed of joint responses to changing market or customer needs and expectations, 3) Optimisation of costs and resources.

## 2.2 Total Quality Management

A comparative study of core principles of TQM proposed by some selected professionals is shown in the following Table 1.

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**Table 1.** Core principles of TQM identified from a literature review (from Dahlgaard-Park *et al.*, 2002)

Dean and Evans(1994)	Dahlgaard <i>et al.</i> (1992; 1994; 1998)	Bergman and Klefsjö (1994)	Oakland (1999)	Conti (1993)	Costin (1994)	Bounds <i>et al.</i> (1994)
Strategic planning & leadership	Management commitment	Top management commitment	Commitment	Company wide approach	Effective leadership & clear vision	Leadership & longrange outlook
Continuous improvement	Continuous improvement	Improve continuously	Building the quality system	Continuous improvement as a strategy	Continuous improvement	Continuous improvement of all processes, design quality and prevention
Customer focus	Focus on the customer & the employee	Focus on the customer	Internal & external customer/ supplier relationships	Competition based on user perception	Customer driven organisation	Customer driven quality
Empowerment & teamwork	Everybody's participation	Everybody be committed	Teams	Supplier/ Customer relationship within the company	Teamwork & empowerment	Employee participation & development
Measurement as basic	Focus on facts	Base decisions on facts	Tools		Data driven decision	Management by fact
	Integrated to continuous improvement	Focus on processes	Manage processes	Focus on process quality	Improvement: making processes work better	Integrated to continuous improvement
			Improve communication			Partnership development
	Integrated to everybody's participation		Change the culture		Training & recognition	Corporate responsibilities & citizenship

As can be observed from above, there are great similarities between the key principles of TQM identified by literature review and the eight ISO Quality Management principles. This is natural because the new version of ISO 2000 has taken the latest development and trends within quality management into consideration, and due to this the new system is closely related to TQM and Business Excellence models (Russell, 2000).

### 2.3 Literature Review seen from an Implementation Perspective

When reviewing the literature seen from an implementation perspective the following four

main research areas are mostly observed:

- 1) Motives and reasons for implementing quality system: Literature on motives and reasons for implementing quality system can be categorised as the two main perspectives of environment-related: external and internal. Some of the most reported external reasons for implementing the system seem to be demands / pressures from customers or governmental (Mo and Chan, 1997; Goh and Ridgway, 1994; Buttle, 1997), a desire to improve corporate image and searching on improved marketing position (Poksinska *et al.*, 2003). To improve processes and work standards, improve quality and cost reduction, among others, have been identified most frequently in the literature as internal reasons for implementing a quality management system. However it is observed that the dominant driving factors for implementation are environment related factors (Fuentes, *et al.*, 2003; Carlsson and Carlsson, 1996; Lee and Palmer, 1999; Henkoff, 1993; Taylor, 1995).
  - 2) Identifying barriers: Some of the identified barriers when implementing the systems are the existing organizational culture, insufficient communication throughout organisational units and reluctance of employees to adopt a new management system (Goh and Ridgway, 1994; Lee and Palmer, 1999; Kaye and Dyason, 1998), employee resistance to change (Vloeberghs and Bellens, 1996).
  - 3) The critical success factors: The following factors are identified to be the most critical factors for successful implementation. Employee training and education (Dahlgaard and Dahlgaard-Park, 2003-a; 2003-b; DeAngelis, 1991), top management commitment and participation (Poksinska *et al.*, 2003; Lee, 1998; Carlsson and Carlsson, 1996), employee involvement and employee commitment (Poksinska *et al.*, 2003; Karlton *et al.*, 1998; Vloeberghs and Bellens, 1996), both management and employee involvement and commitment (Vloeberghs and Bellens, 1996). Results from a Swedish survey indicates that among others documentation, top and middle management commitment, periodic audits, identification of quality aspects, and training were identified to be the most important implementation factors (Poksinska *et al.*, 2003). As can be seen here most factors seem to be related to human aspects.
  - 4) The obtained effects as results of implementation: Effects and achieved results are closely related to the motives and reasons, and here we find that the literatures distinguish between two categorises of benefits, external or environment related or internal (Fuentes *et al.*, 2003; Poksinska *et al.*, 2003; Tsiotras and Gotzamani, 1996). Improved image, reputation and improved competitive position, improved relations with communities are some of the external benefits (Poksinska *et al.*, 2003; Barrier, 1992; Calino *et al.*, 1995; Carlsson and Carlsson, 1996; Casedeus and Gimenez, 2000; Fuentes *et al.*, 2003). Improved internal procedures, productivity and quality (Poksinska *et al.*, 2003),
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improved management control and quality awareness of employees (Brown, 1990; Nwankwo, 2000; Karlun, 1998), employee involvement (Williams, 1997), reduced mistakes and defect rates along with cost reduction (Quazi and Padibjo, 1997) are some identified internal benefits.

### **3. The Quality Project**

The project was initiated by civil servants and politicians in the municipality of Åtvidaberg. This small municipality has around 12000 inhabitants with 19% of its population 65 years or older. The social work is lead by a political committee with a top manager responsible for eldercare, care for handicapped people, as well as all general social problems including drug abuse (Anbäcken and Klöfver, 2003).

The services in the care for elderly and handicapped are home help service, day care activities, transportation service, and different forms of special housing, such as service apartments, group housing for dementia patients, nursing home, old age home and short stay. The care includes personal care, activation, personal assistance, cleaning, meal on wheels, shopping (food), terminal care, rehabilitation care and health care up to registered nurse level. The customers in the care are both the old or handicapped persons but also the families of the care receivers.

#### **3.1 Practical Implementation Strategies**

The project implied that a comprehensive quality system would be introduced and that the personnel would be trained in this system (Morgan and Murgatroyd, 1995). The project started 2000 with education in different groups for all the personnel in the care for elderly and handicapped as a first step. The educational agenda followed the steps in "Quality at your service (1999)" (see under 3.2). One of the unit managers who had been trained in the quality area and in the above mentioned programme was in charge of the education and was a great inspirer according to the evaluations. The content of the education was also very well received in the evaluations performed. The quality system on the other hand was accepted very differently by the various units in the care organisation.

##### **3.1.1 The Pilot Group**

The pilot group consisted of app. 50 persons with various occupations within the rehabilitation and short stay unit in the care for elderly, such as nurses, assistant nurses, occupational therapists, physical therapists, etc.

One can discern a distinct and significant difference between the unit (the pilot group)

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that had “the inspirer” as manager and the other units (the target group). The pilot group was the first group to implement the quality system after education. According to our study almost every staff meeting before the implementation had discussions and questions about how to work with the quality system. The staff was involved in talks about the tools, the quality documentation, the roles of the group of quality auditors, which was a voluntary group of staff at every unit, who should accomplish the assessment of the quality work. All this was discussed conferred and chatted about on and on again before and after the implementation in the pilot group.

### **3.1.2 The Target Group**

The target group was all the other units in the care for elderly and handicapped people. In most of these units there was a very poor discussion on the goals and the tools of the quality system. There was a meagre information and involvement of the staff in the process before the implementation. The inspiration from the preparation course had faded out and wasn't taken advantage of or utilized in the implementation progression. The managers of the units did not take a leadership of the process but commented the new quality system with “Now we have to work with this system and use these tools ... so let's do it”. There were of course some managers who did this implementation better than that but the process could be characterized as an ad hoc process.

## **3.2 The Contents of the Quality Programme**

The contents of the quality programme generally followed a model presented in “Quality at your service” (1999). The model and the training programme comprised the following five steps:

1. To plant an awareness of the quality of the service. This was responding to the question what concrete quality demands the service is supposed to meet. In this step the group discussed and defined who the clients of the service are – are they the care recipients, their families and/or society. Or are all of these clients of the care? At this point the participants tried to decide what service should be delivered to each party respectively.
  2. To prevent quality deficiencies. In this step there was a systematic mapping of processes and services to find out what might go wrong. This was done through process analyses where the participants mapped different processes or work flows in the service.
  3. To develop a model for evaluation of the quality. When it has been decided what quality standards should be met and how quality deficiencies should be prevented the participants discussed and prepared a model for evaluating whether established quality
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standards are met. Assessments were planned to be made on a regular basis and documented. Assessments should also include costs for correcting deficiencies, dealing with complaints and keeping the quality system going.

4. To improve quality. This step was directly connected to paragraph two above. When the care workers notice that there is a potential risk of quality deficiencies they should address it. This was presented as an ongoing work, which should become part of the daily routines. In the Åtvidaberg case the participants developed a reporting system in which discerned possibilities to improve quality and to remedy deficiencies were reported. Suggestions for measures to take and measures taken were also registered. This reporting system, which was very simple and user friendly, was named The Norm.
5. To build a quality culture. Quality work is a matter of involving all staff. It was emphasized that every individual is important and can make a difference in factual and perceived quality for the clients. In this step of the educational programme it was strongly argued that management should set a good example and contribute to the building up of a long-term quality culture. In the project unit supervisors and other key staff were educated to be able to guide the quality work in their respective units. Our study shows that this particular part was not so successful.

## 4. Research Design and Methodology

Both qualitative and quantitative methods for data collection have been adopted in this research. In our study we carried out data collection among all staff in the old aged and disability care and all management staff.

### 4.1 The Pilot and the Target Group

The first-mentioned groups, the pilot and target groups were asked to answer questionnaires to express their views in group interviews (Bloor, 2001). The staff questionnaire was answered by the two groups, the pilot group (n=42), whose supervisor was the person who had inspired the whole project, and a second group made up of the rest of the staff, the target group (n=224).

### 4.2 Top Management and Reference Groups

Top management is also the project management group, which consists of social manager, section manager (quality developer) and MAS (Medicinal responsible for nurses). Reference group consists of all section managers within the care sector for elderly and handicapped people including labour unions. The study was performed interactively, i.e. researchers and

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the management group, including the political management of the old aged and disability care, met together at fairly regular intervals and discussed the results of the study and the outline of the continued study (Svensson, 2002). Management staffs were also asked to participate in individual interviews. In order to investigate how members of these groups have perceived the implementation of the quality system, interviews have been carried out for each of these groups. For the interviews a semi standardised interview guide has been used.

## 5. Results

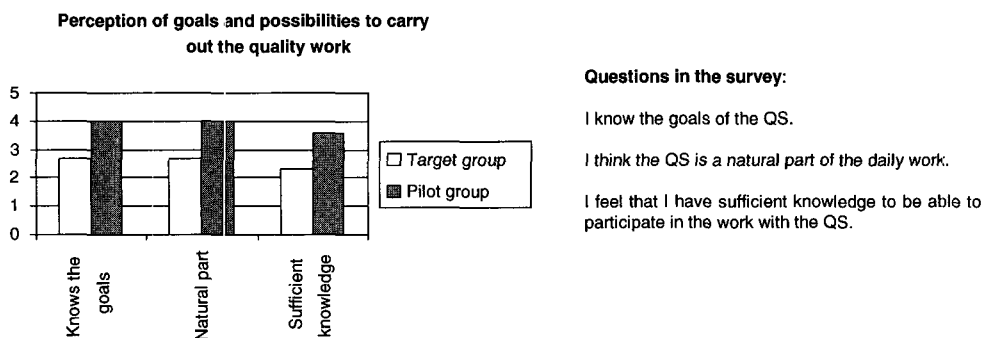
### 5.1 The Staff Study (The Pilot and the Target Groups)

As the implementation strategies and thereby the adopted processes have been different for the pilot and the target groups, the main purpose of the staff survey was to investigate whether there were different perceptions between these two groups. By this reason the survey was concerned about staffs' perception and awareness regarding goals, involvement and participation, work situation etc.

The staffs were asked to answer questionnaires. All statements have been coded as follows.

Strongly agree = 5, and Strongly disagree = 1. Between these extremes there are three were response options marked as 4, 3 and 2.

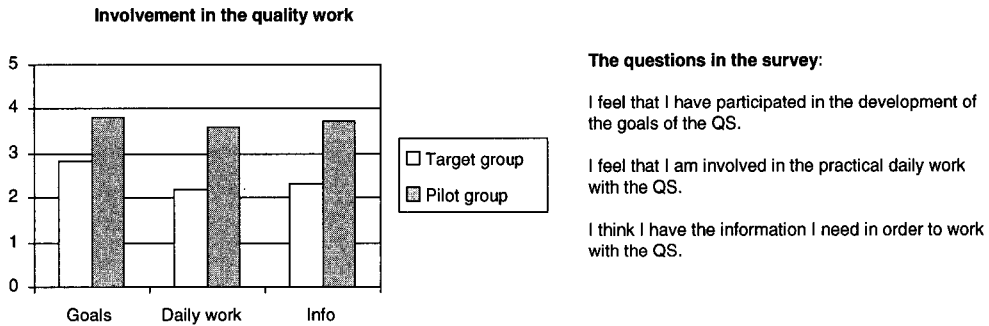
In the questionnaires the care personnel were asked questions about their feelings of need to improve quality in the workplace and about their knowledge of the goals of the quality work. Further the staffs were asked whether they consider working with the quality system (QS) is a natural part of the daily routines, and whether they consider they have sufficient knowledge to be able to participate in the work.



**Table 2.** Perception of goals and possibilities to carry out the quality work

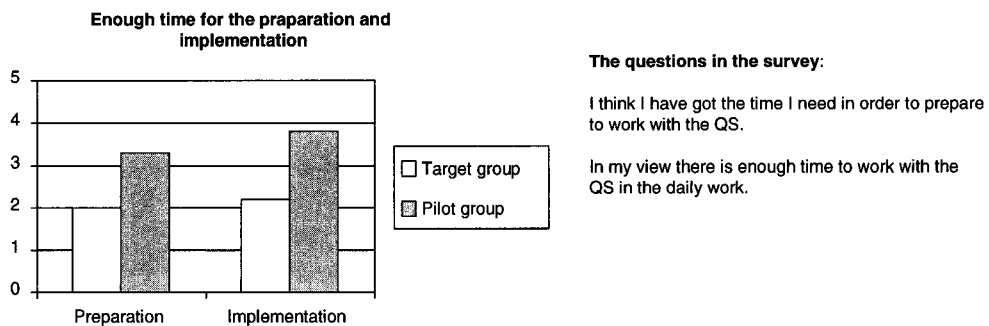
In the questionnaires to the staff questions were asked about their perception of the involvement in formulation of the quality goals and of their perception of involvement in the

daily work with the quality system. The staff were also asked to state whether they consider they have been given the information they feel they need.



**Table 3.** The pilot group’s and the target group’s perception of involvement in the quality work

The pilot and the target group were further asked a number of questions about their experience of the time they had to get into the work with the quality system and the time needed to work with it, and whether there was enough time for discussion about the quality system. The groups were also asked how they felt about the implementation of the quality system.



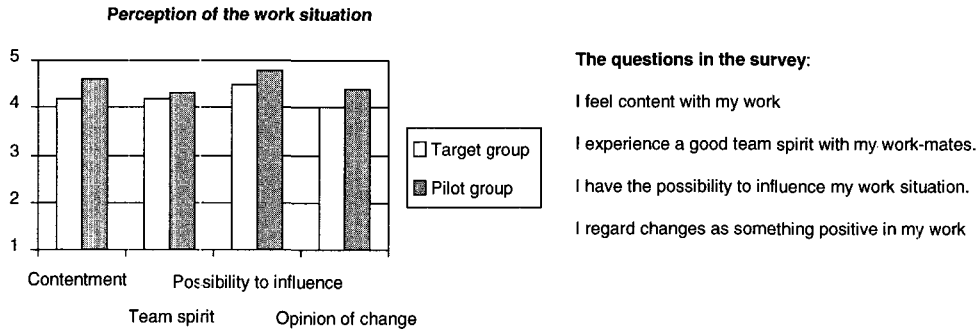
**Table 4.** The pilot and the target groups’ perception of time and space for the quality work

In the questionnaires to the pilot and the target group the staffs were also asked how they perceived their work situation. How content they are in their workplace, their opinion of team spirit among the co-workers, their experience of possibilities to influence the work situation and whether they see changes as something positive in the work.

The survey indicates that both in the pilot group and the target group the staff are content in the workplace and find team spirit among the co-workers good. All staff in the Old Aged and Disability Care feels they can influence their work situation and to a large extent

they declare that they take a favourable view to changes in their work situation.

Thus we can state that differences in contentment and relationships in the workplace are insignificant between the two groups. The differences, as seen above, are shown in the way change and development of the quality system is received.



**Table 5.** The pilot and the target groups' perception of the work situation

## 5.2 The View of Top Management and Reference Group

There are differences between top management and the reference group in their opinions and comments on the implementation and their thought about the quality system. Top management has a more optimistic attitude than the other group. Top management has a clear view about the goal of the implementation of the system: to create a comprehensive quality system, which in the long run can become money saving and lead to a more clear documentation of the care. This will give the politicians and top management better information to manage the care production.

While the reference group is worried about too many routines, rules and regulations the top management expressed their satisfaction with the possibility to implement safe routines in the care. The reference group was ambivalent in their answers – both hesitating and articulating hope that the quality system would make the staff more responsible for the quality in the care. They thought that they might get tools for managing the staff easier. At the time for the interview all of the members in the reference group had not got all the information about the system neither had they participated in the education. At this point the staff had more information than their unit leaders.

Both the top management and the reference group were aware that the information about the quality system had not worked perfectly. This was OK with top management – they had control – but the reference group did not feel they owned the changed process. They gave voice to a disappointment about the timing of the implementation and they did not see the possibility of a successful quality system. They felt that the “new things were competing with other duties”. “More paperwork - we have no time for this...”.

Top management were aware that the unit managers felt “huge stress” and “felt alone” in the implementation stage but thought that they would be more committed later. Two or three unit leaders had a sick leave and felt very frustrated over these new ideas. They thought this was a new control system that would not give more value to the human beings (staff and customers) in the system.

## 6. Conclusions and Discussions

The objectives of this research have been to focus on the various strategies adopted in implementing the quality system in the same organisation in order to investigate and identify the effects derived from different strategies and different processes of implementation. Generally we may say that those identified factors for successful implementation documented in numerous previous researches (see section 2.3) have been confirmed to be valid in our research, too. In our research, we found human factors involving leadership, employee participation and commitment to be the most important factors for successful implementation of the quality programme which are in line with research results of Dahlgaard-Park and Dahlgaard (2003), Poksinska *et al.* (2003), Carlsson and Carlsson (1996) and Vloeberghs and Bellens (1996). Research results related to implementation of TQM and other change programme have also reported these factors to be critical (Lagrosen *et al.*, 2004; Dahlgaard and Dahlgaard-Park, 2003-a; 2003-b; Martin, 1993).

As we have seen in the results, there were quite significant differences in perceptions between the various groups of target, pilot, as well as top management and reference groups. One important reason for these different perceptions seems to be related to leadership aspects. The processes of implementation seem to be largely affected by the degree of management involvement and commitment. The differences in results between the target and pilot groups indicate obviously the leadership effects. When there was high commitment by management, employees' awareness of goals was much higher along with higher employee involvement and higher resource allocation for preparation and implementation. Although the importance of leadership and employee involvement have been emphasised both in ISO and TQM, the major problems in relationship to implementation seem to be concerned to these factors.

If we look at the general appreciation of the work situation (see Table 5) the respondents expressed satisfaction. Both the pilot group and the target group highly agreed to the statements that they had good team spirit with their work-mates, which they could influence their work situation and even that they regard changes as something positive in their work. This implicates that it was not the general perception or problems in the work situation which made the target group answer more negatively than the pilot group on the questions around

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the implementation of the quality system. The differences seem to be related to the various implementation strategies used by the different unit leaders. The unit leaders were not committed to the new quality system. Some of them felt they were forced to implement a system that they did not own, like or even understood.

Another interesting observation is the differences in perceptions between the top management and the reference groups. The differences between these two groups awoke our interest to the study of organizational culture and the issue of organizational subcultures. Seen from the classical and modernist view, the existences of subcultures are underestimated and the focus has been on the unity and harmony within the organisation based on the functionalist paradigm. However, if we take the post modern and symbolic-interpretive view, the existences of subcultures and varieties of meanings held by different organizational members including conflicts and resistances are important sources for understanding the reality constructing (Berger and Luckmann, 1966) or sense making processes (Weick, 1979). Although these different views have been conflicting as dichotomy during the last many years, in our opinion they comprise to each other and both views should be taken into consideration in an organisational context, in particular, in relationship with implementation processes of change programme.

In our case study, the reference group provided rich sources to understand the nature of resistance to change in contrast to top management team. Our interpretation is that the reference group was reluctant to the change programme because 1) they were not involved in the initiating action of change (the project was not their own), 2) they perceived the change as increasing their current workload, 3) they didn't know the goal & objective of the quality system, 4) they had insufficient knowledge & information about the quality system, 5) lack of training & education.

The research gave us an opportunity to reflect how change programmes, such as TQM or quality systems can best be implemented. As an answer to this we recommend to adopt the '4P' strategy (Dahlgaard-Park and Dahlgaard, 1999; 2003), in which the leadership and people dimension is recognized and emphasized as the primary enabler among the identified main principles of Quality Management (see section 2-1 & 2-2). According to the 4P strategy, Building Leadership and People is a foundation for building the following next steps of Partnership/Teams, Processes of Work, and finally building Products/Service products. Thus the first priority of any change program should be to build quality in leadership and people as the essential catalyst for improving partnerships, processes and products/Services.

Another recommendation is that the change strategy should preferably be implemented multi directional, i.e. through a top-down, middle-up-down and a bottom-up strategy (Dahlgaard and Dahlgaard-Park, 2003). The multi directional strategy should also preferably embrace all three levels of individual, team and intra-organization teams. Understanding the interrelationships

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and interactions between these different levels as well as the contextual factors seem to be critical for implementing a change program.

## References

1. Anbäcken, O. and Klöfver, H, FoU-rapport(10:2003), *Implementering av ett kvalitetssystem, En studie inom omsorgsverksamheten i Åtvidaberg.*
  2. Anbäcken, O. and Ericsson, M.(2001), "A New Generation in the Care," A Project for Quality in the Care for a New Generation Care-receivers and Care-workers: The Ekholmen Case
  3. Anbäcken, O. and Hugozon, J. O.(2003), "Learning Organization in the Primary Care, Paper at Annual Conference," *European Healthcare Management Association*, Sicilia.
  4. Benson, P. G., Saraph, J. V., and Schroeder, R. G.(1991), "The Effects of Organizational Context on Quality Management: an Empirical Investigation," *Management Science*, Vol. 37 No. 9, pp. 1107-24.
  5. Berger, P. L. and Luckman, T.(1966), *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*, Garden City, NY: Doubleday.
  6. Bergman, B. and Klefsjö, B.(1994), *Quality from Customer Needs to Customer Satisfaction*, Lund: Studentlitterature.
  7. Besterfield, D. H., Besterfield-Michna, C., Besterfield, G. H., and Besterfield\_Sacre, M. (1995), *Total Quality Management*, Prentice-Hall, Englewood Cliffs, NJ.
  8. Bloor, M.(2001), *Focus Groups in Social Research*, London: Sage.
  9. Bounds, G. and Yorks, L., *et al.*(1994), *Beyond Total Quality Management*, London: MacGraw-Hall.
  10. Buttle, F.(1997), "ISO 9000: Marketing Motivations and Benefits," *International Journal of Quality & Reliability Management*, Vol. 14, No. 9, pp. 936-47.
  11. Calingo, L. M., Leong, Y. M., Chia, M. P., and Mohamed, H.(1995), "Achieving Total Quality Management through ISO 9000," *Accounting and Business Review*, Vol. 2, No. 1, pp. 173-86.
  12. Carlsson, M. and Carlsson, D.(1996), "Experiences of Implementing ISO 9000 in Swedish Industry," *International Journal of Quality & Reliability Management*, Vol. 13, No. 7, pp. 36-47.
  13. Conti, T.(1993), *Building Total Quality - A guide for management*. London: Chapman & Hall.
  14. Costin, H.(1994), *Readings in Total Quality Management*, Orlando: Dryden Press.
  15. Daft, R.(2001), *Organization Theory and Design*, UK: Thomson Learning.
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16. Dahlgaard, J. J., Kristensen, K., and Kanji, G.(1994/1998) *Fundamentals of Total Quality Management*, London: Chapman & Hall.
  17. Dahlgaard, J. J. and Dahlgaard-Park, S. M.(2003-a), "A Quality Strategy and Self-assessment Method for Organizational Excellence," *The Asian Journal on Quality*, Vol. 4, No. 1, pp. 20-39.
  18. Dahlgaard, Jens J. and Dahlgaard-Park, S. M.(2003-b), "The 4P Quality Strategy for Breakthrough and Sustainable Development," *European Quality*, Vol. 10, No. 4, pp. 6-19.
  19. Dahlgaard-Park, S. M.(1999), "Understanding Human Needs and Core Values - The prerequisite for Building People and Organizational Excellence," *Proceedings of the Italian Conference on Quality in Health Care* (Keynote Paper).
  20. Dahlgaard-Park, S. M., Bergman, B., and Hellgren, B.(2002), "Reflection on TQM for the new Millennium," in *The Best on Quality*, International Academy for Quality, Vol.12. Milwaukee, Wisconsin: ASQ Press.
  21. Dahlgaard-Park, S. M.(2003), "Conspectus of Quality Movement," *Euro Asia Journal of Management*, Vol. 14, No. 1, pp. 75-101.
  22. Dahlgaard-Park, S. M. and Dahlgaard, J. J.(2003), "The Human Dimension in Quality Management, In Conti," T., Kondo, Y., and Watson, G. (eds.) *Perspectives on Quality, Competitiveness & Sustained Performance*, Milwaukee, Wisconsin: ASQ Press.
  23. Dean, J. W., Evans, J. R.(1994), *Total Quality - Management, Organization, and Strategy*. NY: West Publishing Company.
  24. DiAngelis, C. A.(1991), "ICI Advanced Materials Implment ISO9000 Program," *Quality Progress*, Nov., pp. 49-51.
  25. Dobbins, R. D.(1995), "A Failure of Methods, not Philosophy," *Quality Progress*, July, pp. 31-33.
  26. Ellström, P.-E.(2001), "Lärande och Innovationer i Organisationer," I Backlund, Hansson, Thunborg (red.) *Lärdilemma i arbetslivet*. Lund: Studentlitteratur.
  27. Goh, P. L. and Ridgway, K.(1994), "The Implementation of TQM in Small and Medium Sized Manufacturing Companies," *The TQM Magazine*, Vol. 6, No. 2, pp. 54-60.
  28. Feinberg, S.(1995), "Overcoming the Real Issues of TQM Implementation," *Quality Progress*, July, pp. 79-81.
  29. Fuentes, C. M., Benavent, F. B., Moreno, M. A. E., Cruz, T. F. G., and del Val, M. P.(2003), "ISO 9000-based Quality Assurance Approaches and Their Relationship with Strategic Analysis," *International Journal of Quality & Reliability Management*, Vol. 20, No. 6, pp. 664-690.
  30. Jones, R., Guenter, A. and Kustin, R.(1997), "ISO 9000 among Australian Companies: Impact of Time and Reasons for Seeking Certification on Perceptions of Benefits Re-
-



- ceived," *International Journal of Quality & Reliability Management*, Vol. 14, No. 7, pp. 650-60.
31. Kartun, J., Axelsson, J., and Eklund, J.(1998), "Working Conditions and Effects of ISO 9000 in Six Furniture Making Companies: Implementation and Processes," *Applied Ergonomics*, Vol. 29, No. 4, pp. 225-232.
  32. Kaye, M. M. and Dyason, M. D.(1998), "Harnessing Human Resources to Achieve Business Excellence," *The TQM Magazine*, Vol. 10, No. 5, pp. 387-96.
  33. Kondo, Y. and Dahlgaard-Park, S. M.(1994), *Kvalitetsmotivation*, Aarhus, Denmark: Centrum.
  34. Lagrosen, Y.(2003), "Exploring the effects of TQM on Employee Health," *Proceeding of the 6<sup>th</sup> Int. QMOD Conference*.
  35. Lee, K. S. and Palmer, E.(1999), "An Empirical Examination of ISO 9000 Registered Companies in New Zealand," *The TQM Magazine*, Vol. 10, No. 6, pp. 887-99.
  36. Lee, T. Y.(1998), "The Development of ISO 9000 Certification and the Future of Quality Management: A Survey of Certified firms in Hong Kong," *International Journal of Quality & Reliability Management*, Vol. 15, No. 2, pp. 54-60.
  37. Martin, L. L.(1993), *Total Quality Management in Human Service Organizations*. London: Sage Publication.
  38. Mandal, P., Howell, A., and Sohal, A.(1998), "A Systemic Approach to Quality Improvements: The Interactions between the Technical, Human and Quality Systems," *Total Quality Management*. Vol. 9, No. 1, pp. 79-100.
  39. Morgan, C. and Murgatroyd, S.(1995), *Total Quality Management in the Public Sector*, Buckingham Phil.: Open University Press.
  40. Noronha, C. and Dahlgaard-Park, S. M.(2003) ed., "Quality Management: Learning from Failures," Special Issue. *Euro Asia Journal of Management*, Vol. 13, No. 2.
  41. Oakland, J. S.(1999), *Total Quality Management*, Butterworth-Heinemann.
  42. Poksinska, B., Dahlgaard, J. J., and Antoni, M.(2002), "The State of ISO 9000 Certification - A study of Swedish Organizations," *The TQM Magazine*, Vol. 14, No. 5, pp. 297-306.
  43. Poksinska, B., Dahlgaard, J. J., and Eklund, J.(2003), "Implkementing ISO 14000 in Sweden: Motives, Benifits and Comparisaons with ISO 9000," *International Journal of Quality & Reliability Management*, Vol. 20, No. 5, pp. 585-606.
  44. Quality at your service(1999), Promentor Management AS.
  45. Quazi, H. A. and Padibjo, S. R.(1997), "A Journey Towards Total Quality Management through ISO 9000 Certification - A Singapore Experience," *The TQM Magazine*, Vol 9, No. 5. pp. 364-71.
  46. Russell, S.(2000), "ISO 9000:2000 and the EFQM Excellence Model: Competition or
-

- co-operation?" *Total Quality Management*, Vol. 11, No. 4-6, pp. 657-665.
47. Shafritz, J. M. and Ott, J. S.(2001), *Classics of Organization Theory*, London: Harcourt College Publishers.
  48. Svensson, L.(2002), "Bakgrund och utgångspunkter," I Svensson, L. *et al.* (ed.) *Interaktiv forskning för utveckling av teori och praktik*, Arbetslivsinstitutet: Arbetsliv i omvandling 2002. 7.
  49. Taylor, W. A.(1995), "Organisational Differences in ISO 9000 Implementation Practices," *International Journal of Quality & Reliability Management*, Vol. 12, No. 7, pp. 10-28.
  50. Tsiotras, G. D. and Gotzamani, K. D.(1996), "ISO 9000 as an Entry Key to TQM: The case of Greek Industry," *International Journal of Quality & Reliability Management*, Vol. 13 No. 4, pp. 64-76.
  51. Vloeberghs, D. and Bellens, J.(1996), "Implementing the ISO 9000 Standards," *Quality Progress*, June, pp. 43-8.
  52. Weick, K.(1979). *The social psychology of organizing*, Reading, Mass.: Addison-Wesley.
-