A DEMOCRTIC LEADERSHIP TO SUSTAIN THE SUCCESS OF TQM: THE CASE OF A SRI LANKAN PUBLIC HOSPITAL

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ABSTRACT

The purpose of this paper is to examine the research issue of how TQM implementation of an organization is accomplished within its cultural change. The issue is examined and discussed in relation to how Japanese 5-S based TQM implementation of a Sri Lankan public hospital was accomplished within its cultural change. By adopting the case study research strategy with multiple data gathering techniques and qualitative data analytical methods, the paper reveals that culture change process of the hospital has taken place through its 5-S based TQM activities implemented in 2003. It was that the democratic leadership type communication of the CEO of the hospital has initiated its culture change process with the TQM implementation. The hospital has won a national quality award in 2003 for its service performance improvement by practicing Japanese 5-S based TQM activities. However, the hospital has not continued its TQM success for a long period. This was because of the personal values of the CEO as a whole were not sufficient to maintain the ideal type/democratic type communication with different employee categories (i.e., divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) them to engage in the TQM implementation with high integrity for a long period. Although the CEO's personal values comprised both teamwork and openness values which enabled the integration of TQM activities within the hospital in short-term, the CEO lacked the responsiveness, forgiveness, practical orientation, and continuation values. Consequently, the CEO was not able to continue the culture change process of the hospital towards its TQM implementation for a long period. The paper also reveals that the national culture values of Sri Lanka considered for this study have constrained personal values of the CEO within the hospital context of TQM implementation.

Key words: Democratic leadership type communication of the CEO, 5-S based TQM activities, National culture values of Sri Lanka, Sri Lankan public hospital, TQM implementation

1. INTRODUCTION

1.1. BACKGROUND AND PURPOSE

During the last two decades, successive governments in Sri Lanka tried to fulfill their obligations by improving the health care provisions in the preventive and curative sectors. The preventive health service areas were reformed to serve more people. Many hospitals were upgraded in the remote areas. The health sector reforms taken place in 1994 onwards. They provided opportunities to establish District General Hospitals in each district to provide basic specialized services. Training of health

personnel was intensified. Medical and paramedical staff was appointed to many hospitals. The intensive care facilities and laboratory services were expanded with appropriate technology (Ministry of Health, Sri Lanka, 2005).

However, with all these commitments of the Ministry of Health, certain major deficiencies are identified in services provided by Sri Lankan public hospitals.

- Some hospitals do not provide services focusing on expectations of the patients
- Services provided by the hospitals are not attractively presented to the people
- Many hospitals ignore the non-health expectations of people such as basic human needs, dignity, kindness and compassion, communication with patients and their relatives, and prompt attention in emergency care
- There had been numerous complaints on deaths and/or disability of patients due to inappropriate care of hospitals

Even though the public hospitals provide valuable services to the public, those services are not well recognized by the public. However, many Sri Lankan public hospitals have taken their own initiatives to improve the services by way of improving infrastructure, reviewing monthly performance, preparing manuals and guidelines, initiating productivity improvement programs, and so on.

The above mentioned service quality management problem of Sri Lankan public hospitals is mainly because of that they are administered within a set of rigid rules and regulations posed by the Ministry of Health, Sri Lanka. Staff members for the hospitals are allocated by central and/or provincial ministries of health. Hospital managers rarely enjoy the authority to recruit personnel. Shortages of staff positions exist in many categories of staff. The remuneration packages of staff hardly stimulate improvement of service performance of the hospitals. In general, work environment of public hospitals also seems to be unsatisfactory for employees (Ministry of Health, Sri Lanka & Japan International Cooperation Agency, 2003).

The above mentioned issue was further addressed with some national culture values of Sri Lanka since most of them seem to be less attractive to implement innovation methods like TQM implementation in Sri Lankan organizations. With a cultural perspective, Nanayakkara (1999) examines on culture and management in Sri Lanka in order to understand the managerial behavior of Sri Lankan organizations. For this purpose, the author identifies:

- Dependence
- Lack of self-confidence
- Accepting status quo
- Work as means
- Respect for authority
- Attitude toward opposite sex, and
- Lack of system and perfection as major cultural values of Sri Lanka.

Studying on new management systems (NMS), some scholars (Samarathunga & Bennington, 2002; Gunathunga, 2003; Wickramasinghe & Hopper, 2005; Wickramasinghe et al., 2004) find that NMS implemented in the public sector organizations in Sri Lanka seem to be only technical, rather than they are managerially meaningful to the organizations. According to the authors, the issue is mainly due to the political bureaucracy and poor administrative set

up of the Sri Lankan public organizations that discourage their NMS implementation.

Opatha (2001) find that politicization and multiplicity of labor unions have become two major obstacles to create and maintain good industrial relations in Sri Lankan organizations. Consequently, on one hand, labor unions face difficulty to accomplish benefits to their members and on the other hand, the managers of the affected organizations find difficulty in making strategic decisions such as automation, rationalization, and technological change.

Although the above mentioned rigid administrative set up of Sri Lankan public hospitals and national cultural background of Sri Lanka seem to be less supportive to new management implementation of public hospitals in Sri Lanka, some Sri Lankan public hospitals have been well recognized by the public for their responsive services. As a key example, a Sri Lankan public hospital, Hospital D (anonymously) which has been practicing Japanese 5-S based TQM activities has won a national quality award for being more responsive to the public demands.

Therefore, based on the above mentioned background, this study was given motivation to examine the TQM implementation effort of the said hospital. However, it was understood that an innovation effort like TQM implementation in an organization needs to be studied within a longer range because it is seen as a historically and culturally constructed phenomenon. Further, such an effort is gone through the attempt of culture change in the organization.

As far as the present study concerns, the attempt of culture change was seen as a big challenge to the hospital when it implements TQM. This challenge is mainly because of the different employee categories (i.e., different subcultures[1]) belong to the hospital, which are assumed to be difficult to integrate towards the TQM implementation.

Thus, the purpose of this study was to examine how TQM implementation effort of the selected Sri Lankan public hospital has been accomplished within the attempt of changing its culture.

1.2 METHODOLOGY

1.2.1 THEORY AND PERSPECTIVE

Most existing studies on TQM (e.g. Dale, 1994; Kaye & Anderson, 1998; Kaye & Dyason, 1995; Kroslid, 1999; Padhi, 2000) assume that culture of an organization can easily be changed to practice TQM. But for postmodern and critical researchers (e.g. Martin, 2002; Martin & Frost, 1996; Deetz, 1996; Willmott, 1993; Kunda, 1992), organizations are understood with cultural manifestations in multitude ways hence cultural manifestations are best understood not as a unitary whole, but as a mixture of subcultures at different levels of an organization. Addressing this theoretical issue, the culture change process of the selected Sri Lankan public hospital within its 5-S based TQM implementation was investigated theoretically using the "ideal type communication principle" of Habermas (Habermas, 1984, 1987).

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[1] Culture levels of the hospital were identified at its managerial and non-managerial levels. The managerial level consists of the director (the CEO) and divisional heads. The non-managerial level consists of both professional and non-professional staff categories. The professional staff category comprises the doctors, nursing sisters and nurses, paramedical staff, and midwifery staff. The clerical and support staffs represent the non-professional staff category. All these employee categories were identified as different subcultures/different mind sets belong to the hospital.

1.2.2 RESEARCH STRATEGY

The case study research method (Yin, 2003) was used as the vehicle of conducting and presenting this research. Hospital D was selected as the case, in which the empirical work was carried out.

1.2.3 APPROACH TO DATA GATHERING

The primary data of the study were gathered through direct observations, short-time interviews, obtaining documentary evidence, participative observations, and in-depth interviews (Yin, 2003) to understand the quality management history, democratic leadership type communication system, culture, TQM practices, and employee behavior of the hospital.

1.2.4 APPROACH TO DATA ANALYSIS

A significant part of data analysis was done using qualitative data (Yin, 2003) by examining how Japanese 5-S based TQM activities have evolved within the hospital over time. On the other hand, the data gathered from interview transcripts, field notes (data gathered during the direct and participative observations), and other documentary evidence were also reviewed and analyzed to understand the research phenomenon deeply in specific to Hospital D. In particular, it was examined how different employee categories (i.e. director/CEO, divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) of the hospital have engaged in the 5-S based TQM activities as different subculture groups.

2. THE CASE

The Hospital D (Hospital D here in after) is a very old public maternity hospital in Sri Lanka. It has continued to provide routine health care services in Obstetrics & Gynecology for the country. During the initial years, it consisted of 22 beds and provided for 52 births. At present, it is being a large-scale maternity hospital in Sri Lanka provides care for around 14,000 maternal cases annually, most of which are of high risk nature. Along with the introduction of a wider range of services, efforts have been made to improve the quality of care of the hospital within its limited resources.

During its long history, Hospital D has functioned as a governmental hospital in Sri Lanka within its traditional administrative systems and measures. Hence, major deficiencies of public hospitals in Sri Lanka described in the preceding section were seemed common to Hospital D as well. In fact, during the long history, Hospital D culture appeared to be non-integral towards its service performance improvement. The non-integral culture of the hospital was seen with its individualistic work orientation, change oriented risk aversion, short-term orientation, minimum technology for both clinical and administrative activities, and visible that poorly displayed its quality of service. In recent history, a landmark focus on enhancing its quality of care was the implementation of Japanese 5-S based TQM activities within the hospital in 2003.

As benchmarking of the success of Japanese 5-S based TQM practices adopted by another public hospital in Sri Lanka, Hospital D also began to implement 5-S based TQM activities in 2003 as its

modernization effort under the leadership given by the director/CEO[2] then.

2.1. LACK OF DEMOCRATIC LEADERSHIP VALUES OF THE CEO

The introduction of 5-S based TQM activities at Hospital D contributed to change its culture from *non-integral* status to the *integral* status. The democratic leadership type communication of the CEO of the hospital has initiated its culture change process. However, the CEO`s personal values as a whole were not sufficient to maintain the ideal type communication/democratic type communication with different employee categories (i.e., divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) in order to integrate them towards 5-S based TQM implementation for a long period. Although the CEO's personal values comprised both teamwork and openness values which enabled the integration of TQM activities within the hospital in short-term, she lacked the responsiveness, forgiveness, practical orientation, and continuation values.

When 5-S based TQM implementation resumed at Hospital D, its CEO encountered the problem of how the staff awareness and knowledge are matched with the quality management activities. For this purpose, she called a staff survey to be done in order to know the staff awareness of 5-S based quality management activities. The staff survey covered three major techniques: work improvement teams, inter group interactive activities, and general knowledge testing. The staff survey results revealed that although the staff members had enthusiasm about quality management, they did not have enough knowledge about the quality management activities. Then the CEO began to organize team based training programs and other techniques to enhance quality management knowledge of the employees.

The director understood the importance of teamwork. She organized many training programs, guest lectures, seminars, and workshops to improve staff knowledge and skills about 5-S activities. Different employee categories such as doctors, nurses, nursing sisters, Administrative Officer, Accountant, medical officers, midwives, clerical staff, and minor staff participated in these programs. The director tried to evaluate the progress of the training programs mainly through the work improvement teams. Even she personally asked from the employees about the progress (Senior Medical Officer).

The team-based trainings and other activities enabled changing minds of the employees towards the 5-S based TQM implementation gradually. This was actually a result of the CEO's ability to develop a teamwork atmosphere with an open communication environment in which most of the participants could engage in the TQM activities enthusiastically. Most of the employees even were punctual at work and they obliged to go extra miles on the jobs since the new work environment appeared more pleasant to them. The work improvement teams gave them chance to discuss not only the matters relating to work, but also many matters relating to their day to day family life. In addition, both clinical and non-clinical staff members have been motivated towards the changes through the methods such as progress reports, reward systems, and welfare facilities. All

[2] The director/CEO had to resign from the post due to the influence of trade unions.

these have contributed to improve the quality of service of the hospital. As a result, it was able to win a national quality award in 2003 for its service performance improvement by practicing Japanese 5-S based TQM activities.

Hence, at the beginning, the CEO's policy towards 5-S based TQM implementation was evidenced with the employment of a bottom-up approach to get involved the employees in the change with high integrity. But she as the change agent could not approach to address forces against the change. With greater clarity this was evidenced with the negative effect of trade union activities of the employees that undermined the continuous improvement effort. The trade unions belonged to different employee categories (i.e., multiplicity of trade unions) of the hospital such as doctors, nurses and nursing sisters, midwifery and minor staff, and the clerical staff. Most of the trade unions have been politically developed (i.e., politicized trade unions) hence, they could easily overrun the 5-S system initiated by the CEO. In this scenario, the CEO was not able to maintain the ideal type/democratic type communication with the employees who were also the trade union members. The personal values of the CEO (although the CEO had teamwork and openness values, she lacked the responsiveness, forgiveness, and continuation values) were insufficient to maintain the ideal type/democratic type communication with the employees and to tackle the politically developed trade union influences effectively.

At the beginning of 2003, different employee categories, including the nursing staff members and doctors began to support the 5-S activities enthusiastically. Most of the 5-S activities were communicated to the staff members through exercises and contests organized by the director. The employee response to those activities was very positive at the beginning. The hospital even won a quality award in 2003. But the situation got changed in 2004. By the end of 2004, almost all the employees, including the doctors went against the 5-S program and finally they influenced the director to resign from her post (A Nursing Sister).

The investigation as a whole helps understand the salient feature of communicating the TQM implementation to different employee categories to engage in the implementation process with high integrity. It highlights the importance of having democratic leadership values: teamwork, openness, responsiveness, forgiveness, practical orientation, and continuation as a whole to overcome the employee resistance to TQM implementation. Hence, leadership competency of the CEO of Hospital D was not sufficiently evidenced to maintain the ideal type/democratic type communication with different employee categories (i.e., divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) them to engage in change with high integrity. Although the CEO was able to change the culture of hospital from *non-integral status* to the *integral status* for a short period (i.e., 2003 to 2004) she was not able to sustain the culture-TQM integration for a long period.

2.2. NATIONAL CULTURE VALUES CONSTRAINED PERSONAL VALUES OF THE CEO

It was indicated that culture of the hospital was changed from *non-integralstatus* to the *integral status*. It was mainly through democratic leadership type communication of the CEO. The democratic leadership values of the CEO: teamwork and

openness have contributed to change the *non-integralculture* values: individualism, change oriented risk aversion, and short-term orientation of the employees at a greater extent. Consequently, the *integral culture* was created with teamwork, change oriented risk recognition, and long-term orientation values of the employees. On the other hand, it was indicated that although the CEO has reflected both teamwork and openness values, she lacked the responsiveness, forgiveness, practical orientation, and continuation values. Hence, she was not able to maintain the ideal type/democratic type communication with different employee categories (i.e., divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) them to engage in the TQM activities with high integrity for a long period. The politically developed trade union activities (influenced by different employee categories, including the doctors) have constrained the CEO's personal values. The labor unrest that has taken place in the hospital even caused to remove the CEO from the office at the end of 2004. As a result, the hospital was not able to continue the success of its TQM implementation after then.

The director was capable and even more corporative with the employees when she began to introduce 5-S methods those days. Most of the patients also satisfied about the activities and some of them gave souvenirs to the management and workers when they left the hospital. But most of the times, the director was not in a good mood at the staff while she tried to command the staff unnecessarily. Even she got use to strict on the doctors and to check their time schedules and assigned them more and more tasks. This went wrong day by day and the attitudes of most of the employees were not supportive to the 5-S activities. The situation got worse in 2004 and almost all the employees gathered against the director. The employees began to influence the director through different trade unions for which they belonged. The director had to resign from the post in 2004 within the pressure (Record Room Officer).

Within this context, it was noted that personal values of the CEO: teamwork, openness, less responsiveness, less forgiveness, less practical orientation, and less continuation as a whole have been constrained by the selected national culture values of Sri Lanka (mainly by political bureaucracy and poor labor relations). Due to the lacking parts of the CEO's personal values (i.e., lack of responsiveness, lack of forgiveness, lack of practical orientation, and lack of continuation values), she was not able to overcome the negative aspects of the national culture values of Sri Lanka. Consequently, the CEO was not able to continue culture change process of the hospital at the stake of its TQM implementation for a long period. Hence, the role of national culture values of Sri Lanka has become more powerful than the role of personal values of the CEO in changing culture of the hospital towards its TQM implementation.

3. DISCUSSION

The TQM implementation at Hospital D revealed one of the major facts. It pertains to personal values of CEO of the hospital (i.e., teamwork; openness; lack of responsiveness; lack of forgiveness; lack of practical orientation; and lack of continuation). The CEO`s personal values as a whole were insufficient to maintain the ideal type/democratic type

communication with different employee categories (i.e., divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) them to engage in 5-S based TQM activities with high integrity for a long period. This prevented the CEO from overcoming forces against the change that came from internally as well as externally. The CEO's bottom-up management approach was not sufficient to deal with her change effort continuously. This prevented mind change of the employees to engage in the TQM implementation process with high integrity for a long period. Hence, the core strategy employed by the CEO has not supported the other strategies of change she employed such as executing educational and training programs, enhancing employee involvement in decision making, creating a new organizational culture with small group activities and teamwork, introducing new policies and procedures to reward the employees, and executing evolutionary changes which could have easily be accepted by the employees. All these facts as a whole do not resemble an appropriate behavioral or organizational development approach that the CEO should have employed in line with her TQM implementation effort in the hospital.

However, the successful TQM implementation period at Hospital D has contributed to experience its best service performance improvement in 2003. Consequently, it was able to win a national quality award in 2003 for its service performance improvement by practicing Japanese 5-S based TQM activities.

But the quality management success of the hospital has not been sustained for a long period. The rigid administrative set up of public hospitals in Sri Lanka (Ministry of Health, Sri Lanka, 2005; Ministry of Health, Sri Lanka & Japan International Cooperation Agency, 2003) has influenced the employees of DAH to embrace such rigid organizational structures and rigid thinking, when they engaged in the 5-S based TQM activities.

Further, the selected national culture values of Sri Lanka (Nanayakkara, 1999; Samarathunga & Bennington, 2002; Gunathunga, 2003; Wickramasinghe & Hopper, 2005; Wickramasinghe et al., 2004; Opatha, 2001) have also influenced the employees to have ingrained schemas that prevent them from being able to function in new ways continuously. Hence, they had not faith and integrity in the superiority of common purpose as a personal aim to participate in the change process for a long period. Therefore, the case analysis of DAH argues that providing different employee categories an ideal type/democratic type communication with a bottom-up approach by the leadership at top is essential to successfully integrate a change effort like TQM implementation within the organizational boundary of public hospitals in Sri Lanka for a long period.

4. CONCLUSIONS

The purpose of the study reported in this paper was to examine how TQM implementation of a Sri Lankan public hospital is achieved within the attempt of its culture change. The paper summarizes the related findings as follows. The culture change process of the hospital has taken place as a result of its Japanese 5-S based TQM activities implemented in 2003. However, the democratic leadership type communication of the CEO has initiated the culture change process. But the democratic leadership type communication of the CEO has not functioned as an intermediating factor for the culture change process

for a long period. Although the CEO has reflected both teamwork and openness values, she lacked the responsiveness, forgiveness, practical orientation, and continuation values. Hence, she was not able to maintain the ideal type/democratic type communication (Habermas, 1984, 1987) with different employee categories (i.e., divisional heads, doctors, nursing sisters and nurses, paramedical staff, midwifery staff, clerical staff, and support staff) them to engage in the 5-S based TQM activities with high integrity for a long period. Hence, the CEO's management approach was not fully bottom-up oriented and it has not continued the mind change of employees towards the TQM implementation for a long period.

The successful TQM implementation period of the hospital has contributed to improve its service performance in 2003. In 2003, most of its service performance rates have been improved better than the relevant national figures of Sri Lanka. Consequently, it won a national quality award in 2003 for its service performance improvement by practicing Japanese 5-S based TQM activities. But the TQM success has not been sustained for a long period. This reinterprets the previous evidence on public hospitals of Sri Lanka (Ministry of Health, Sri Lanka, 2005; Ministry of Health, Sri Lanka & Japan International Cooperation Agency, 2003).

The selected national culture values of Sri Lanka for the purpose of the present study (i.e. dependence, lack of self confidence, accepting the status quo, work as means, respect for authority, lack of system and perfection, political bureaucracy, and poor industrial relations) have constrained the personal values of the CEO. Hence, personal values of the CEO have not impacted on the culture change process of the hospital for a long period. Consequently, the CEO was not able to continue culture change process of the hospital at the stake of its TQM implementation for a long period. This was mainly because of that the CEO's personal values as a whole were not sufficient to maintain the ideal type/democratic type communication with different employee categories them to engage in the TQM implementation process with high integrity for a long period.This reaffirms the previous evidence on national culture values of Sri Lanka (Nanayakkara, 1999; Samarathunga & Bennington, 2002; Gunathunga, 2003; Wickramasinghe & Hopper, 2005; Wickramasinghe, et al., 2004; Opatha, 2001).

To overcome the limitations of the present study, future studies on the topic need to be conducted as comparative cases and survey research and in particular, they may examine the role of democratic leadership in TQM projects implemented in other industries in Sri Lanka as well.

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