Quality Management in Social Service Organizations

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Abstract: Due to the changed political situation at the beginning of the nineties a Quality – Boom started in Germany at all levels of the economy. Scientific research couldn’t answer the question whether – if so, how - the use of Quality Management changed the management of social services organizations. The present paper focuses on the following question: How does the use of quality management can improve the activity of social service organizations? To reduce the complexity of this issue, it seems obvious to select a particular perspective: the experience of executives, the ones who play a central role in quality management matters. Overall, it seems this obvious, not to focus this paper on monetary effects. The practical relevance of article should therefore be formulated as a provisional working hypothesis: from the combination of the different perspectives should be proved that quality management - regardless of which system or what "quality philosophy" it operates – must be seen as positive effects on this very important sector of social service organizations.

Keywords: quality management, social services, social management, non-profit organization

JEL classification: I12, J17, M10

Introduction

In the social matters we can determine three major trends that create the authoritative framework for the use of different approaches of quality management.

First, the existing resources are becoming increasingly scarce; resources are reduced or are constantly threatened by cuts. Even the so-called Non-profit organizations (NGO) must justify their allocation of resources against various stakeholders (donors, legal requirements, and client). This could only be achieved through a prudent use of resources and by the systematic description of revenues and expenses.

Secondly, the time of the supposed monopolies seems to be ended. A market-like situation has developed in the social area. The needs and the related tasks have become more and more differentiated. The resulting competition between the different providers in recent years becomes more and more a reality; there is hardly a "protected" area.

Third, due to rapid changes the organizational forms (mainly towards process management) are facing increasing pressure to change. The internal structural changes
also alter the management functions at all levels. Above all, the management tasks that are close to the client are increasingly complete: In addition to the professional responsibility are also increasingly the individual responsibility, responsibility for costs and the organizational responsibilities.

As Donabedian underlines in 1988, social care services provide help with intimate tasks such as washing and dressing, which require the ‘consumer’ of care to act as a co-producer of their own care and to interact closely with the service provider. Understanding this collaborative aspect of social care and the central role of the career service user relationship in defining the unit of production and consumption of care is therefore fundamental to assessing effectively service quality. By focusing on this relationship as the object of quality measurement, we ensure that assessments of quality are not divorced from the practice of caring, which has been a critique of some early quality assessment systems for social care. This focus also excludes from quality assessment aspects such as equity, efficiency and accessibility which are perhaps better considered as indicators of 'aggregate' performance of the support system in general, rather than defining the quality of the care worker-service user relationship. These service-related aspects can be used therefore to evaluate the service rather than assess the quality of social care.

**Quality Concept in Social Management**

Discussions about "quality" in the social sector presents different conceptual challenges. "Quality" it is sometimes to quite different things. German Researchers presents multi-perspective understanding of quality. The quality does not exist, and thence some authors reject any definition monopole on what quality is. The multiple perspectives result from the different views of the stakeholders as recipients, carriers, financier in their own activity. For this purpose, the German researcher Beywl choose some dimensions of quality that can be discussed in social services matters (presented below in Figure 1). He describes with adjectives these different dimensions of quality: most beneficial, cheap, exceptionally, best fit.

The experience of the researcher shows that especially the "Extraordinary" adjective must be underlined in quality management discussion in social sector. The farther but then discussed "in depth", the more also get the different perspectives of quality, coupled with the views of the top developments outlined in the environment. The confrontation and the struggle for a common understanding of quality stand at the beginning of the implementation of quality management system.

Furthermore we distinguish between the concepts of quality of care and of quality of life. First, the concept of „quality of care “include service accessibility, accountability, attitudes and behaviour of staff, continuity of care workers, fluid communication of changes in care, flexibility of the service to meet changing needs, privacy and dignify, reliability and responsiveness of care workers, and skills, knowledge and trustworthiness of staff. Secondly, „quality of life “concept is associated with services include the extent to which they help improve users' health and physical functioning, they meet basic physical needs with activities of daily living, they guarantee personal safety and security, ensure a clean and tidy environment, help users stay alert and active, provide access to social contact,
ensure users are in control of their life, maximize autonomy, skills, morale and self confidence, and assist users coming to terms with impairment. One of the most important researchers in social management, Donabenian stress that in addition to these items, service managers and policy makers frequently include additional aspects such as efficiency and equity as essential components of a high quality service.

Social Care Organizations

All organizations that are not settled the public sector but rather as private entities, have a minimum level of formal organizational structure and they don’t distribute profits, can be consider as non-profit organizations. These include associations, federations, chambers, churches, clubs, and parties. One of the main areas of responsibility in this case represents the social work with its diverse services to disabled, old and in need of care people and marginalized groups. These services are included within the framework of service organizations. The organization theorist and consultant F.Glasl differentiates between three types of organization apart:

The **product organization**: their characteristic represents the output of material goods. You can predetermine and describe the quality of their products with the highest probability. The customers are separated by the trade from the organization.

The **service organization**: it is characteristic that the output of the organization consists in a process in which, a product will be delivered only when the customer is able to receive it. The "production" of services and their "consumption" are considered together (unoactu principle). In contrast to the product organization we don’t meet the delivery from stock. Therefore, service providers are trying to influence their customers so that they'll take
advantage of the service, when spare capacity is available. For clarity, further examples: airlines, cinemas, car rentals etc.

The professional organization: the output has a uniqueness character; it can be delivered only once and fits only to one client. So a psychotherapist will be acting on the individual conditions of his patient. A "product off the shelf" is here not grateful, if a cure or alleviation of suffering is to be achieved. The same applies to hospitals, architects and similar organizations. The professional service provider must bring a lot of knowledge and skills in a creative way in the performance process, to act in a particular situation. The practice of professional service providers is characterized by large autonomy, self-responsibility and high professional ethics. A few more examples are: Dentists, probation, life and social counseling etc.

In the latter type of organization we can include the social service organizations, whose actual value creation process is taking place inside the customer. Many signs of recovery, well-being take place in the area of care of the elderly and seriously ill people or people with disabilities. In addition, many services are visible only much later that the order. Thus, the specific issue of assessment of quality seems to unlock the entire social sector.

Conclusion

From the very beginning, the discussion about quality management of social services has been determined from contradictory aspirations. A strange mixture capable of incompatible pairs of concepts indicates the reasons for the introduction of quality management in the field of social services. There are set forth for an austerity situation, on the other hand it is argued with the need of consumer protection for clients; curbing inflation is claim as necessary as the sovereignty of the users; the one expect to work easier through greater efficiency, the other feared unnecessary overtime by a growing bureaucracy; the standardization of workflows interpret as a relapse into Taylorization world of labour, while the others believe to recognize an increasing humanization of working life with respect to employee satisfaction. Finally, "Total Quality Management" means the ability to continuously self-improvement. What hidden theory is control as a guideline, the work at the end will depend on those who develop the quality management on their part. The great opportunity for social work could be to develop the methodological action through the medium of "Quality Management" section at the end.

The current developments in quality measurement come at a time of profound change in the delivery of social care services, with the introduction of new form so fconsumer-directed support and the transformation of adult social care around the personalisation agenda. Despite a relatively low take-up currently, consumer-directed care continues to receive support from policy-maker sand is expected to become the main mechanism for commission in services in the coming years. It is likely that over the next few years, tighter public spending budgets will encourage the development of quality measures as governments are challenged to prove to tax-payers that they can do more with fewer resources.
References


