

**THE INVESTIGATING THE SITUATION OF EMPLOYEES' PERFORMANCE ASSESSMENT SYSTEM IN
BASED ON ORGANIZATIONAL EXCELLENCE MODEL (EFQM)
(CASE STUDY: THE MEDICAL AND TRAINING CENTER OF IMAM HUSSEIN)**

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ABSTRACT

Hospital centers are the basics of health systems in each country, and many concerns of ruling system in the area of health are manifested in these centers. Reforming health system will not be possible without dealing with these centers, improving and promoting their performance. Evaluating the organizational performance is: "investigating the weakness and strength of an organization performance based on a certain parameters, measures and standards in a certain period of time in order to detect deviations and do corrective actions". Therefore, the main purpose of this study is to determine to what extent the performance of hospitals consistent with the available dimensions by considering the implementation of organizational excellence model in Imam Hussein (AS) center. This study is an applied research and is considered as descriptive-survey studies. The statistical population of this study included 278 personnel of Medical and training center of Imam Hussein Hospital (AS) in 2014. They were selected randomly. The instrument for for data collection was the standard questionnaire of EFQM which was modified. The validity of this questionnaire was confirmed with the help of professors and experts and its reliability was determined by the use of Cronbach Alpha's coefficient. Data analysis was done in nine areas based on SPSS software. The findings showed that the variables of policy and strategy, processes, customer outcomes, personnel outcomes, population outcomes and key performance outcomes are in a very good condition, since the mean of these variables has the significance difference of 3 on the 5-points Likert scale and their mean is in the range of 4 and 5. But the variables of leadership, personnel and partnership, and resource were respectively in low, high and high condition. Assessment results based on the Excellence Model of EFQM was led to present some suggestions to hospital in relation to changing leadership, changing the way of distributing bonus and rewards, enhancing the collaboration with related organizations to promote the quality and quantity of services as well as increasing the number of articles.

Keywords: performance assessment; Excellence Model of the European Foundation for Quality; Hospitals.

1. INTRODUCTION

These models as a comprehensive tool and holistic approach to all aspects of the organizations help managers to know their organizations more accurately. In comparison to other models of organizational performance assessment, the use of these models is much faster and will have good outcomes. The main reason for this is the lack of need to design and implement complex systems of performance measurement and the high flexibility of these models (due to rapidly changing conditions inside and outside of the organization). In these models, a set of measures for organization assessment and guidelines for assessment have been presented (Camison,1996). These models not only enable an organization to assess its success in implementation process in different periods of assessment, but also provide an opportunity for organization to compare its performance with other organizations, especially the best ones(Castresana& Fernández,005).

Although in many organizations, the results and scores of self-assessment are used for comparative studies or reward grants, but the final output of self- assessment is to identify opportunities and areas of improvement. Scores are only a byproduct. Indeed, if self-assessment is implemented accurately, a true picture of the current state of organization will be presented. In continuation the implementation of corrective actions and improvement projects leads to the growth and development of the organization. Thus, naming self-assessment models as excellence models or quality awards is appropriate and justifiable (EFQM, 2003).

Therefore, the organizational excellence model of EFQM helps organization to take effective steps to improve efficiency and effectiveness in all aspects and to provide the satisfaction of customers and stakeholders. This model provides an equal opportunity for learning and creativity by personnel partnership and involving them in affairs, so that it guarantees the success of organization in the long-term (Steed, Maslow & Mazaletskaya, 2005).

By implementing this model in the healthcare sector, the activities of this sector will be in the framework of a certain pattern, which also means creating a common language for changing the situation. Besides, there will be a possibility for organizations to self-assess, compare the activities of health agencies, provide feedback and ultimately fulfill the mission of health care sector(Hakes, 2007).

Reviewing the goals of organizational excellence models which include encouraging a systematic self-assessment, providing a close cooperation between organizations, encouraging information sharing, promoting awareness of quality requirements and stimulating organizations to use the process of quality management improvement, illustrates the importance of using such model for the health sector to achieve the above objectives and fulfill its mission (Hakes, 2007).

Great deal of research has been done in this field at home and abroad, such as the assessment of several local hospitals, including the effect of using this method in German hospitals .

1.1 Studies which have been done in the Iran

The research of Yunesi far, Shahin and Zayei(2012) is based on the standard questionnaire of EFQM organizational excellence model. The sample size was 302 people. The results show that Sahid Sadughi hospital has the score of 185/41 out of 500. This indicates that this hospital is not in the desired level.

Abtal, Yarmohammadian, Siyadat, Hoveyda, and Yazdani (2011) implemented this model in Imam Musa-Kazim hospital of Isfahan. This hospital devoted the score of 590 to itself. Finally, the implementation of this plan led to preparing an information system of the strengths and weaknesses in 9 hospitals.

The research of Ghazvini, Shah Ebrahimi , Nazari, Moradi , Kelleher(2010) was based on the standard questionnaire of EFQM organizational excellence model. The questionnaire was completed by all managers of ShahidRajjaji hospital. The hospital achieved 183/99 points out of 500 (36/88 percent of the desired score) in empowerments and achieved 183/71 points out of 500 (36/75 percent of the desired score) in outcomes. In total, the hospital obtained 366/7 points out of 1000 points in the model of performance assessment in 2010. The finding of this study showed that this hospital is in the middle rank concerning the criteria of excellence model

The study of Parham, Fotouhi, Jandaghi, and Alipour Nadooshan (2011) used a descriptive-cross-sectional method. The scores based on the ninth measures of the model were obtained as leadership 48.4%, policy and strategy 44.9%, personnel 48.6%, recourses and participation 49.5%, process 46.4%, customer outcomes 42.1%, personnel outcomes 36.6%, population outcomes 44% and key performance outcomes. The highest and the lowest scores were related to recourses and participation and personnel outcomes respectively. The total scores of hospital were calculated 447 out of 1000. Given that the assessment process in the hospitals with Board of Trustees, in addition to the accreditation standards includes the use of this model. Therefore, in this study, the strengths and weaknesses of using this model were identified and some recommendations were presented to the hospital.

1.2 Studies which have been done in the abroad

Delasvutad (2005) conducted a study at the Reina Sofia Hospital. Consequently, by the implementation of organizational Excellence Model in this hospital the satisfaction level of clients increased more than 6/90 percent.

Muller (2001) conducted a study to investigate German medical centers and found that the implementation of EFQM cause 50 percent of all health centers in this country obtain a score between 200-300, while the best score was between 650-750. Ultimately, the obtained result showed that the implementation of this model in medical centers has a good effect on identifying the strengths and weaknesses of hospitals. According to the conducted studies that show the effectiveness of EFQM Excellence Model, the aim of this study was to identify areas of weakness in the first phase based on EFQM Excellence Model in the Medical and Training Center of Imam Hussein Hospital (AS).

2.METHOD

This study is an applied research and is considered as descriptive-survey studies, which was conducted in the Medical and Training Center of Imam Hussein (AS) in 2014. Population of this study included 78 people of the personnel of hospital and the census was conducted. Finally, questionnaires were completed during working group sessions, and interviews with managers and experts. According to the statistical population of this study, simple random sampling was used for sampling. Completed questionnaires were collected. Given that the least acceptable CVR for 15 assessors or experts is 0.44(Mirzai, 2009), thus the questionnaire used as a data collection tool for this study has an appropriate validity. Therefore, we can trust in the validity of this measurement tool.

Table 1: Validity of Questionnaire

C.V.R	The Number of Opposite	The Number of Compliant	The Number of Questions
1	0	15	6·5·4·3·2·1 43·42·41·40·13·36·35·31·32·30·29·28·12·11·10·9·8·7 ·59·58·57·56·55·54·53·52·51·50·49·48·47·46·45·44· 73·72·71·70·69·68·67·66·65·64·63·62·61·60
0/86	1	14	23·22·21·34·33·20·19·76·75·74·18·17·16·15·14
0/73	2	13	39·38·37·36·35·77·29·28·27·26·25·24

Questionnaire validity was calculated by the use of SPSS software package Version 19 under Windows.

To measure the Cronbach's alpha, SPSS software was used. For this purpose, an initial sample including 30 questionnaire were pre-tested. Then by the use of obtained data from these questionnaires, the reliability coefficient was calculated by Cronbach's alpha.

Table 2: calculation of questionnaire validity by Cronbach's alpha in pre-test

Cronbach's alpha Of Dimensions	Cronbach's alpha of Variables	Dimensions	Variable
0.83	76.9	Leadership	Empowerment
	74.4	Policy and Strategy	
	79.2	personnel	
	75.9	recourses and participation	
	74.0	process	
0.89	89.1	customer outcomes	Result
	79.2	personnel outcomes	
	75.7	population outcomes	
	74.43	key performance outcomes	

3. FINDING

3.1 Descriptive Statistics of Research

Table 3: Subjects' profile

		Sample size	Frequency Distribution (%)
Gender	Male	140	49.8
	Female	138	50.2
	Total	278	100
Age	Below 20 years	103	37.05
	21-30	110	39.6
	31-40	57	21
	higher than 41	8	2.35
	Total	278	100
Education	Under M.A degree	27	9.71
	M.A degree	182	65.47
	PH.D degree	69	24.82
	Total	430	100

3.2: Inferential statistics

A study of Single Variable Normality

After determining descriptive statistics, measurable variable of the model are needed in this phase of research to specify the normally distributed variables. To illustrate the normally distributed variables, single variable normality test, Kolmogorof-Smirnov, was used.

In fact, we try to test the following hypotheses for each of the variables in our study.

H₀: Population distribution is normal.

H₁: Population distribution is not normal.

Table4: The tests of studying the normally distributed variables

Significance level	The Z value of Kolmogorov-Smirnov test	indexes
0.005	1.354	Leadership
0.034	1.427	Policy and Strategy
0.000	2.167	personnel
0.000	2.283	recourses and participation
0.000	2.305	process
0.007	1.685	customer outcomes
0.002	1.832	personnel outcomes
0.000	2.246	population outcomes
0.000	1.700	key performance outcomes

The results show the distribution is normal, since the significance level is less than 0.05 which indicates the variables of the study are normally distributed. To study the components of organizational excellence model in the Medical and Training center of Imam Hussein (AS), a single sample t-test was used (which tests the difference between the mean of examined sample and a given value)since the statistical population has normal distribution.

Table5: Studying the component of organizational excellence model

situation	Mean	T	SIG	indexes
Low	2.83	8.892	0.001	Leadership
Very much	4.38	10.126	0.000	Policy and Strategy
High	3.82	8.629	0.002	personnel
High	3.82	8.866	0.000	recourses and participation
Very much	4.27	12.046	0.000	process
Very much	4.89	15.660	0.000	customer outcomes
Very much	4.12	44.747	0.000	personnel outcomes
Very much	4.78	25.553	0.000	population outcomes
Very much	4.83	17.953	0.000	key performance outcomes

4. Discussion and conclusion

According to current population, the following results are derived based on descriptive statistics:

4.1: Gender: based on collected data from questionnaires related to bank employees, 140 males participated in the study. 50.2 % of the sample was belonged to them. 138 females participated in the study, which created 49.8% of the population.

4.2: Age: According to Table2.4,among respondents the majority of people were in the age range of 40-30years, with a frequency of 110 or39.6percent. The least frequency was related to people over the age of50years. They were 8people equivalent to2.35percent of respondents.

4.3: Years of experience: the Frequency Distribution Table 4-3 shows the experience years of respondents. Based on completed questionnaires from respondents who answered the questions related to personnel, the highest frequency in terms of work experience was related to respondents with the work experience of more than 5 years equivalent to 44.62% of the sample. The least frequency was related to respondents with the work experience of less than 1 year which is equivalent to 10.79% of the sample.

4.4: Education: according to Table 4-4, respondents with the degrees of higher-diploma/bachelor (n=182) equivalent to 65.47 percent of the sample included the highest frequency and respondents with the degrees of diploma/below diploma (n=27) equivalent to 9.71 percent of the sample included the lowest frequency.

It is clear that the variables of policy and strategy, processes, customers outcomes, personnel outcomes, population outcomes and the key performance outcomes are in very good condition since their mean has the significant difference 3 (middle rank) in the five-points Likert scale and in the range of 4 and 5. But the variables of leadership, personnel and participation and resources are in the middle and good condition.

All studies done in the field of organizational excellence model is to achieve this goal that the scores obtained from dimensions and components can be measured. This study is done in a center where the above model is implemented and after 6 years of implementing this study tries to examine to what extent the results of the study are consistent with the criteria of organizational excellence model.

The experience of implementing the EFQM model in the health field strongly confirms that this model is applicative in this field, promotes the quality of the organization and even improves the quality of treating patients. One of the positive aspects of EFQM is the possibility to use self-assessment as a motivating activity for managers who participate in it, so that they can identify their strengths and improvable areas and thus improve their organization through a simple system.

The implementation of the organizational excellence model creates a competitive environment for the excellence of active organizations in the field of health, encourage these organizations to perform self-assessment operations, identify the strengths points and areas for improvement, create the required space for the exchange of good practices between active organizations in the health field, strengthens continuous improvement process in active organizations active in the

health field and empowers active organizations in the health field to provide services with better quality.

By self-assessment based on the Excellence Model of EFQM, which is a key process for improvement, we can identify the strengths and opportunities of improvement that helps the imitation activities be concentrated on those fields which have the maximum benefit for the organization. By the implementation of this model in this hospital, the suggested approaches and the follow-up results for these approaches, we can reduce most of the challenges and takes steps toward excellence.

5. SUGGESTION

Based on the information obtained from this assessment, the following actions are suggested to meet the demands of improvement field:

- (1) According to the non-desirability, it is suggested that to investigate whether leaders have illustrated the vision and mission of the organization?
- 2) If the policy is defined, delegation to personnel should be investigated.
- 3) Given the favorable situation of strategy and policy, it is recommended the policies of organization to be updated by considering the changing expectations and demands of stakeholders.
- 6) According to the placard of ministry for non-recruitment, the personnel promotion and retirement are suggested to use hourly forces to confront the lack of labor force.
- 5) With regard to the less desirability of partnership and resource indicator in comparison to other indicators, it is predicted that to provide a mechanism to keep equipments well and increase their life span.
- 6) For an equitable allocation of financial resources, it is suggested that the pay system of subsidies to be reviewed.
- 7) Given the favorable performance of the process, it is suggested that the hospital HIS to be updated regularly and the needed process to be corrected.
- 8) Considering that the satisfaction level of customers is in its best mode, it is suggested that the expectation and demands of customers are derived in defined intervals and the future plans are organized according to these expectations.
- 9) In the case of personnel outcome, it is suggested that the job position and status of personnel to be identified for proper implementation of reward system.

10) Despite the good performance of population outcome indicator to develop the scientific and research scope of hospital, it is suggested that the academic articles to be presented in a broader national and international level.

11) To maintain proper prestige for hospital, it is suggested that the foreign communications with relevant organizations such as municipalities, the County and etc... to be increased by holding conferences and seminars, and concluding joint memorandum.

12) In this regard, given the implementation of health reform plan and the need for reception to respond accurately, it is suggested that hospitals to be equipped with mechanical turn-giving system.

References

1. Camison, C. Total Quality Management in Hospitality: An Application of the EFQM Model, *Tourism Management*, 1996,17(3): 191- 201.
2. Castresana, J.I., &Fernández, R. (2005). Theoretical Foundation of the EFQM Model: The Resource-based View. *Total Quality Management*,16(1), 31-55.
3. EFQM (2003).Self-assessment Guidelines for Companies, European Foundation for Quality Management. Brussels.
4. Hakes, Ch. (2007), *The EFQM Excellence Model*. UK Zaltbommel, Van Haren Publishing, pp.1-15.
5. Steed, C., Maslow, D., &Mazaletskaya, A. (2005). *The EFQM Excellence Model for Developing Quality Management: A British-Russian Journey*. *Higher Education in Europe*, 30(3-4), 307-31