



Standardization of management systems in Spanish care homes

Standardization
of management
systems

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Abstract

Purpose – The purpose of this article is to give a brief introduction to the global phenomenon of standardization of management systems and to analyze the case of Spanish care homes.

Design/methodology/approach – Observation and interviews were conducted with top and middle managers, consultants and employees of UNE 158001 certified Spanish care homes. The paper analyzes the impact of UNE 158001 standards for residential homes for the elderly, the only specific standard for care homes that has been enacted by a European standardization body.

Findings – Those homes which have implemented and certified the UNE 158001 standard point out that the application of this standard has not been difficult, thanks to the prior implementation of the ISO 9001:2000 standard, and also due to the fact that most of the requirements laid down by the UNE 158001 standard were already deemed to be customary according in their systems, with only some “minor” requirements needing change. The reasons behind the implementation the UNE 158001 standard were varied. Thus, some representatives of residential care homes pointed out that the standard was implemented in order to improve the efficiency of the home and/or improve the quality of the service provided. On the other hand, however, there were representatives who claimed that implementing UNE 158001 serves essentially a business purpose – in other words, of an image conveyed on the market.

Originality/value – The paper provides a useful up-to-date conceptual overview for the different agencies interested in the sector, including managers, public administrators and consultants. In addition, the paper provides information for future developments in the sector.

Keywords Standardization, General management, Nursing homes, Spain

Paper type Conceptual paper

1. Introduction

In recent years, the standardization process related to business management systems has speeded up in an economic environment characterized by the marked process of globalization of markets. The implementation of quality management systems based on ISO 9001 has clearly moved beyond the industrial sector and has started to have a growing impact on some service sectors in many European countries, including health and social services. This fact is especially visible in sectors such as residential care homes for the elderly where, until recently, management has not always been highly professionalized.

For the leadership of these organizations, quality management systems could be understood as a set of management tools that can be applied symbolically or substantively (Christmann and Taylor, 2006), and are meant to add a certain degree of systematization and structure to the organization. From another perspective, quality management systems could be understood as a source of great potential, related to human resource management practices that are aimed at improving the performance of the organizations of the health and social care sector (Rondeau, 2007).



The objective of this paper is to analyze the adoption of management system standards to the case of Spanish care homes. For that purpose, empirical research was carried out by means of observation research within the care homes being considered and in-depth interviews with some of their top and middle managers, consultants and employees. In the following section the concept of management system standards is defined. In section three the diffusion process of those standards is briefly described. In section four the Spanish UNE 158001 standard of care homes for the elderly is analyzed. Section five briefly describes the methodology used in the research, and section six summarizes the findings of the research. Section seven documents the final discussion and conclusions of the paper.

2. Standardization and management systems

Standardization can be defined generically as an activity aimed at putting order into repetitive applications which are carried out in the field of industry, technology, science, and the economy (Karapetrovic *et al.*, 2006). Originally, the concept arose to restrict the uneconomic diversity of components, parts and supplies for the purpose of promoting their inter-changeability so as to facilitate mass production and the repair and maintenance of products and services.

There are many classifications of standards and regulations, but in this article, the concept of standardization refers to the difference between technical regulations regarding requirements that certain products or processes have to meet, and standards which spell out how a management system has to be implemented in a specific company. This is what is known as a management system standard. Although most international standards refer to a product or process, highly successful management system standards have been devised which refer to the standardization of very diverse aspects of business activity. These include practices related to quality management, environmental management, occupational risk prevention and safety and hygiene at work, innovation management, and company responsibility. All the standards inherent in these practices have in common a similar methodology for the setting-up, creation, structure, implementation process, and inspection by a third party (Karapetrovic *et al.*, 2006).

A management system is defined as the interrelated set of elements (methods, procedures, instructions, and so on) by means of which the organization plans, carries out, and controls certain activities related to the objectives it wishes to achieve. A management system is nothing more than a map or guide which explains how the company is administered on a day-to-day basis. Such a map defines for us what the organizational structure of the company is (which is then embodied in the organizational chart), what the key processes and procedures of the business are with regard to the area to which the standard refers (quality, environment, prevention of risks at work or innovation), and who assumes responsibility for these processes and procedures. Management systems are therefore based on the basic principles of systematization and formalization of duties.

As we shall see, the international standards which lay down the guidelines for implementing different management systems in an organization are not standards for the fulfillment of an objective or a determined result – that is, they are not performance standards – but rather, are standards which establish the need to systematize and

formalize a whole series of business processes in a series of procedures which are related to different areas of business management.

The fact that a company implements such a standard and that a certain independent certifier audits its implementation and validates it by awarding a certificate, just means that the activities of the aforementioned organization which the standard attempts to regulate are systematized and formalized. Because of this, these standards are very often criticized by the area of management as they result in bureaucratization and excessive rigidity (see, for instance, Seddon, 1997).

3. The diffusion process of management standards

The first management standards to become relatively widespread were those for implementing quality assurance systems originating in the military field (for instance, NATO regulations regarding Quality Assurance, known as the *Allied Quality Assurance Publication*, was one of the pioneers), although the standards which had a greater impact were those passed by large multinational consortiums from the car industry (Dale, 2003). Nevertheless, it was in the mid-nineteen eighties that a phenomenon – initially, entirely European – started to emerge forcefully, namely the dissemination of ISO 9000 standards as a basis for implementing and certifying a quality assurance system in companies.

This is a family of standards created by the ISO, a non-profit-making entity whose purpose is to develop activities related to devising standards. Set up in 1947, the ISO is an organization made up of over 100 member countries, whose aim is to promote the development of standardization, thus enabling the exchange of products and services between countries. It has so far published over 14,000 international standards. It should be stated that ISO is not the only international standardization body: at the European level, special mention should be made of the CEN (Comité Européen de Normalisation), the European state standardization group. On the other hand, each country has their own standardization body (e.g. British Standard Institution in the UK or Aenor, Spanish Association of Standardization and Accreditation).

The first version of the family of ISO 9000 standards was established in 1987, and subsequently revised in 1994 and 2000. By the end of 2005, over 776,000 ISO 9001 certificates had been granted around the world in more than 160 countries in total (ISO, 2006). It should be stated that the implementation of this type of standard is voluntary, even if it is a *de facto* obligatory standard in certain sectors (Karapetrovic *et al.*, 2006).

Even though the first management system standards had emerged in the field of quality, other standards were created later which refer to other different areas of the company such as that of environmental management (with the ISO 14001), risk preventions and safety and hygiene at work (special mention should be made of the ILO-OSH 2001 directives of the International Labour Organization and the OHSAS 18001 standard), and the management of innovation or corporate social responsibility (such as the SA 8000 standard or the working draft of the ISO 26000 standard). As stated, each of these standards has its own methodology in terms of creation, structure, implementation process and verification by a very similar third party certification system.

The impact of ISO 9000 in Spain has been very noteworthy (Heras *et al.*, 2006). Spain holds a leading position among the EU-25 countries – together with France, Italy, and

the United Kingdom. It should also be stressed that although in the beginning certification focused on large industrial companies such as those in the automobile sector, over time these standards have also caught on in small to medium enterprises (SMEs) and in other economic sectors such as in finance, education, health and social services (Heras *et al.*, 2006).

By the end of 2004, there were 1,027 certificates in the field of health services alone in Spain, with 250 certificates in a sector under the heading “Public administrations, defence and social services” (Forum Calidad, 2005). Those organizations receiving certificates include nursing homes, although there is no statistical information about the specific number of total certified homes. Due to this important influence of the management systems standardization paradigm, AENOR launched in year 2000 the UNE 158001 standard.

4. The Spanish UNE 158001 management standard for nursing homes

The UNE[1] 158001 standard is a specific management standard for the residential care home sector for the elderly. It was enacted by AENOR in the year 2000. This is the first standard with these characteristics enacted in an EU country.

As the standard itself states, its purpose is to become “a reference point with regard to all activities carried out by residential care homes for the elderly and to facilitate relations between the customer and the service provided in residential care homes and the rendering of such services by professionals” (AENOR, 2000).

The standard attempts to specify the requirements and the minimum level of service that should be met by residential care homes for the elderly. They do this by referring to the global management of the residential care home system. Management here includes the management of the installations, the management of the provision of service, and management related to the implementation of a quality system.

The UNE 158001 standard is complemented by a further four UNE consultation standards (AENOR, 2000): the UNE 158002 standard (areas and installations of a residential care home); the UNE 158003 standard (facilities and equipment); the UNE 158004 standard (staff skills; training); and the UNE 158005 standard (personnel at residential care homes; categories of work).

The following sections of the UNE 158001 are worthy of mention:

- *Definition of a quality management system for a residential care home.* The standard defines a Quality Management System for a residential care home as “a set of working guidelines which aims to ensure its systematic application in all the services provided”. In addition to the requirement of defining the responsible structure in the field of quality, the standard also establishes the need to devise and document a policy regarding quality, define measurable quality objectives, define actions for improving the services provided and define the duties and responsibilities of staff.
- *Provision of service.* It is one of the sections described in most detail in the UNE 158001 standard. The standard lays down a series of requirements for each service identified: the definition, the service itself, the list of both human and material resources needed, and a specification of the extent of training required by staff at the home.

- *Customer satisfaction assessment and measurement programme.* The standard also includes the obligation to establish a programme of assessment and measurement of the degree of customer satisfaction.
- *Specific care plan for each resident.* Another specific requirement worth mentioning is the need to establish a specific care plan for each one of the residents living in the nursing home.
- *Need for documentation, tailored to the size of the home.* The standard also states that, according to the size of the residential care home, “the management must analyze the advisability of developing the services provided in document form by describing the systems of action of each of the activities.”

5. Method

Although UNE 158000 standards were created in the year 2000, there are currently only seven residential care homes certified in accordance with the aforementioned standard in Spain: four in Castile-La Mancha, and one in each of the autonomous regions of Andalusia, Madrid, and the Basque Country. Six of these certificates were issued in 2004 and one in 2005.

In order to gain knowledge of interest to both the academic and the professional fields, a research project was planned aimed at analyzing the implementation process of the UNE 158001 standard and the results of that process in terms of improvement in the performance of the nursing homes. More specifically, we tried to analyze, on the one hand, whether the quality of the service provided to the residents was improved as a result of the implementation of UNE 158001; and, on the other hand, what the impact of the standard was on the management of the homes, specifically in terms of improvement of leadership.

The methodology that was used in the field research combined both observation by means of visits to the UNE 158001 certified nursing homes and face-to-face or phone interviews with top and middle managers, employees and specialized consultants of those homes. Four certified nursing homes were visited by the researchers, and 22 managers were interviewed. Useful information was compiled from direct observation and interviews. The research was carried out between September 2006 and February 2007.

We do believe that over the course of this extensive field work, a set of information of primary importance was gathered. Some of the main results obtained from our research carried are summarized below.

6. Findings

All the residential care homes that were visited were private and large institutions (the smallest serviced 100 elderly people). One of the homes pointed out to us that the UNE 158001 standard has currently been applied to all the homes belonging to the business group (16 homes, with an approximate capacity of 3,000 beds), although certification has only been requested and obtained for two of them (415 beds).

Those homes which have implemented and certified the UNE 158001 standard point out that the application of this standard has not been difficult, thanks to the prior implementation of the ISO 9001:2000 standard, and also due to the fact that most of the requirements laid down by the UNE 158001 standard were already deemed to be

customary according in their systems, with only some “minor” requirements needing change.

The reasons behind the implementation the UNE 158001 standard were varied. Thus, some representatives of residential care homes pointed out that the standard was implemented in order to improve the efficiency of the home and/or improve the quality of the service provided. On the other hand, however, there were representatives who claimed that implementing UNE 158001 serves essentially a business purpose – in other words, of an image conveyed on the market. In one case, it was also pointed out that the standard was implemented as a result of a decision made at the corporate level.

The residential care homes interviewed do not especially highlight any hindrance or difficulty related to implementation of the standard. As stated, the fact that they have implemented and certified the ISO 9001 standard was founded on previous experience which greatly facilitated implementation of the UNE 158001 standard. Only one of the homes interviewed proved to be very critical with “inconsistencies in the [UNE 158001] standard in terms of facing the reality of residential care homes.”

As far as the main benefits of implementation of the standard, those interviewed mentioned the contribution of the definition and standardization of working procedures and the clear definition of responsibilities and obligations. In general, the degree of satisfaction with the standard was high, and most of those consulted were of the opinion that the standard is going to become widely accepted in the sector in the future.

In this sense, two of the people interviewed talked about the review process which the standard is currently undergoing by a technical committee in which professionals from the sector take part. This review has been motivated essentially by the coming into force and gradual application of the new *Law of dependency* approved by the Spanish Parliament on October 5, 2006, which set up the System of Autonomy and Dependency Care. These individuals were of the opinion that the application of this standard, once it has been reviewed, may become the main reference point for quality in the sector.

Conversely, another manager in charge who was consulted was of the opinion that due to the “high cost” of implementation and certification of the UNE 158001 standard and to the fact that this “is not demanded by administrations, the standard will not extend into the future, and [in the sector] preference shall be given to the ISO 9001:2000 standard”. In short, there is no clear consensus among managers as to what the future holds for the standard.

Interviewed managers and consultants underlined the fact that inspections carried out by both administrations and by conventional audits based on ISO 9001 or UNE 158001, could turn out to have an influence primarily on physical standards, on leadership and human resource management, and on the verification of records, all of which are necessary, but complain that this may stand in the way of other essential aspects of care which really have a bearing on the quality of life for the residents. For example, they underlined that these standards are not aimed at improving the quality of care of the residents as other standards in the field are (e.g. Homes are for living in, Multiphase Environmental Assessment Procedure).

During our visits to the UNE 158001 certified residential care homes we confirmed that all of them complied with the regulatory precepts established by competent public administrations. On the other hand, the ability of the standard to improve the

leadership of the organizations and to improve the human resource practices seems to be really limited, since only the specific requests of the standard are followed, and much more less attention is paid to the spirit of the standard.

What we observed was that employees did not have sufficient training to effectively define and use the working procedures and instructions arising from UNE 158001. In fact, the majority of direct care employees did not view these tools, which attempt to systematize care procedures, as part of their day-to-day work. For instance, in most cases, it was stated that employees set aside specific times during the week for completing different files and records that obligatorily need to be completed in accordance with the quality system. Thus, it was confirmed that direct care employees in general rated UNE 158001 systematization negatively, dismissing it as being “one more job to be done quickly” and being “one more instance of red tape that doesn’t contribute anything,” or considering it as resulting in “tasks that don’t contribute anything to health care for the elderly.”

Many of the managerial improvements which the standard had supposedly provided turned out to be superfluous in certain circumstances. For instance, a suggestions box is taken to be an indicator in any quality system and is also mandatory according to administrative decree; however, in practically all the homes visited, neither residents nor their relatives use the suggestions box. Close contact with personnel means that any suggestions could be expressed directly without recourse to writing – a much “colder” and less straightforward means of communicating.

From neither the general analysis of the UNE 158001 standard, nor from the observation and interviews carried out, can a conclusion be drawn on the influence of UNE 158001 implementation on the quality of care provided by the nursing homes. In our opinion, UNE 158001 may not clearly benefit the quality of care provided in such residential care homes in aspects as basic as personnel ratios, basic care ratios, the use of good practices, or personnel training and skills, since the biggest problem detected in the homes was related to shortcomings in the provision of specialist and direct care personnel and the staff’s limited skills in terms of what is deemed to be appropriate in the literature on the sector, such as the Social Care Association “Staffing Ratios in Residential Establishments” (Lane, 1980). For instance, none of the homes had permanent specialist medical coverage, and basic communication problems with residents’ relatives were also detected.

7. Discussion and conclusion

The standardization of management systems has experienced a real boom in recent years, and its use has been extended to sectors in which there has hitherto not been much of a tradition in that respect, such as the public health sector. Nevertheless, this widespread expansion faces different threats and opportunities in the future.

One of the main opportunities for extending these standards would be linked to the *experience effect*, understood as being the effect which enables organizations to implement and certify these standards with growing ease, given that they are growing accustomed to using them (Karapetrovic *et al.*, 2006). In our opinion this is the main reason for the generation of new management system standards like the Spanish UNE 158001 for the residential care sector.

Many researchers stress that the new orientation towards a more business-like approach in the social service sector is an opportunity to raise professionalism and

customer-orientation, but as several authors have criticized, there is evidence that sector features are not always taken into account (Evers *et al.*, 1997; Porter and Tanner, 1996).

From the field research that we have carried out we conclude that the UNE 158001 standard, like other quality assurance standards such as ISO 9001, may turn out to be positive for the field of residential care homes for the elderly. We draw attention to the capacity for systematization and work method that these models contribute to the sector.

We have evidenced that UNE 158001 standard contributes to the improvement of administrative and management processes, but its improvement of organization's leaderships and human resources practices is more limited, due to the perspective of implementation of the standard of the managers.

On the other hand, the effectiveness and efficiency of UNE 158001 standard is not so obvious in terms of the improvement of quality of care, an area where there exists a long tradition of study based on knowledge gained by people from different disciplines (e.g. gerontology, nursing and social work, etc.), that is not always taken into account by those who develop these kind of standards.

In-depth analysis should be continued in order to ascertain under which circumstances this kind of quality assurance standards improve the leadership and the human resource management of nursing homes and, likewise, to what extent this standards are able to improve the quality of care and the quality of life for the residents, their relatives and all the people involved.

Note

1. UNE stands for Una Norma Española ("a Spanish norm").

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