Quality Qorner

The Seven Deadly Sins of Quality Management

DOI: 10.1309/LMN5EJ2CARUOOUNT

We should all know the classic historic seven deadly sins as lust, gluttony, greed, sloth, wrath, envy, and pride. And if you like Brad Pitt, Morgan Freeman, and gory scary movies, you'll have seen the movie *Seven*. But don't worry; this column is not a rant on morality. Rather, we're going to look at the common sins made when managing organizations and use laboratory examples to illustrate them.

The "Seven Deadly Sins of Quality Management" were introduced some years ago.[1] The author described the commonly used taxonomy of classifying and organizing root cause categories as follows: inadequate control of management systems, inadequate training, inadequate use of procedures, inadequate communications, and other problems that are management controllable. Indeed, the root cause analyses of laboratory sentinel events and other quality problems usually point to a weakness in one or more of the 12 Quality System Essentials, which are core quality activities management needs to develop and implement in any medical laboratory.

The author suggests that *real* root causes of nonconforming events are embedded organizational values and beliefs that justify and reinforce management's behavior in how it decides to operate the organization. He posits a new taxonomy that categorizes root causes into seven belief systems, any one of which can create quality problems. Let's look at how these undesirable beliefs lead to quality problems in the medical laboratory.

1. Placing budgetary considerations ahead of quality. In this root cause category, managers are unaware of the good quality costs of prevention and appraisal and the poor quality costs of internal and external failure. They see the cost of quality only as budgeted line items, such as for a document control coordinator, proficiency testing, software maintenance, and other quality management activities and do not balance these against the cost of the laboratory's failures, such as recollecting unacceptable samples, repeating invalid test runs, reproducing lost reports, and correcting reporting errors. These managers reduce the budgets for good quality costs of staff training, continuing education, and implementing quality management and are blind to hidden poor quality costs because these are not measured.

2. Placing schedule considerations ahead of quality. It seems that we always find time to look for lost samples, resend lost reports, and take complaints, but there wasn't time for the originating activities to be done right the first time. More than one laboratory has had to deal with the ramifications of succumbing to a management order to "just get the work out" and the subsequent errors and adverse publicity. Being slaves to a schedule leads to ignoring quality problems, thus leading to the inability to meet the schedule.

3. Placing political considerations ahead of quality. I've been in organizations where the laboratory manager told staff to never report any problems with nursing because that would simply increase the number of incident reports nursing filed on the laboratory. In my utter astonishment I've asked, "Where is the patient in all this bickering?" and received a response something like, "You just don't know what it's like here!" Based on this exchange, I certainly *do* know what management is like there. When politics governs quality, there is no quality management.

4. Being arrogant. I call it "professional arrogance" - when one profession looks down at another profession for not knowing what it knows and treats the other professionals rudely or as though they were simple-minded children. Until we clearly and overtly stop beating our respective chests, respect what the other professionals know, and gently teach when they don't, the patient will always be the one who gets hurt in the scuffle.

5. Lacking fundamental knowledge, research, or education. There is great truth in the old saying, "You don't know what you don't know." It's easy to pooh-pooh quality management activities as an extra expense and burden on the workload, but "leaders" who think this way haven't bothered to learn enough about quality management tools to reap the benefits of increased efficiency and effectiveness in their organizations and on their bottom lines. When this issue is the root cause, improving patient safety will be difficult, at best.

6. Pervasively believing in entitlement. Management and staff believe they are entitled to their jobs and benefits due to years of service, past sacrifices, and past performance. They believe they should be immune to the impact of new technologies and changes in the economic environment. Entitlement is created when management fails to understand, share, and act on the laboratory's performance information.

7. Practicing autocratic behaviors, resulting in "endullment." This occurs when management makes one-sided decisions and staff begrudgingly endures work process problems and must wait for management to discover them and take action. Management does not seek and value staff input on work process problems and suggested solutions.

Someone recently chastised me for being extremely down on management. Not true - I'm only down on *bad* management! An organizational culture that perpetuates the seven deadly management sins described above has to be bad for both employees and patients.

There's a lovely red wine called the "Seven Deadly Zins," made from the grapes of seven different old stock zinfandel grape vines. I believe I'll commit one of these "zins" now.

1. Dew J. Root cause analysis: The seven deadly sins of quality management. *Quality Progress*. 36(9): September 2003.

This Month's Quality Quote:
"So much of what we call management consists of making it harder for people to do their jobs."
—Peter Drucker

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