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REFLECTION OF THE VIEWS OF PATIENTS AND EMPLOYEES ON THE MANAGEMENT SYSTEM FOR CONTINUOUS PROCESS COORDINATION: AN INDICATOR DEVELOPMENT STUDY

Abstract: *Aim: This study aimed to measure the reflections and contributions of patients and employees on the management process. Based on the data collected, a new indicator and related parameters were developed.*

Materials and Methods: The research method was based on observation and content analysis. The study included views of patients and employees submitted in 2014 and employee views from March 2015. Besides, monthly and annual evaluation reports about the opinions of patients and employees were examined.

Results: The new method provided clear, understandable, and transparent data in evaluating stakeholder opinions. The 83% reflection rate of the views on the management process from the previous evaluation method dropped to 66% with the new evaluation method, which included only the realized processes.

Discussion: The proposed indicator and methodic in this study offers beneficial results at every stage of the evaluation process while providing a coordination mechanism excluding unnecessary operations.

Keywords: *Total Quality Management, Quality of Health Care, Stakeholder Participation, Feedback, Quality Indicators, Health Care*

1. Introduction

One of the important tools to achieve success and quality management in all modern administrative approaches is efficient process management. Therefore, in many studies, the success and failure of organizations have been directly linked to the coordination of processes. The philosophy of this management style is to focus on processes and strengthening, developing, and supporting the staff during

problem-solving (Charles, 1998). A process is defined as a repeatable sequence of activities with value-added activities and measurable inputs such as human, machine, material, money, information, and time, to meet the expectations of the internal and external customers (Eyüboğlu, 2012). The question of “how processes should be designed, improved, evaluated, and coordinated?” gives direction to managers. According to the principles of modern quality management; a systems model that is

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evolutionary and automatic, sensitive to many internal and external factors, which enables real administrative decision needs to be designed, developed, and operated for the control of an adequate management and competence formation process, is necessary. (Veshneva, Singatulin, Bolshakov, Chistyakova, & Melnikov, 2015). Besides, there is a need for a multifaceted and focused approach that integrates organizational co-ordinating factors in a careful, coherent and inclusive manner. (Baştürk & Orhaner, 2018)

Accordingly, process performance indicators with small improvements or new designs are followed to achieve this purpose (Harrington, 1991).

Studies have shown that the performance of hospitals can be improved by restructuring the process flow by defining, documenting, analyzing, and improving process standards and characteristics (Gemmel, Vandaele, & Tambeur, 2008; Lennerts, Abel, Pfründer, & Sharma, 2005; Lopez-Sanchez, Miralles, & Musavi, 2009). Defined meaningful values providing concrete data reflecting the image of the examined condition can be formed with indicators. Besides, measurement items should reflect the domains and dimensions of the definition (Lavela & Gallan, 2014). Indicators provide a quantitative basis for clinicians, organizations, and planners who aim to improve patient care. (Mainz, 2003) They are defined as specific parameters that characterize the criteria applied to the definition performances. A database is a set of data that includes the values of sub-indicators measuring the quality of specific indicators. Recently, it has become necessary to consider the multi-qualitative decision-making method to evaluate systems (Andre, Afgan, & Carvalho, 2009). In Turkey, an indicator management system was proposed by the Ministry of Health in 2012 with the aim of developing a measurement culture (Sağlık Hizmetleri Genel Müdürlüğü, 2014). Addition of new practical indicators to the current ones determined by national quality

standards will ensure that the quality management systems achieve their goals.

Hospitals are health facilities with complex processes (Cihan, 2010). Information obtained from the people who are involved in these processes may be a valuable resource forming the basis of the studies for the management and improvement of related processes. Besides, this information will not only be an indicator of the process performance but will also promote participation and responsibility, which are the most important requirements for success. Measurement of patient experiences is increasingly seen as an important component of performance assessment (Andersson & Olheden, 2012; Jenkinson, Coulter, & Bruster, 2002; Llanwarne vd., 2013). On the other hand, it is emphasized that the adaptation of the institution to innovations and the ability to respond to the social expectations depend on the participation, contribution, and cooperation of the employees (Yıldırım, 2014).

In a study evaluating the re-modeling of the national quality system, it was found that the success of the new model was correlated with the increase of the objectivity of the system, which also includes the reflections of the stakeholders. However, the participants had reservations whether the opinions of the individuals affected by the system were included in the new processes (Baştürk, Gürcü, Erdoğan, & Uyanık, 2013). Another study found that opinions of patient and employees seemed to be important resources for institutional development. However, the same study claimed that the feedback system should prominently be configured to produce and encourage ideas of entrepreneurship and innovation. Contents of most opinions were mostly about patient complaints. The stakeholders were negative and passive in participation regarding contribution to the institutional development. For this reason, a good feedback system should be structured to increase the rate of opinions by ensuring the participation and

support of all parties (Ekiyor & Baştürk, 2016).

In a study of Yılmaz et al. (Yılmaz & Sarıaltın, 2011), it was found that 64% of the managers tried to understand customer satisfaction by analyzing the data about the customer problems, while 52% and 42% analyzed data about customer satisfaction and expectations, respectively. Also, it was found that enterprises gave priority to the external customer complaints, then to the high-cost of the processes, and finally to the internal customer complaints. It is possible to find many similar studies in the literature about the evaluations of the views. Concerning feedback and evaluation, both healthcare providers and researchers generally adopt an approach based on these two indicators (complaint and satisfaction). Moreover, the views in the feedback system may include complaints as well as some attitudes such as satisfaction, desire, and insult. In fact, the feedback and evaluation systems of most hospitals lack a standard design, both in the definition of opinions and their use for quality improvement purposes (Barry, Campbell, Asprey, & Richards, 2016; Wiig vd., 2013). The reason for this shortcoming is that there has been no study showing the reflections of the views of individuals to the processes after taking, analyzing, and assessing opinions. Due to the inefficient processes in the current regulations, it is still not known how and in what rate the individual views are reflected in the management processes.

Effective utilization of the patient and employee views and using the most appropriate content to guide studies depend on a good assessment and evaluation method. This method should measure the reflection rate of the patient and employee views on the management process. Additionally, the attitudes with which the opinions were conveyed, their importance levels, the relevant activities, and the related departments or respondents should be defined. Based on these requirements, we

aimed to develop a new indicator and define its related parameters. In this study, data analysis examples were given from the developmental stages of a feedback system structured to evaluate the patient and employees views at a university hospital. Then, a new indicator was defined, and a systematic design model has been proposed to incorporate the feedbacks with high-level importance related to the processes.

2. Materials and Methods

2.1. Definition of the aim, scope, and limitations for conducting the study

This study aimed to determine the rate at which the views of the individuals who were directly related to the hospital processes were used in hospitals and to ensure their participation in the process management. Another aim was to identify the information about the attitudes of the individuals who conveyed their opinions, their importance levels, and which activities were related to the content of the opinions. Thus, it has become more possible to make comparisons between institutions and to provide a standardized measurement framework. The main focus of this framework was the reflection rate of the useful views of patients and employees to the hospital management system. With this new indicator, hospitals will be able to perform all activities that will provide maximum benefit by involving the views of patients and employees. Additionally, information will be obtained, that may reflect the performance of the health institution processes.

2.2. Scope and limitations of the research

The study included the views of patients and employees submitted in 2014 and the views of employees submitted in March 2015 to the Bozok University Hospital. On the other hand, the lack of any research in other health

institutions with this new indicator can be regarded as a limitation of the study. However, the fact that the study was performed in a university hospital and patients and employees following basically similar processes increase the validity of the research.

2.3. Research method, data collection, and statistical analysis

The research method was based on content analysis. The reason for choosing this method was to provide the most realistic data from the participants without causing bias. The study was carried out in two stages over a period of one-and-a-half-year. In the first stage, a "Patient and Employee Satisfaction Procedure" was established to evaluate the views of patients and employees by using the sample applications of various hospitals within the scope of the Health Service Quality Standards established by the Turkish Ministry of Health, Directorate of Health Quality and Accreditation. An opinion-evaluation system was developed and adjusted to collect and evaluate all opinions within the scope of the procedure. The system included all available forms of communication methods such as using suggestion boxes, written or verbal feedback to related departments, or electronic submissions. The views were evaluated monthly by the Patients Complaints Monitoring Team, and the results of the evaluation were reported to the senior management. At the end of the year, a general evaluation report was prepared by examining the monthly evaluation reports. First, the views submitted by each person were determined. Second, the views were evaluated regarding their subject and then, these subjects were classified. Previous studies about the subject, satisfaction surveys of the Ministry of Health and the views of the experts from the quality improvement department were considered

during the classification process. Each document submitted written or verbally to the institution received a number, and then all documents containing a judgment were renumbered. The classified data were entered into the Statistical Package for the Social Sciences program (SPSS, version 24, IBM, Armonk, New York 10504, NY, USA). The results, obtained by measuring frequency-distribution analysis and activity durations, were evaluated. The types of opinions were categorized as "satisfaction," "suggestion," and "complaint." Statements communicating thanks, appreciation, and likeness were evaluated as expressions of satisfaction. Statements conveying offer, request, information, and advice were evaluated as the expressions of a proposal. Lastly, statements including criticism, discontent, and grievance were regarded as expressions of complaint. However, in future studies, the classification can have four groups by distinguishing wish and suggestion. Other classifications were made by taking into account the processes of the hospital management system (Eyüboğlu, 2012). Analyst and method triangulation was applied to ensure reliability in the analysis (Lincoln & Guba, 1985; Streubert & Carpenter, 2011). In addition, the best way to ensure credibility, which constitutes the validity and reliability of a qualitative study, is prolonged engagement. Being present in the study environment helps researchers to control their prejudices (Baskale, 2016). Whenever possible, the expansion of the interaction between the researcher and the data source will increase the credibility of the research data (Yıldırım & Şimşek, 2013).

3. Results

3.1. Evaluation of Patient and Employee Views in 2014

The monthly statistics for 2014 were presented in Table 1 and interpreted together

with the information in the meeting minutes reported by patient and employee teams. In this study, a total of 230 opinions were submitted to the hospital by patients and their relatives in 2014, and all views were taken into consideration. Of the input received, 199 were used to perform at least one activity. The reflection rate of opinions on the management process was 86.5% (199/230). A response was given to 106 individuals who shared their contact information. The majority of requests and complaints which could be solved were the followings: demands related to the appointment system, cueing problems due to crowded patients but lack of personnel, and issues related to room ventilation. Other

frequently complained issues were inadequate physical conditions, cleanliness, and behavior of the staff (lack of care, friendliness, kindness, tolerance in addition to incivility and scolding). The number of complaint about cleanliness decreased from month to month. Also, in-service training on communication was provided to the staff. An appointment system was implemented for a short time, but could not be sustained due to lack of personnel. The appointment system was suspended temporarily with the decision of the hospital board of directors. Finally, the ventilation of the rooms could not be improved due to physical and technical limitations.

Table 1: Monthly frequencies of the patient views.

Patient Views	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Number of verbally submitted opinions	3	-	-	-	-	-	-	-	5	5	3	7
Number of electronically submitted views	0	0	0	-	-	-	-	-	-	-	11	-
Number of opinions sent to the related department	1	2	11	-	3	8	5	9	7	12	12	6
Number of views submitted via a suggestion box	7	7	-	8	12	3	14	-	36	19	11	8
Total number of collected views	11	9	11	8	15	11	19	9	48	31	37	21
Number of evaluated views	11	9	11	8	15	11	19	9	48	31	37	21
Number of processed views	9	9	11	8	15	11	15	9	23	31	37	21
Number of responded views	9	7	6	8	15	7	15	9	4	12	9	5

Table 2: Monthly frequencies of the employee views.

Views of the Employees	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Number of verbally submitted views	0	0	0	0	0	0	0	0	0	0	0	14
Number of electronically submitted views	0	0	0	0	0	0	0	0	0	0	0	0
Number of views sent to the related department	0	0	0	0	0	0	0	0	0	8	0	0
Number of views submitted via suggestion boxes	0	0	0	0	0	7	8	0	8	0	0	0
Total number of views	0	0	0	0	0	7	8	0	8	8	0	14
Number of evaluated views	0	0	0	0	0	7	8	0	8	8	0	14
Number of processed views	0	0	0	0	0	7	7	0	8	7	0	13
Number of responded views	0	0	0	0	0	0	1	0	0	1	0	0

The total number of views submitted by employees throughout the year was quite low. The reflection rate of opinions on the

management process was found as 93.3% (42/45). This was mainly due to the lack of procedures on the evaluation of the views

and the lack of feedback habits. In fact, the views were conveyed by the employees either written or verbally. However, since there were no records for these views, it was not possible to make a detailed analysis and get a clear idea.

During the last six months, it was observed that the newly positioned suggestion boxes were the most preferred route of contribution by the employees. When the view submission methods were examined, electronic submission revealed as the least preferred route. All submitted views and the reports of the employee feedback team were assessed. It was detected that the majority of employee complaints were about the lack of personnel, the intensity of work, demands for the variety and taste of the food, amount of salaries, and consideration of employee opinions. The employee feedback team decided to perform staff information activities, organize social gatherings to increase satisfaction, perform more frequent site visits by the managers to obtain staff requests, and organize events for increasing the employees' morale, motivation, and performance.

3.2. Research method, data collection, and statistical analysis

In March 2015, 119 opinions were collected, of which one was invalid due to insulting content/profanity. The views given in written form to the departments were 48 in total; two being on satisfaction, 23 about suggestions, and remaining 23 complaints. The views obtained by the satisfaction surveys were 71 in total; three of them about satisfaction, 41 on recommendations, and the other 27 about complaints.

While the proportion of written suggestions and complaints given to the departments were equally distributed, the satisfaction survey collected much more suggestion-type feedback.

More views were obtained from the satisfaction surveys than the other

submission methods.

Suggestion boxes, electronic and verbal opinion-submission methods were not used at all. Of the views, 5 (4%) were satisfaction, 64 (54%) were suggestions, and 50 (42%) were complaints.

Employees mostly conveyed recommendations followed by objections. If we consider suggestions separate from satisfaction, the satisfaction rate among the views was 9%.

A procedure was initiated for 79 of the opinions, no action was taken for 19, and 20 of the views were postponed. Since the deferred actions were not defined in the first stage, they were included in the number of "processed opinions."

The reflection rate of the views on the management process was 83.2% (99/119) according to the previous evaluation method, which decreased to 66.4% (79/119) according to the new evaluation method, due to coverage of only the processed views.

When the views were classified according to the reasons, most frequent were regulatory insufficiencies (n=34), followed by lack of communication and behavior (n=16), technical and infrastructure insufficiency (n=15), and lack of staff (n=13). No action could be taken for 10 views related to lack of regulations.

Results indicate that the numbers of most commonly processed, non-processed, as well as postponed views were in the domain of "Lack of regulations". Topics related to postponed views in descending order were "Lack of staff" (n=4), "Technical and infrastructure insufficiency" (n=3), "Introduction of a new service" (n=2), "Lack of communication and behavior" (n=2), and "Changing or modification request" (n=2).

Topics in the area of non-processed opinions were "Introduction of a new service" (n=3), "Financial insufficiency" (n=2), "Technical and infrastructure insufficiency" (n=2), "Lack of staff" (n=1), and "Lack of communication and behavior" (n=1). Reflection rates of opinions to the practice

were most likely in the areas of “Lack of supervision and control” [(11/11) x100 = 100] and the “Thanks/satisfaction” topics [(5/5) x100 = 100], while least likely in the “Introduction of a new service” field [(3/8) x100 = 37].

Table 3: Distribution of processes of submitted views and their improvement activities.

Improvement activities	Type of action	Processed	Non-processed	Postponed	Invalid	Total
Lack of staff	Corrective/Preventive	8	1	4	0	13
Financial insufficiency	Corrective/Preventive	7	2	1	0	10
Technical and infrastructure insufficiency	Corrective/Preventive	10	2	3	0	15
Lack of regulations	Corrective/Preventive	18	10	6	0	34
Lack of supervision and control	Corrective/Preventive	11	0	0	0	11
Lack of training/knowledge	Corrective/Preventive	1	0	0	0	1
Introduction of a new service	Entrepreneur	3	3	2	0	8
Thanks/satisfaction	Supportive	5	0	0	0	5
Lack of communication and behavior	Corrective/Preventive	13	1	2	0	16
Changing or modification request	Corrective /Supportive	3	0	2	0	5
Total		79	19	20	1	119

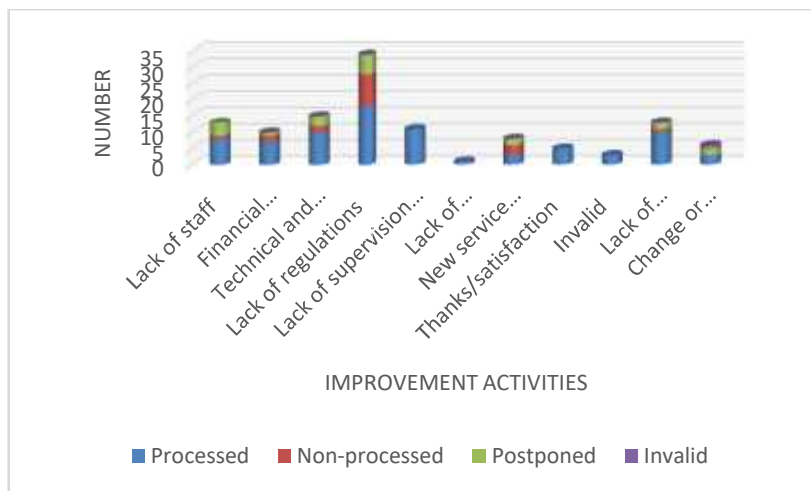


Figure 1: Distribution of processes of views and their improvement activities

When the results were analyzed, it has been seen that views were mostly submitted from administrative and technical departments and these opinions were primarily composed of complaints (n=19), followed by proposals (n=15). Departments with the highest

number of submissions received were patient admissions (n=11), polyclinics (n=10), and management (n=6). Finally, there were 31 views with an unspecified department, of which 16 were a suggestion, 14 were complaints, and one about satisfaction.

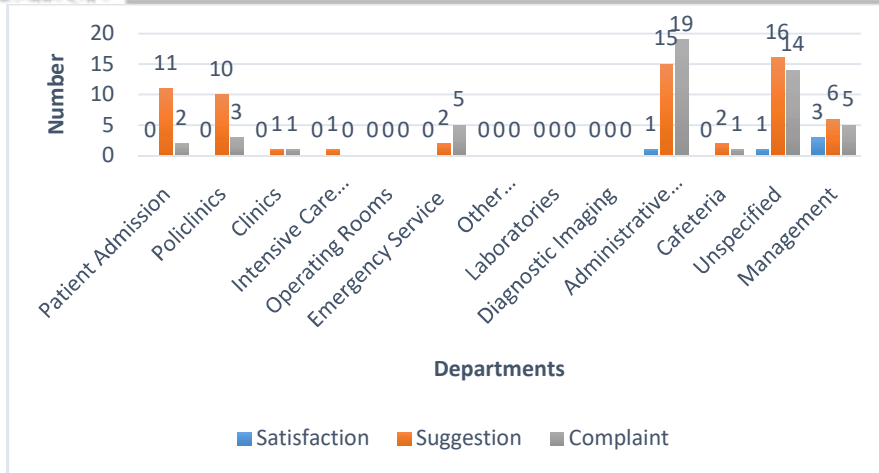


Figure 2: Distribution of views according to types and departments

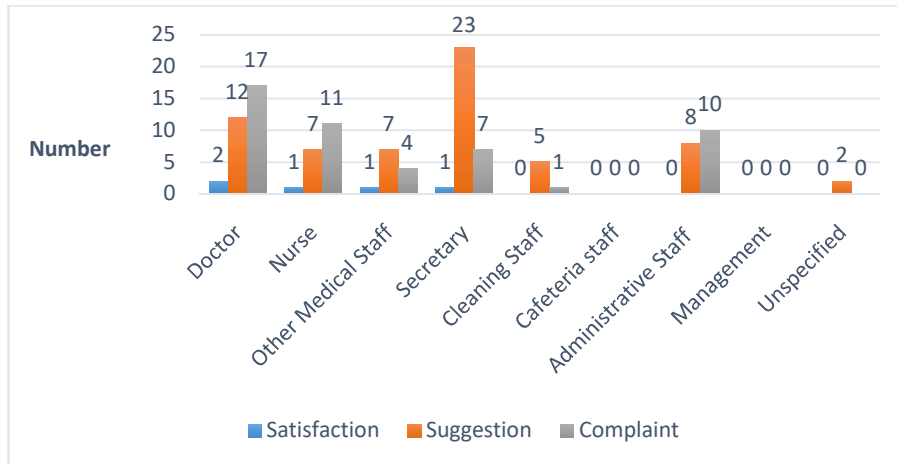


Figure 3: Distribution of views according to the types and staff

When the figure was examined, most of the suggestions were coming from secretaries (n=23), and most of the complaints were from doctors (n=17). It is also noteworthy that although the total number of secretaries was higher than all other staff, the number of complaints from secretaries was relatively low (n=7).

Ten of all personnel who submitted a view were responded by phone and 22 were responded by direct face-to-face contact. The remaining persons were not responded due to the lack of contact information. The mean period between the submission date of the

views and the time of evaluation was approximately two weeks.

4. Discussion

In the first stage, more than one subject may be mentioned in each individual opinion. Some of these views include satisfaction, and some may contain complaints or suggestions. Besides, some of the views stated in the same document were processed and responded while others were not processed due to lack of resources. Thus,

even though the evaluations were beneficial from the perspective of the views and related activities, they could not sufficiently reflect the current situation. Therefore, although the evaluations made with the data presented in Table 1 and Table 2 are useful in the activities related to opinions and practices, they are not sufficient to some extent.

It is evident from the results that systematic evaluation of the patient and employee views have the potential to provide a significant improvement in hospital processes. In fact, the stakeholder views serve as a mirror about how the organization is perceived. The customer relationship management incorporates these views into software tools for the development, support, and restructuring of processes. Previous studies have obtained similar results about view submissions. Geister et al. (Geister, Konradt, & Hertel, 2006) found that increasing team process feedback could lead to positive effects on motivation, satisfaction, and performance in virtual teams. DeShon et al. (DeShon, Kozlowski, Schmidt, Milner, & Wiechmann, 2004) showed that feedback was an important part of regulation and had an impact on the levels of the goals set, as well as the efforts to achieve the goals. Furthermore, feedback from team members can help individuals become more cognizant of their performance (Salas, Sims, & Burke, 2005). Feedback is characterized as the moderator of the relationship between standardization and performance (Ferrari, 2014).

In some countries, governments and regulatory authorities request hospitals to conduct regular patient surveys (Jenkinson et al., 2002; 353). The concurrent patient feedback system is a unique method for evaluating clinical performance (Greaves et al., 2016; 3). An effective complaint management system provides two important opportunities for the organization. Firstly, it reveals the expectations of customers (patients) and gives the organization the opportunity to know their customers.

Second, the system may guide establishing systematic improvement programs by showing areas to be improved (Toprak and Şahin, 2012). The suggestion system developed in Japan is highly integrated into the philosophy of patient-centered continuous improvement. The system is well planned, completed, and definitely announced to everyone within the strategy of the company. The compassion of the top management, a smooth bi-directional information flow, and the presence of a reward method increases the interest in the system. In contrast to the economic and financial incentives in the American-style systems, the Japanese-style suggestion system focuses on strengthening employees' morale and enabling constructive participation, in a way that strengthens cooperation and communication (Imai, 1986: 3).

One of the most important issues in the improvement of view evaluation systems is the determination of temporal reference points and time durations. Stages constituting the general steps of a process have great significance in defining it. Researchers have classified and used these steps in coordination models (Boos, Kolbe, & Strack, 2011; Espinosa, Lerch, & Kraut, 2004; Wittenbaum, Vaughan, & Stasser, 2002). These stages consist of pre-processing, in-process and post-process phases. Goals, objectives, and behaviors are the inputs of group work in this model. In these process models, researchers generally have adopted an input-process-outcome (IPO) framework. On the other hand, some studies have focused on the input-mediator-outcome (IMO) model as an alternative to the IPO classification to explain the impact of inputs on team effectiveness and continuity and to differentiate this approach from the standard IPO framework (Ilgen, Hollenbeck, Johnson, & Jundt, 2005; Mathieu, Maynard, Rapp, & Gilson, 2008). In this approach, a temporal framework of team processes is defined, including

transition, action, and interpersonal relations (Marks, Mathieu, & Zaccaro, 2001).

According to the approach adopted in practice and research, evaluations have been made to eliminate potential or realized errors. It is emphasized that there is a need for proactive methods for the analysis and evaluation of risks in all processes, especially in high-risk areas, in terms of control of risks in the health institution and that these methods should be built on preventive activities rather than corrective actions (Aksay, Orhan, & Kurutkan, 2012). Although these approaches are important in evaluating the views, they are not sufficient and explanatory. Furthermore, this situation restricts the content of the views and decreases the useful information to be obtained. As shown in Table 3, the content of the opinions received from patients and employees includes information that may be the source of supportive and entrepreneurial activities together with regulatory and preventive actions.

As evident from Figures 1, 2, and 3; although the new evaluation method covers a short period of assessment, it provides a detailed overview of the encountered problems, the direction of employee attitudes, and information related to the development of the organization. For example, as seen in Table 3 and Figure 1, the reflection of the opinions to the processes was highest in the areas of "Lack of supervision and control" and "Lack of training/knowledge," while lowest in "Introduction of a new service." As presented in Figure 2, most of the complaints and suggestions were sent from administrative and technical units. There were 31 opinions with a censored origin, and those opinions with censored submitters were mostly suggestions, followed by complaints. Secretaries mostly made suggestions while doctors reported complaints.

However, it provides an opportunity for effective evaluation of the views on time and

facilitates the monitoring of activities. At the same time, the records related to the studies provide benefits to the institution in terms of both benchmarking and transparency.

In a study on the evaluation of patient experiences in health institutions (Barry, Campbell, Asprey, & Richards, 2016), a preference was observed to obtain qualitative feedback in addition to the survey methods, despite the small changes made using the existing evaluation methods, more comprehensive changes deemed necessary, the feedback culture could not be utilized leading to change, and research participants understood the value of using patient experiences for comparison. Integrated with the quality initiatives, the user experiences create a valuable data set providing decision support for the hospital management. Therefore, hospital managers should design and implement wider strategies that will help employees to recognize and value the contribution of the staff as well as the patients to improve the quality of health care (Wiig et al., 2013). This regulation is the realization of adaptive models and algorithms based on the application of intellectual technology, the current psychophysiological status of the individuals, and the indicators of work efficiency (Veshneva et al., 2015).

Based on the findings of both this and other studies, the views of all parties related to the hospital, including the patients and employees, should be evaluated in the feedback system. Expression of opinions is realized by the feedback of the person or the result of research. Within this framework, the views should be followed to ensure the most beneficial results at every stage without causing unnecessary procedures. For this, it is necessary to implement a strategy that meets the standards and combines them with a technological design. This design should include information such as the style, type, and requirements for application. Additionally, data should be provided to analyze the effects and interest of the views.

Interest analysis should be focused on the event rather than a person, and a method to ensure privacy should be adopted. The scope of corrective and preventive actions, which are the main activities of quality management, should be expanded by adding supportive and entrepreneurial activities. Thus, in this context, it is absolutely necessary to include each and every view.

The main feature of the method of evaluation is the possibility of determining the effect of different restrictions on the priority list. On the other hand, the multi-level decision-making procedure for the different aspects of a specific quality system is defined as the management system. The General Management Index is the sum-up function of the elements that represent the individual characteristics of the management system. It is estimated that each element has a function of the set of indicators representing economic, social, environmental, and capacity building indicators. The indicators are specific parameters that characterize the criteria applied to the definition of elements. The database should include a set of data that measures the quality of specific indicators, including the values of the sub-indicators (Andre et al., 2009).

The indicator we defined as a result of this study was the reflection of significant views conveyed by patients and employees. The indicator refers to the ratio of the number of views scheduled or executed to the total number of views, after evaluation of the

opinions by impact and relevance analysis. The purpose of the indicator is to determine the level of contribution of patients and employees in the process coordination. Besides, in many studies, it has been necessary to ensure the participation of the individuals in process management. Definitions including categories and parameters to meet these requirements are given in Table 4. The parameters defined in Table 4 can be used to establish new sub-and/or equivalent indicators. In addition, these definitions can be used in other types of views with similar processes such as security and incident reporting.

5. Conclusion

As a result, parameters related to the views of patients and employees should be included in the indicator, which has an important place in quality studies to provide a systematic evaluation. In this context, it will be ensured that the process will be managed in the best way to meet customer needs, which is the last stage of process management. The proposed parameters in the structuring of the feedback system will function as an important coordination mechanism in processes. Conducting this study in other institutions for a longer period will help to achieve better results and the development and standardization of this indicator.

Table 4. Proposed parameters of a feedback management system index.

Type of Views According to the Attitude of the Submitting Person:	Person Related to the Submitted View:
<ol style="list-style-type: none"> 1. Satisfaction 2. Suggestion 3. Request 4. Complaint 5. Response <p><i>Note: The category should be selected by the submitting person.</i></p> <p>Short Description: Summary of the subject in a few sentences</p> <p><i>Note: Only one subject should be transmitted at one time; if</i></p>	<ol style="list-style-type: none"> a) Affecting b) Affected by Internal population (1-11), External population: (12-23) <ol style="list-style-type: none"> 1. Doctor 2. Nurse 3. Other Medical Staff 4. Administrative Staff 5. Cleaning Staff 6. Secretary 7. Student 8. Top manager

<p><i>other issues present, separate submissions should be made for each.</i></p>	
<p>Frequency (occurrence) / Probability Status:</p> <ol style="list-style-type: none"> 1. First Time / Almost never (Once a year) 2. Rare / very few (Several times a Year) 3. Sometimes / Low (Monthly) 4. Frequently / High (Once a Week) 5. Continuous / Too many (Every day) <p>Impact Area:</p> <ol style="list-style-type: none"> 1. Individual / Person 2. A Group / Department 3. Several Groups / Departments 4. Many Groups / Departments 5. Systematic / Entire Institution <p>Impact / Importance Degree:</p> <ol style="list-style-type: none"> 1. Very Low / Light (Damage/Loss or Acquisition) 2. Low / Light (Damage/Loss or Acquisition) 3. Medium / Normal (Damage/Loss or Acquisition) 4. High / Serious (Damage/Loss or Acquisition) 5. Very high / Serious (Damage/Loss or Acquisition) <p>Type of Suitable Activity for the Submitted Opinion:</p> <ol style="list-style-type: none"> 1. Occurred/Realized Incompatibility/Accident: Corrective 2. Incompatibility Potential/Almost Accident: Preventive 3. Desired/Motivational Status: Supportive/Strengtheners 4. Better Opportunities/Alternatives: Entrepreneur 5. No Contribution/Low Level of Risk: No action required 	<ol style="list-style-type: none"> 9. Department manager 10. All employees 11. Other 12. Patient 13. Patient companion 14. Patient visitor 15. Citizen 16. Supplier 17. Sponsor 18. Auditor 19. Official Representative 20. NGO Representative 21. Representative 22. All society 23. Other <p>Related Stage / Process:</p> <p>a) Affecting b) Affected by</p> <ol style="list-style-type: none"> 1. Application / Pre-Service (First contact) 2. Application / Pre-Service (Waiting) 3. Application / Pre-Service (Evaluation) 4. Application / Pre-Service (Preparation) 5. Application / Pre-Service (Transfer) 6. Application / In Service 7. Application / Post-Service (Transfer) 8. Application / Post-Service (Evaluation) 9. Application / Post-Service (Discharge) 10. Application / Post-Service (Last Control) 11. All Stages 12. Other <p>Requirements for the Activity:</p> <p>Personnel Money Equipment Material Method Infrastructure Cooperation Information/Training Organization/ Planning Monitoring Incentives Change Other</p>
<p>Note: The above sections must be defined by the person who has submitted the view confirmed by the relevant department/committee. In items with multiple-choice options, the "other" option should be selected only when all choices are not suitable. The submitted department should make the first evaluation and then if any action is required, transfer the issue to the related department/committee. An activity planning is recommended for accurate feedback with at least three points of Risk/Importance score. The relevant department/committee should make a confirmation. In case of dispute, the submitted department/committee should decide. Communication forms or systems should be arranged accordingly. Before collecting the feedback, an explanation should be made that insulting or illegal feedback will not be accepted.</p>	
<p>Risk/Importance Score (Probability x Violence)</p> <ol style="list-style-type: none"> 1. Acceptable Risk / Unimportant (1-2) 2. Low Risk / Important (6-5-4-3) 3. Intermediate Risk / Important (12-10-9-8) 4. High Risk / Important (20-16-15) 5. Very High Risk / Important (25) <p>Evaluation of Views (Validity)</p> <ol style="list-style-type: none"> 1. Valid 2. Irrelevant, unreal 3. Not legal 4. Unclear 7. Insufficient resources 8. Difficult to apply 9. Invalid (expired or out-of-date activity) 10. Other 	<p>Activity Requesting Person/Department Activity Not Started Activity Initiating Person/Department Initiated Activity for Person/Department Activity Request Date/Time Activity Start Date/Time Planned Completion Date/Time of Activity Activity Completion Date/Time</p> <p>Result:</p> <ol style="list-style-type: none"> 1. Activity terminated before the problem was solved. 2. The problem has been partially rectified / The purpose has been partly reached. 3. New activity was planned. 4. The problem has been solved / The aim has been

	attained. Response to Submitting Person (if deemed necessary and the person is available): Date/Time:
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