Employee engagement vital to ISO 15189 success

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Quality is everyone’s responsibility, but organizations with quality-management systems (QMS) still tend to surrender all quality issues to one department, even while QMS is expected to engage all staff members within the day-to-day work of the organization toward that higher quality goal.

ISO 15189:2007 provides the particular requirements for quality and competence in the medical laboratory. Each clause within the standard provides systems which are built on processes which are, in turn, comprised of tasks. Records and data provide evidence of implementation in term of these requirements. To that end, the standard is sustained by establishment and continual improvement of standard policies, procedures, and protocols.

To be robust, this framework must be consistently implemented by the lab’s most critical resource: humans. And therein lies the problem. People, by nature, exhibit a great deal of variation. As a result, a whole bunch of folks are difficult to control. Thus, it is easier to put the QMS reins into a limited number of hands — like one department or one person.

Unfortunately, limited control usually means limited knowledge, as information that may be vital to the QMS might be lost or disregarded by those that are not part of the “Q club.” You want staff members to fully implement ISO 15189 on their own, without the signage reading, “Not my job; take it to the quality department.”

How can you get everyone on board with ISO 15189? QMS structure requires implementation, and that implementation requires engagement.

Engagement is more than work satisfaction or loyalty. Engagement is passion and commitment, a willingness to go beyond the day-to-day by investing oneself and one’s discretionary effort to help the employer succeed. This sounds a bit like an engagement of the heart, does it not? It helps to think that you do not marry someone just because you are satisfied with him or her; you marry when you are willing to invest your time, energy, and self into another’s goals. When you think of it that way, engagement is even more than commitment, because engagement is more action-oriented, resultant from passion.

Engagement can be thought of in terms of trait engagement, state engagement, and behavioral engagement. Trait engagement is part of you like a proactive personality. Trait engagement is an antecedent of state engagement, which represents the psychological state of engagement, manifested as energy or absorption in work. The result of state engagement is
behavioral engagement, and that is really where the rubber hits the road. Behavioral engagement is the discretionary work performed; it is the work we would like to see staff undertake as part of QMS implementation. Critical to these dimensions of engagement are work attributes, leadership, and trust.³

Work attributes include challenging and important work, and work autonomy. Transformational leadership is visionary, challenging people to achieve the exceptional.⁴ It inspires, and it provides clear expectations, fairness, recognition of exceptional behavior, and realization of existing staff competencies.

Trust is a fragile but necessary component. Lack of trust equals no engagement, and no sustainable ISO 15189. The primary responsibility of building trust is on management.⁴ Trust means openness, honesty, two-way communication, willingness to be influenced, and willingness to change if necessary. Trust “encourages self-control, as opposed to control through direct supervision.”⁴

Prior to beginning accreditation processes, explore how engaged you really are. Consultants may advise you to gap the lab to ISO 15189 to begin the accreditation process. Instead, try to first analyze the engagement gap. By identifying gaps and then improving those engagement conditions, there is a better chance of successfully deploying and sustaining not only ISO 15189 but other initiatives as well.

By understanding the role of engagement in organizational initiatives, not only will ISO 15189 elevate the lab to a new level of quality, but also everyone just may want to be a part of it.

References

2. Erickson, TJ. Testimony submitted before the U.S. Senate Committee on Health, Education, Labor, and Pensions; May 26, 2005; Washington, DC.